HealthLink

STATE OF ILLINOIS LOCAL GOVERNMENT HEALTH PLAN MEMBERS

This overview is a summary only. It is subject to the benefits, exclusions, modifications and limitations contained in your Summary Plan Description (SPD) booklet.

BENEFIT	TIER I HMO Contracted Provider	TIER II PPO Contracted Provider	TIER III Out-of-Network Provider
Plan Year Maximum Benefit	Unlimited	Unlimited	Unlimited
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum Per Individual Enrollee Per Family	$7,250 (includes eligible charges from Tier I and Tier II combined) $13,750 (includes eligible charges from Tier I and Tier II combined)		Unlimited Unlimited
Annual Plan Deductible *Must be satisfied for all services*	$0	$400 per Enrollee*	$600 per Enrollee*
HOSPITAL SERVICES (May require pre-authorization. Please refer to your benefit booklet for details.)			
Inpatient	100% after $350 copayment per admission	80% after $400 copayment per admission	50% after $500 copayment per admission**
Pre-Certification Penalty			$500
Inpatient (Behavioral Health Services, Psychiatric)	100% after $350 copayment per admission	80% after $400 copayment per admission	50% after $500 copayment per admission**
Inpatient (Behavioral Health Alcohol/Substance Abuse)	100% after $350 copayment per admission	90% after $400 copayment per admission	80% after $500 copayment per admission**
Emergency Room *Waived if admitted*	100% after $300 copayment per visit	100% after $300 copayment per visit	100% after $300 copayment per visit
Outpatient Surgery	100% after $200 copayment per visit	90% after $200 copayment per visit	80% after $200 copayment per visit**
Diagnostic Lab & X-Ray Doctor's Office Facility or Lab	 100% 100%	 80% 80%	 50%** 50%**
Complex Imaging (CT/Pet Scans, MRIs)	100%	80%	50%**
PHYSICIAN AND OTHER PROFESSIONAL SERVICES (Copayment not required for preventive services.)			
Urgent Care Services	100% after $40 copayment	80%	50%**
Physician Office Visits	100% after $40 copayment	80%	50%**
Specialist Office Visits *Includes Behavioral Health providers*	100% after $45 copayment	80%	50%**
Preventive Services *Including immunizations*	100%	100%, Deductible waived	Covered under Tier I and Tier II only
Well Baby Care *(first year of life)*	100%	100%, Deductible waived	Covered under Tier I and Tier II only
OTHER SERVICES			
Prescription Drugs	Prescription Drugs (30-day supply) – Covered through the LGHP administered plan, CVS Caremark. $175 deductible applies. Generic $15 Preferred Brand $30 Nonpreferred Brand $60 Specialty $120		
Durable Medical Equipment	70%	60%	50%**
Skilled Nursing Facility *120 days per plan year*	85% with pre-certification	85% with pre-certification	Covered under Tier I and Tier II only
Transplant Coverage	100% with pre-certification	90% with pre-certification	Covered under Tier I and Tier II only
Home Health Care	100% after $45 copayment	75%	Covered under Tier I and Tier II only
Physical Therapy and Occupational Therapy *60 visits per plan year*	100% after $45 copayment per visit with pre-certification	80% with pre-certification	50%** with pre-certification
Speech Therapy *60 visits per plan year*	100% after $45 copayment per visit with pre-certification	80% with pre-certification	50%** with pre-certification

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. Annual plan deductible must be met before plan benefits apply. Benefit limits are measured on a plan year.

** Covered services received from Tier III (out-of-network) providers are subject to maximum allowed amount (MAA) calculations. Participating Tier I and Tier II physicians and facilities usually charge a lower, contracted rate for services. For more information on MAA, consult your Summary Plan Description (SPD) booklet.

*** Failure to obtain pre-certification from HealthLink for out-of-network providers will result in a reduction in benefits of a $500 penalty per hospital confinement, course of treatment or therapy (services must still be deemed medically necessary and appropriate for payment).