

## State of Illinois

College Insurance Program\*

For more information, call Customer Service at **800-868-9520**, Monday - Friday, 8 a.m. to 6 p.m. CT.

## HMO Illinois®/Blue Advantage HMO™ Benefits

The benefits described below represent the minimum level of coverage for both HMOs.

| HMO Plan Design   |  |
|---|--|
| Plan year maximum benefit                                     | Unlimited                                  |
| Lifetime maximum benefit                                      | Unlimited                                  |
| Hospital Services   |  |
| Inpatient hospitalization                                     | 100% after \$250 copayment per admission   |
| Alcohol and substance use care                                | 100% after \$250 copayment per admission   |
| Non-serious mental illness admission                          | 100% after \$250 copayment per admission   |
| Serious mental illness  | 100% after \$250 copayment per admission   |
| Outpatient surgery  | 100% after \$200 copayment per visit       |
| Diagnostic lab and X-ray                                      | 100%                                       |
| Emergency room hospital services                              | 100% after \$200 copayment per visit       |
| Professional and Other Services                               |  |
| Physician services  | 100% after \$30 copayment per visit        |
| Specialist services   | 100% after \$30 copayment per visit        |
| Well-baby care (first year of life)                           | 100%; no copayment                         |
| Non-serious mental illness                                    | 100% after \$30 copayment per visit        |
| Serious mental illness  | 100% after \$30 copayment per visit        |
| Alcohol and substance use care                                | 100% after \$30 copayment per visit        |
| Durable medical equipment                                     | 80%  |
| Home health care  | \$30 copayment per visit                   |
| Prescription drugs  | \$4 Lower cost preferred maintenance drugs |
| (30-day supply retail)  | \$175 deductible per enrollee, then:       |
| (90-day supply available at 2x copay at both retail and mail) | \$12 Generic                               |
|   | \$24 Formulary                             |
|   | \$48 Non-formulary                         |
|   | \$50 Self-injectables                      |
|   | \$96 Specialty drugs                       |
|   | 12.2.21.23                                 |

## Important update for HMO Illinois members who use Advocate Physician Partners

Effective July 1, 2025, Advocate Physician Partners will not be part of the HMO Illinois network, but will remain in the Blue Advantage HMO network. If you want to use Advocate Physician Partners, you must enroll in Blue Advantage HMO.

Advocate Physician Partners includes: Advocate Christ Hospital Physician Partners, Advocate Condell Physician Partners, Advocate Good Shepherd Physician Partners, Advocate Illinois Masonic Physician Partners, Advocate Lutheran General Physician Partners, Advocate Medical Group, Advocate Medical Group West, Advocate Sherman Physician Partners, Advocate South Suburban Physician Partners, Advocate Trinity Physician Partners

\* Effective 7/1/25 to 6/30/26

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