

## PPO Plan Description of Coverage (State of Illinois)

### Basic Care (See Provider Directory to select an in-network provider)

Plan-Year deductibles			
Plan year and lifetime maximums		Unlimited	Unlimited
Employee's annual salary (based on each employee's annual salary as of April 1st)		<b>Individual Plan-Year Deductible</b>	<b>Family Plan-Year Deductible Cap</b>
	\$60,700 or less	\$375	\$937
	\$60,701 - 75,900	\$475	\$1,187
	\$75,901 and above	\$525	\$1,312
	Retiree/Annuitant/Survivor	\$375	\$937
	Dependents	\$375	n/a
Out-of-pocket maximums		<b>In Network</b>	<b>Out of Network</b>
	Individual	\$1,500	\$6,000
	Family	\$3,750	\$12,000

Description of Coverage	In Network	Out of Network
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Hospital			
Number of days of inpatient care	Unlimited when authorized	\$100 copay per hospital admission 85% after the annual plan ded.	\$500 copay per hospital admission 60% of allowable charges after the annual plan ded.
Room and board	Semi-private room, intensive care	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Surgeon's fees	Inpatient or outpatient	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Provider's visit		85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Medications		85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Other miscellaneous charges	Except personal comfort items	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.

### Emergency

Emergency services (medical conditions of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part)	Copay waived if admitted as an inpatient for same condition within 48 hours	\$450 copay after the annual plan ded.	\$450 copay after the annual plan ded.
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### Provider's Office

Provider's office visits	Exam, diagnosis, treatment	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Preventive care	ACA guidelines apply	100% coverage	60% of allowable charges after the annual plan ded.
Diagnostic tests and X-rays	May require authorization	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Immunizations		100% coverage	60% of allowable charges after the annual plan ded.
Allergy treatment and testing		85% after the annual plan ded.	60% of allowable charges after the annual plan ded.

### Medical Services

Outpatient surgery	Surgery and observation; may require authorization	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Maternity care			
	Hospital care	\$100 copay per admission 85% after the annual plan ded.	\$500 copay per admission 60% of allowable charges after the annual plan ded.
	Provider care	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Infertility services	See benefits certificate for details on coverage		
Mental health treatment		Administered through the state self-insured behavioral health benefits manager	
Substance abuse treatment		Administered through the state self-insured behavioral health benefits manager	
Outpatient rehabilitation services	60 day treatment period per condition	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Speech therapy – Pervasive developmental disorders	20 visits per contract year	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.

### Other Services

Durable medical equipment	Prosthetic devices included	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Hospice		85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Home health care		85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Skilled nursing facility	When authorized	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Ambulance	When medically necessary	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Chiropractic services	30 visits per plan year	85% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Organ transplants		85% after \$100 transplant ded.	Not covered
Prescription drugs		Administered through the state self-insured prescription benefits manager	
Dental services	Not covered	n/a	n/a
Vision care	Not covered	n/a	n/a
Hearing aids	Up to \$150 for exam(s) and \$600 for hearing aids every 3 years		

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