

# state of illinois teachers' retirement insurance program participants

The OAP provides three benefit levels broken into tier groups. Tier I and Tier II require the use of network providers and offer benefits with copayments and/or coinsurance. Tier III (out-of-network) requires higher out-of-pocket costs, but offers members flexibility in selecting healthcare providers. Tier II and Tier III require a deductible. It is important to remember the level of benefits is determined by the selection of healthcare providers. Plan participants enrolled in the OAP can mix and match providers. The benefits described below represent the minimum level of coverage available in the OAP. Benefits are outlined in the plan's summary plan document (SPD). It is the plan participant's responsibility to know and follow the specific requirements of the OAP plan. Contact the plan administrator for a copy of the SPD.

BENEFIT	TIER I 100% Benefit	TIER II 80% Benefit	TIER III (Out-of-Network) 60% Benefit
Plan Year Maximum Benefit	Unlimited	Unlimited	Unlimited
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Max Per Individual Enrollee Per Family	\$0 \$0	\$700 \$1,400	\$1,700 \$3,600
Annual Plan Deductible <i>Must be satisfied for all services</i>	\$0	\$300 per Enrollee*	\$400 per Enrollee*
<b>HOSPITAL SERVICES (May require pre-authorization. Please refer to your benefit booklet for details.)</b>			
Inpatient	100% after \$250 copayment per admission	80% of network charges after \$300 copayment per admission	60% of U&C** after \$400 copayment per admission
Inpatient Psychiatric	100% after \$250 copayment per admission	80% of network charges after \$300 copayment per admission	60% of U&C** after \$400 copayment per admission
Inpatient Alcohol and Substance Abuse	100% after \$250 copayment per admission	80% of network charges after \$300 copayment per admission	60% of U&C** after \$400 copayment per admission
Emergency Room <i>Waived if admitted</i>	100% after \$200 copayment per visit	100% after \$200 copayment per visit	100% after \$200 copayment per visit
Outpatient Surgery	100% after \$150 copayment per visit	80% of network charges after \$150 copayment	60% of U&C** after \$150 copayment
Diagnostic Lab & X-Ray	100%	80% of network charges	60% of U&C**
<b>PHYSICIAN AND OTHER PROFESSIONAL SERVICES (Copayment not required for preventive services.)</b>			
Physician Office Visits	100% after \$20 copayment	80% of network charges	60% of U&C**
Specialist Office Visits <i>Includes Behavioral Health providers</i>	100% after \$20 copayment	80% of network charges	60% of U&C**
Preventive Services <i>Including immunizations</i>	100%	100%	Covered under Tier I and Tier II only
Well Baby Care <i>(first year of life)</i>	100%	100%	Covered under Tier I and Tier II only
Outpatient Psychiatric and Substance Abuse	100% after \$20 copayment	80% of network charges	60% of U&C**
<b>OTHER SERVICES</b>			
Prescription Drugs	Covered through State of Illinois administered plan Generic \$10 Preferred Brand \$20 Non-Preferred Brand \$40		
Durable Medical Equipment	100%	80% of network charges	60% of U&C**
Skilled Nursing Facility <i>120 days per plan year</i>	100%	80% of network charges	Covered under Tier I and Tier II only
Transplant Coverage	100%	80% of network charges	Covered under Tier I and Tier II only
Home Health Care	100% after \$15 copayment	80% of network charges	Covered under Tier I and Tier II only

**Please note:**

\* Your out-of-pocket maximum is the most you will be required to pay for any covered expenses. Plan payments do not count toward the out-of-pocket maximum. Plan copayments do not count toward the out-of-pocket maximum. Annual plan deductible must be met before plan benefits apply. Benefit limits are measured on a plan year.

\*\* Covered services received from Tier III providers (out-of-network) are covered for "Usual & Customary" (U&C) charges – fees normally charged for comparable treatment in the same geographic area. Participating Tier I and Tier II physicians and facilities usually charge a lower, contracted rate for services. For more information on U&C, consult your Summary Plan Description (SPD) booklet.