



**BlueCross BlueShield of Illinois**

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

# State of Illinois

## HMO of Illinois Benefits

*Teachers' Retirement Insurance Program\**

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<br>(30 day maximum)   | 100% after \$250 copayment  |
| Non-Serious Mental Illness admission<br>(30 day maximum)  | 100% after \$250 copayment  |
| Serious Mental Illness<br>(additional 45 days)  | 100% after \$250 copayment  |
| 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<br>(including physical exams & immunizations)  | 100% after \$15 copayment   |
| Well baby care  | 100%  |
| Non-Serious Mental Illness<br>(20 visit maximum)  | 100% after \$20 copayment   |
| Serious Mental Illness<br>(additional 60 visits)  | 100% after \$15 copayment   |
| Alcohol and substance abuse care<br>(20 visit maximum)  | 100% after \$20 copayment   |
| Durable medical equipment   | 100%  |
| Prescription drugs<br>(30 day supply retail)<br>(90 day supply available at 2x copay at both retail and mail) | \$10 Generic<br>\$20 Formulary<br>\$40 Non Formulary<br>\$50 Self-Injectables |

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