



State of Illinois

Employee and Retiree*

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

HMO Illinois®/Blue Advantage HMOSM 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 \$425 copayment per admission
Alcohol and substance use care	100% after \$425 copayment per admission
Psychiatric admission	100% after \$425 copayment per admission
Non-serious mental illness	100% after \$425 copayment per admission
Serious mental illness	100% after \$425 copayment per admission
Outpatient surgery	100% after \$300 copayment per visit
Diagnostic lab and X-ray	100%
Diagnostic imaging (MRI, PET and CAT scans)	\$30 copayment per visit
Emergency room hospital services	100% after \$275 copayment per visit
Professional and Other Services	
Physician services	100% after \$30 copayment per visit
Specialist services	100% after \$35 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	\$35 copayment per visit
Prescription drugs (30-day supply retail) (90-day supply available at 2.5x copay at both retail and mail)	\$4 Lower cost preferred maintenance drugs \$16 Tier I (Generic) \$33 Tier II (Formulary) \$57 Tier III (Non-formulary) \$150 Annual pharmacy deductible

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