Argonne
NATIONAL
LABORATORY

HMO ILLINOIS AND BLUE ADVANTAGE HMO
BENEFIT PLAN SUMMARY FOR ARGONNE NATIONAL LABORATORY
(Care available through your Participating Medical Group.)

Summary of Benefits	Member Cost
Physician Services Office Visits (Primary Care Physician and Referred Specialist Care) Well Care for Adults and Children - Physical Checkups - Preschool/School Physicals (excluding Sports Physicals) - Immunizations - Hearing Screening Minor Surgical Procedures	All physician visits subject to $15 co-pay.
Vision Care Annual Eye Examinations (all ages) – Call David Vision at 877-393-8844 for participating provider listing or go to www.bcbsil.com, click on my coverage tab, Blue Extra Discount Program. Every 24 months $75allowance plus discounts on eyewear at contracted providers.	Eye Exam $15 co-pay.
Hospital Care Semiprivate Room (unlimited days) Intensive Care / Specialty Unit Physician Visit Operating and Recovery Room X-ray, Lab, Medications Skilled Nursing Facility Home Health Care	Provided in full. No employee cost.
Surgery Surgeon, Anesthesiologist, Consultations	Provided in full. No employee cost.
Maternity Prenatal, Delivery and Postnatal Care.	Provided in full. No employee cost.
Mental Health and Substance Abuse Outpatient Inpatient	$15 co-pay per visit. Provided in full. No employee cost.
Emergency Services received in a Hospital Emergency Room. All follow-up care must be provided or coordinated by your PCP.	$75 co-pay, waived if admitted to hospital.

HMO ILLINOIS AND BLUE ADVANTAGE BENEFIT PLAN SUMMARY

Summary of Benefits	Member Cost
Outpatient Rehabilitative Therapy Includes: Speech, Physical and Occupational Therapy (60 treatments combined/calendar year.) 20 additional speech therapies for treatment of pervasive developmental disorder	$15 co-pay per visit. $15 co-pay per visit.
Diagnostic Tests Outpatient Diagnostic Tests and X-rays.	Provided in full. No employee cost.
Other Covered Services Ambulance Service Durable Medical Equipment Prosthetic Devices (leg, arm and neck braces) Diabetic Supplies	Provided in full. No employee cost.
Prescription Drug Card Generic – (34 day supply)* Formulary – (34 day supply)* Non-Formulary Brand – (34 day supply)* **When generic drug is available, participant must use generic or pay cost difference along with brand co-pay.** Self-administered injected drugs other than insulin and infertility drugs – (34 day supply) *includes insulin, insulin syringes, and infertility drugs.	 $10 co-pay. $20 co-pay. $35 co-pay. $50 co-pay.
Mail Order Prescription Drugs (Maintenance Drugs) Generic – (90 day supply)* Formulary – (90 day supply)* Non-Formulary Brand – (90 day supply)* **When generic drug is available, participant must use generic or pay cost difference along with brand co-pay.** Self-administered injected drugs other than insulin and infertility drugs – (90 day supply) *includes insulin, insulin syringes, and infertility drugs.	 $20 co-pay. $40 co-pay. $70 co-pay. $50 co-pay.
Delta Dental PPO Dental Plan (for Argonne employees) $100 individual annual deductible, $300 family; plan pays 75%, patient 25% for dental work. Diagnostic and preventive services paid at 100% of allowed amount each calendar year include 2 cleanings and exams, 2 bite-wing x-rays, one fluoride treatment. 1 complete full mouth x-ray allowed in 36 month interval. Calendar year maximum per person $2000. $2000 lifetime orthodontic benefit.	

Reminder: Medical care must be coordinated through your chosen Medical Group, with the exception of Eye Exams which are obtained through participating providers.

Argonne National Laboratory
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