

E2THB194

EMPLOYER HIGHLIGHT SHEET



Lifetime Coverage Maximum		Unlimited	
Physician Services Office visits (copayment covers the visit and all covered services provided)	Primary Care Physician	\$30	
	Specialist	\$50	
▪ Routine Physical Exams		\$30	
▪ Diagnostic tests and x-rays		No Cost	
▪ Immunizations		No Cost	
▪ Allergy Treatment and Testing		No Cost	
▪ Wellness Care		\$30	
Inpatient Hospital Care		\$250 / day for the first 5 days	
▪ Number of Days of Inpatient Care, including Mental Health and Substance Abuse (unlimited)			
▪ Room and Board			
▪ Surgeon's Fees			
▪ Doctor's Visits			
▪ Medications			
▪ Other Miscellaneous Charges			
Emergency Care (medical conditions with acute symptoms of sufficient severity such that a prudent layperson could reasonably expect the absence of medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions or serious dysfunction to any bodily organ or part)		\$150	
Covered services performed in a hospital emergency room in or out of area. Copay, if any, waived if admitted			
Outpatient Surgery		Hospital Care	No cost
		Physician Care	No Cost
Maternity	Hospital Care	Unlimited Days	\$250 / day for the first 5 days
	Physician Care	Copay, if any, for 1 st visit only	\$30
Outpatient Rehabilitative Therapy Includes services of a physical, occupational or speech therapist (limited to 60 treatments, combined, per calendar year)		No cost	
Annual Eye Exam Discounts on prescription lenses and eyewear are available at participating vision centers.		\$30	
Prescription Drugs: Up to 34 day supply per script		Generic	\$15
		Formulary	35%
Up to 90-day supply per script Visit www.bcbsil.com or call Member Services for information on the 90-day pharmacy network		Non-Formulary	50%
		Self-Injectable	\$50
		Generic	\$30
		Formulary	35%
		Non-Formulary	50%
		Self-injectable	\$50

Reminder: To receive benefits medical care must be performed or ordered by your primary care physician, with the exceptions of emergency services, chemical dependency treatment and eye exams.

This highlight sheet is intended for proposal use only for brokers and employer groups. For BlueAdvantage HMO Description of Coverage forms, please contact your BCBSIL account representative or broker