



# State of Illinois

## Employee and Retiree\*

### Blue Choice Options<sup>SM</sup> – Open Access Plan Tiers I, II & III

**Tier I:** Receive the highest level of benefits by using a participating provider in the Blue Choice Options – OAP Tier I network

**Tier II:** Receive care from a provider within the PPO network

**Tier III:** Receive care from an out-of-network provider

The benefits described below represent coverage with each plan.

Benefit	Tier I	Tier II	Tier III
Plan year out-of-pocket maximum	\$3,000 per individual (includes eligible charges from Tier I and Tier II combined) \$6,000 per family (includes eligible charges from Tier I and Tier II combined)		Not applicable
Plan year deductible (must be satisfied for all services)	\$0	\$300 per enrollee**	\$400 per enrollee**
<b>Hospital Services (percentages listed represent how much is covered by the plan)</b>			
Emergency room services	\$275 copayment per visit	\$275 copayment per visit	\$275 copayment per visit
Inpatient hospitalization	\$425 copayment per admission	90% of network charges after \$475 copayment per admission**	60% of allowable charges after \$575 copayment per admission**
Inpatient alcohol and substance use	\$425 copayment per admission	90% of network charges after \$475 copayment per admission**	60% of allowable charges after \$575 copayment per admission**
Inpatient psychiatric admission	\$425 copayment per admission	90% of network charges after \$475 copayment per admission**	60% of allowable charges after \$575 copayment per admission**
Outpatient surgery	\$300 copayment per visit	90% of network charges after \$300 copayment**	60% of allowable charges after \$300 copayment**
Skilled nursing facility	100% covered	90% of network charges**	Not covered
Diagnostic lab and X-ray	100% covered	90% of network charges**	60% of allowable charges**
Complex imaging (CT/Pet Scans/MRIs)	\$30 copayment	90% of network charges**	60% of allowable charges**
<b>Transplant Services</b>			
Organ and tissue transplants	Tier I: 100% covered. Tier II: 90% of network charges.** Tier III: Not covered. To assure coverage, the transplant candidate must contact the plan provider prior to beginning evaluation services.		
<b>Professional and Other Services</b>			
Preventive care/well-baby/immunizations	100% covered	100% covered	Not covered
Physician office visits	\$30 copayment	90% of network charges**	60% of allowable charges**
Specialist office visits	\$40 copayment	90% of network charges**	60% of allowable charges**
Telemedicine	\$30 or \$35 copayment	90% of network charges**	60% of allowable charges**
Outpatient psychiatric and substance use	\$30 or \$35 copayment	90% of network charges**	60% of allowable charges**
Durable medical equipment	80% of network charges	80% of network charges**	60% of allowable charges**
Home health care	\$40 copayment	90% of network charges**	Not covered
Prescription drugs	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager

\* Effective 7/1/24 to 6/30/25

\*\* A plan year deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year basis.