



**BlueCross BlueShield of Illinois**

*Experience. Wellness. Everywhere.<sup>SM</sup>*

# State of Illinois

## HMO of Illinois Benefits

*Local Government Health Plan\**

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 \$250 copayment
Alcohol and substance abuse (30 day maximum)	100% after \$250 copayment per admission
Psychiatric admission (30 day maximum)	100% after \$250 copayment per admission
Outpatient surgery	100% after \$150 copayment
Diagnostic lab & X-ray	100%
Emergency room hospital services	100% after \$200 copayment
Professional and Other Services	
Physician services (including physical exams & immunizations)	100% after \$20 copayment
Well baby care	100%
Psychiatric care (20 visit maximum)	100% after \$20 copayment
Alcohol and substance abuse care (20 visit maximum)	100% after \$20 copayment
Durable medical equipment	100%
Prescription drugs (30 day supply retail) (90 day supply available at 2x copay at both retail and mail)	\$10 Generic \$20 Formulary \$40 Non Formulary

\*effective date of 7/1/08 thru 6/30/09