



2009 NATIONAL PREFERRED PROVIDER OPTION (PPO)

Log on to www.bcbsil.com/hsbc for more benefit information.

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DEDUCTIBLE: EMPLOYEE ONLY	\$350 Low \$750 High	\$700 Low \$1,500 High
DEDUCTIBLE: EMPLOYEE PLUS ONE DEPENDENT	\$700 Low \$1,500 High	\$1,400 Low \$3,000 High
DEDUCTIBLE: EMPLOYEE PLUS FAMILY (Aggregate)	\$1,050 Low \$2,250 High	\$2,100 Low \$4,500 High
PPO SERVICES	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 the deductible. PPO and non-PPO charges apply to the same out-of-pocket limit. The penalty for failing to pre-certify a hospital stay as well as non-PPO charges above the eligible allowance does not apply to any out-of-pocket limit.	Low \$2,000 employee \$4,000 employee + one \$6,000 employee plus family High \$2,500 employee \$5,000 employee + one \$7,500 employee plus family	Low \$4,700 employee \$9,400 employee + one \$14,000 employee plus family High \$5,900 employee \$11,700 employee + one \$17,500 employee plus family
INPATIENT HOSPITAL SERVICES: Room allowance based on the hospital's most common semi-private room rate.	85%	65%
OUTPATIENT SURGERY & DIAGNOSTIC TESTS: Hospital & Physician	85%	65%
OUTPATIENT HOSPITAL SERVICES: Including radiation and chemotherapy.	85%	65%
EMERGENCY: (Hospital & Physician) Emergency Medical and Emergency Accident - Initial treatment in hospital of accidental injuries or sudden and unexpected medical conditions with severe life-threatening symptoms. If an inpatient admission occurs thereafter, the MSA must be contacted within two business days.	85% after deductible is met	85% subject to a \$100 ER copay*
OFFICE VISITS AND MEDICAL/SURGICAL CARE: Includes medical and surgical care, office visits, consultation, anesthetics, etc; chiropractic care limited to 25 visits annually.	85%	65%
WELL ADULT CARE: In network benefits are not subject to the deductible and there is no annual limit. Well adult care includes routine physical exams, immunizations, and routine diagnostic tests.	100%* with no deductible & no annual limit	100%
WELL CHILD CARE: In network benefits are not subject to the deductible and there is no annual limit. Well child care includes routine physical exams, immunizations, and routine diagnostic tests.	100%* with no deductible & no annual limit	100%
ADDITIONAL SURGICAL OPINION	85%	65%
OTHER COVERED SERVICES: Blood and blood components; leg, arm, and neck braces; ambulance services; surgical dressings, casts and splints; durable medical equipment; prosthetic devices. TMJ covered up to a \$2500 lifetime maximum when medically necessary. Payments are based on eligible allowances.	Benefits payable at 85% PPO; 85% if provider type is not solicited as PPO or non-PPO; 65% if non-PPO	
FERTILITY: Subject to a \$15,000 lifetime maximum	85%	65%
MENTAL HEALTH AND CHEMICAL DEPENDENCY – Administered by UBH		
INPATIENT PSYCHIATRIC: Benefits limited to 30 days annually combined with IP chemical dependency.	85%*	65%*
MENTAL HEALTH AND CHEMICAL DEPENDENCY OUT-OF-POCKET EXPENSE LIMITATION	\$1,000 per person, with a max of three per employee plus family	
INPATIENT MENTAL HEALTH AND CHEMICAL DEPENDENCY	85%	65%
OUTPATIENT MENTAL HEALTH AND CHEMICAL DEPENDENCY	85%	65%
PRESCRIPTION DRUGS – Administered by CVS/Caremark		
RETAIL: There is an \$8 copay for generic drugs and 30% coinsurance for brand name drugs up to 30-day supply MAIL ORDER: There is a \$20 copay for generic drugs and a \$60 copay for brand name drugs up to 90-day supply		
BASIC PROVISIONS		
Lifetime Comprehensive Major Medical Coverage (\$5,000,000 total maximum)	\$5,000,000	\$1,000,000
MEDICAL SERVICES ADVISORY (MSA): You are required to call MSA, the Blue Cross and Blue Shield unit for pre-certification, one business day prior to hospitalization, receiving Home Health Care services, Private Duty Nursing, or admission to a Skilled Nursing Facility and within two business days of an admission for emergency care or maternity. If employee elects not to notify the MSA or follow the advice given, hospital benefits will be reduced by \$100. Phone number is 1-800-286-8834.		
PRE-EXISTING CONDITIONS WAITING PERIOD: No waiting period for pre-existing conditions		
DEPENDENT ELIGIBILITY: To age 19, 25 if a full-time student.		

* Deductible does not apply



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COORDINATION OF BENEFITS: This program coordinates benefits with other group plans.

Note: This sheet only highlights the general program. If there are any discrepancies between this highlight sheet and the Plan Document, the Plan Document will control. If you do not live in a PPO area, your non-PPO benefit level will be 85% rather than 65%. Members may be "balance billed" from non-PPO providers. Payment is based on the eligible charge which may be less than the billed charge.

If you have any questions specific to your benefit plan you can contact customer service at 1-888-979-2057.

* Deductible does not apply