



ITW Second PPO Medical Plan # 100784 Benefit Highlights



Lifetime PPO Coverage: Plan Deductible: Per individual, per calendar year combined in/out-of-network Per family aggregate, per calendar year combined in/out-of-network		Unlimited \$1,000 \$2,000	
ITW MEDICAL PLAN		PPO	NON-PPO
Out-Of-Pocket Expense Limitation: The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including deductible, copay and co-insurance amounts. Non-PPO charges apply toward separate out-of-pocket limit. Pre-Certification penalty and charges in excess of PPO allowance do not apply to any out-of-pocket limit.	\$4,100 Individual \$8,200 Family	\$7,500 Individual \$15,000 Family	
COVERED SERVICES		PPO	NON-PPO
Outpatient Surgery: Professional surgical services and facility charges.		80%	60%
Outpatient Diagnostic Tests: Diagnostic tests include diagnostic x-ray, diagnostic blood tests, allergy tests, CT scans, MRIs, diagnostic mammograms, diagnostic PSA tests, diagnostic PAP smears, diagnostic colorectal exams/tests and diagnostic rectal exams/tests. Eligible Preventive Health Services will not be subject to a Coinsurance, Deductible, Copayment or Dollar Maximum for PPO and Non-PPO providers.		Office Setting: 100%+ Outpatient Hospital Setting: 100%+	80%+
Outpatient Hospital Services: Which includes Radiation and Chemotherapy.		80%	60%
Inpatient Care: Hospital Services: Includes professional surgical services and facility charges. Room allowance based on the hospital's most common semi-private room rate. For contagious diseases, Plan pays private room rate. Inpatient Pre-Admission Testing, Extended Care Facility, Coordinated Home Care and Hospice Care are paid on the same basis.		80%	60%
Medical/Surgical Care: Payments based on a PPO Allowances (PPO providers have agreed to accept the PPO allowance as payment in full for covered services, excluding your deductible and any co-insurance).		After \$250 Inpatient Hospital Copay	
Emergency Room: Emergency Medical and Emergency Accident (initial visit) \$100 copay per visit (hospital charges). Waive \$100 copay if admitted inpatient.		\$100 copay then 100%+	\$100 copay then 100%+
Outpatient Psychiatric Services: Outpatient: Pre-certification not required		\$30 copay+	50%
Inpatient Psychiatric Services: Inpatient: Pre-certification required with BCBSIL Behavioral Health Unit		80%	60%
Substance Abuse: Inpatient: Pre-certification required with BCBSIL Behavioral Health Unit Outpatient: Pre-certification not required		\$30 copay+ 80%+ \$30 copay+ 100%	60%+ 60%+ 60% 60%
Normal Newborn: One routine Inpatient exam once baby is added to the plan.		80%	60%
Wellness Provision (Routine Care): Including but not limited to annual physicals including routine office visit & tests, routine lab work, routine x-rays, well baby visits, pre-school exams, pre-marital exams and eye exams. Eligible Preventive Health Services will not be subject to a Coinsurance, Deductible, Copayment or Dollar Maximum.		100%+	
Physician Office Visit (OV) and Related Services: For illness, accident care and allergy treatments.		\$30 office visit copay then 100%+	60% unless otherwise noted
Cancer Screening Tests: Routine mammograms, routine pap smears, routine PSA tests, routine colorectal exams/tests and routine digital rectal exams/tests & Related Office Visit. Colonoscopy, routine and diagnostic (includes anesthesia)		Paid at 100%+ (office diagnostic tests @ 100%+) 100%+	60%+ 60%+
Childhood Immunizations: Immunizations to age 16 & Related Office Visit.		Paid at 100%+	100%+
Other Covered Services: Blood and blood components; leg, arm, back, and neck braces; physical therapy; occupational and speech therapy; shock therapy; radiation therapy; Cobalt & Chemotherapy; Private Duty Nursing (50 annual visit maximum); ambulance transportation services; oxygen and its administration; medical & surgical dressings; supplies, casts and splints; durable medical equipment; prosthetic devices. Chiropractic services limited to 20 visits.		80%	60%
Additional Surgical Opinion: When obtained through a Blue Care Connection (BCC) advisor.		100%+	100%+
Human Organ Transplants: Bone marrow, cornea, heart, lung, heart/lung, heart valve, kidney, liver, pancreas pancreas/kidney, muscular-skeletal and parathyroid human organ and tissue transplants.		80%	60%
BASIC PROVISIONS			
Precertification Notification MSA: 1-877-493-3446	Precertification notification required prior to all elective inpatient admissions. Emergency & Maternity Admission notification is required within two working days of admittance. Notification is required through the MSA during the first trimester of pregnancy (Special Beginnings Program). BCBSI - Mental Health Unit notification required for any inpatient admission & substance abuse treatment.		
Non-Compliance PENALTY:	IF EMPLOYEE ELECTS NOT TO NOTIFY BLUE CROSS BLUE SHIELD AND FOLLOW ADVICE GIVEN, HOSPITAL BENEFITS WILL BE REDUCED BY \$500+.		
Pre-existing waiting period:	Pre-existing conditions waiting period no longer applies.		
Dependent Eligibility:	To Age 26. Coverage discontinues the end of the month in which birthday occurs.		
Coordination of benefits:	This program coordinates benefits with other group plans.		

+ Plan Deductible does not apply (calendar year \$1000 Individual & \$2000 Family Aggregate deductible).

Note: This provides only highlights of this program. Specific details on each program are contained in the Plan documents.
 (Group# 100784, ITW Second PPO.XLS, Effective on 0 1/1/2015)