Argonne NATIONAL LABORATORY

BLUE ADVANTAGE HMO 2016
BENEFIT PLAN SUMMARY

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

Summary of Benefits	Member Cost
Physician Services Office Visits: Primary Care Physician Referred Specialist Care Well Care for Adults and Children - Physical Checkups - Preschool/School Physicals (excluding Sports Physicals) - Immunizations - Women's Preventive Health Services	 $25 co-pay $35 co-pay All well care physician visits $0 co-pay. If well care visit includes treatment for medical condition, a co-pay may be charged.
Out of Pocket Maximum	$1,500 single, $3,000 family
Vision Care Annual Routine Eye Examinations (all ages), call Davis Vision at 877-393-8844 for participating provider listing or go to www.bcbsil.com. At the website, click on Find a Doctor, then under More Searches, click on Find a Vision Provider.	Eye Exam $0 co-pay. Must use a Davis Vision provider for routine eye exam. *Note: If there is a medical condition related to the eye, a referral is required to a specialist and a $35 co-pay will apply.
Hospital Care Semiprivate Room (unlimited days) Intensive Care / Specialty Unit Physician Visit Operating and Recovery Room X-ray, Lab, Medications Skilled Nursing Facility In-patient Hospice	Each hospital admission $150/day for the first 5 days to a maximum of $750 per calendar year.
Surgery Surgeon, Anesthesiologist, Consultations	Outpatient surgery $100. Inpatient surgery included with inpatient hospital coverage.
Maternity Prenatal, Delivery and Postnatal Care.	$25 co-pay for initial visit only. Then 100% until delivery. Each hospital admission $150/day for first five days to a maximum of $750 per calendar year.
Mental Health and Substance Abuse Outpatient Inpatient	$25 co-pay per visit. Each hospital admission $150/day for first five days to a maximum of $750 per calendar year .
Emergency Services received in a Hospital Emergency Room. All follow-up care must be provided or coordinated by your PCP. Urgent Care Facility (must be affiliated with member's medical group).	$150 co-pay, waived if admitted to hospital. $25 co-pay.

BLUE ADVANTAGE HMO BENEFIT PLAN SUMMARY (CONTINUED)

Summary of Benefits	Member Cost
Outpatient Rehabilitative Therapy Includes: Speech, Physical and Occupational Therapy (60 treatments combined/calendar year.)	$25 co-pay per visit.
Diagnostic Tests Outpatient Laboratory 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 Drugs Generic – (34 day supply) Formulary Brand – (34 day supply) Non-Formulary Brand – (34 day supply) Specialty Drugs **Mail Order/Retail 90 Prescription Drugs (Maintenance Drugs)** Generic – (90 day supply) Formulary Brand – (90 day supply) Non-Formulary Brand – (90 day supply) *Note: Certain women's preventive services and prescriptions will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact customer service at 1-800-892-2803. **When a generic drug is available, participant must use generic or pay non-formulary brand co-pay plus the cost difference between the generic and non-formulary brand.**	$10 co-pay. $25 co-pay. $40 co-pay. $100 co-pay $25 co-pay. $55 co-pay. $85 co-pay.
Delta Dental PPO Dental Plan (Can take alone or with health care plan.) $100 individual annual deductible, $300 family; plan pays 75%, patient 25% for dental work. Diagnostic and preventive services paid at 100% of eligible charge each calendar year include 2 cleanings and exams, 2 bite-wing x-rays, 1 fluoride treatment. 1 complete full mouth x-ray allowed in 36 month interval. Calendar year maximum per person $2000. Orthodontic lifetime maximum per person $2000.	