



# State of Illinois

## Teachers' Retirement Insurance Program\*

### 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                           | \$6,600 per individual (includes eligible charges from Tier I and Tier II combined)<br>\$13,200 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** |

#### Hospital Services (percentages listed represent how much is covered by the plan)

|                                     |                               |  |  |
|-------------------------------------|-------------------------------|--|--|
| Emergency room services             | \$200 copayment per visit     | \$200 copayment per visit                                    | \$200 copayment per visit                                      |
| Inpatient hospitalization           | \$250 copayment per admission | 80% of network charges after \$300 copayment per admission** | 60% of allowable charges after \$400 copayment per admission** |
| Inpatient alcohol and substance use | \$250 copayment per admission | 80% of network charges after \$300 copayment per admission** | 60% of allowable charges after \$400 copayment per admission** |
| Inpatient psychiatric admission     | \$250 copayment per admission | 80% of network charges after \$300 copayment per admission** | 60% of allowable charges after \$400 copayment per admission** |
| Outpatient surgery                  | \$150 copayment per visit     | 80% of network charges after \$150 copayment**               | 60% of allowable charges after \$150 copayment**               |
| Skilled nursing facility            | 100% covered                  | 80% of network charges**                                     | Not covered  |
| Diagnostic lab and X-ray            | 100% covered                  | 80% of network charges**                                     | 60% of allowable charges**                                     |

#### Transplant Services

|                              |   |  |  |
|------------------------------|---|--|--|
| Organ and tissue transplants | Tier I: 100% covered. Tier II: 80% of network charges.** Tier III: Not covered. To assure coverage, the transplant candidate must contact the plan provider prior to beginning evaluation services. |  |  |
|------------------------------|---|--|--|

#### Professional and Other Services

|  |   |   |   |
|--|---|---|---|
| Preventive care/well-baby/immunizations  | 100% covered  | 100% covered  | Not covered   |
| Physician office visits                  | \$20 copayment  | 80% of network charges**  | 60% of allowable charges**  |
| Specialist office visits                 | \$20 copayment  | 80% of network charges**  | 60% of allowable charges**  |
| Telemedicine                             | \$20 copayment  | 80% of network charges**  | 60% of allowable charges**  |
| Outpatient psychiatric and substance use | \$20 copayment  | 80% 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                         | \$15 copayment  | 80% 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.