



State of Illinois *Employee and Retiree**

HMO of Illinois Benefits

The benefits described below represent the minimum level of coverage for HMO of Illinois. In order to receive the full HMO Description of Coverage please contact 1-800-868-9520 using options 1, 2 then 4.

HMO Plan Design	
Plan year maximum benefit	Unlimited
Lifetime maximum benefit	Unlimited
Hospital Services	
Inpatient Hospitalization	100% after \$275 copayment per admission
Alcohol and substance abuse <i>(30 day maximum)</i>	100% after \$275 copayment per admission
Psychiatric admission <i>(30 day maximum)</i>	100% after \$275 copayment per admission
Non-Serious Mental Illness admission <i>(30 day maximum)</i>	100% after \$275 copayment
Serious Mental Illness <i>(additional 45 days)</i>	100% after \$275 copayment
Outpatient surgery	100% after \$175 copayment
Diagnostic lab & X-ray	100%
Emergency room hospital services	100% after \$200 copayment
Professional and Other Services	
Physician services <i>(including physical exams & immunizations)</i>	100% and \$15 copayment may apply
Specialist visit	100% after \$20 copayment
Well baby care	100%
Psychiatric care <i>(20 visit maximum)</i>	100% after \$20 copayment
Non-Serious Mental Illness <i>(20 visit maximum)</i>	100% after \$20 copayment
Serious Mental Illness <i>(additional 60 visits)</i>	100% after \$20 copayment
Alcohol and substance abuse care <i>(20 visit maximum)</i>	100% after \$20 copayment
Durable medical equipment	100%
Prescription drugs <i>(30 day supply retail)</i> <i>(90 day supply available at 2x copay at both retail and mail)</i>	\$10 Generic \$24 Formulary \$48 Non-Formulary \$50 Annual Pharmacy Deductible
Home Health Care	\$20 copayment per visit

*effective date of 7/1/09 thru 6/30/10