



BlueCross BlueShield
of Illinois

State of Illinois Local Government Health Plan*

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 \$350 copayment per admission |
| Alcohol and substance use care | 100% after \$350 copayment per admission |
| Psychiatric admission | 100% after \$350 copayment per admission |
| Non-serious mental illness | 100% after \$350 copayment per admission |
| Serious mental illness | 100% after \$350 copayment per admission |
| Outpatient surgery | 100% after \$300 copayment per visit |
| Diagnostic lab and X-ray | 100% |
| Emergency room hospital services | 100% after \$300 copayment per visit |
| Professional and Other Services | |
| Physician services | 100% after \$40 copayment per visit |
| Specialist services | 100% after \$45 copayment per visit |
| Well-baby care (first year of life) | 100%; no copayment |
| Non-serious mental illness | 100% after \$40 copayment per visit |
| Serious mental illness | 100% after \$40 copayment per visit |
| Alcohol and substance use care | 100% after \$40 copayment per visit |
| Durable medical equipment | 70% |
| Home health care | \$45 copayment per visit |
| Prescription drugs (30-day supply retail) (90-day supply available at 2x copay at both retail and mail) | \$4 Lower cost preferred maintenance drugs \$175 deductible per enrollee, then: \$15 Generic \$30 Formulary \$60 Non-formulary \$120 Specialty drugs |

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

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