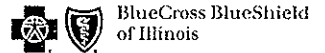


BlueAdvantage HMO

\$10/\$50 COPAY

(Serves BA HMO Plans H02, H03 and H014)



EMPLOYER HIGHLIGHT SHEET

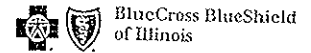
Lifetime Coverage Maximum	Unlimited
Physician Services <ul style="list-style-type: none"> Office visits Physical checkups Diagnosis and treatment of illness or injury Diagnostic tests and x-rays Minor surgical procedures Well-child and adult care Eye and hearing screenings 	Each physician office visit subject to a \$10 copayment
Hospital Care <ul style="list-style-type: none"> Unlimited days; semiprivate room Doctor's visits Operating and recovery room Radiology (inpatient) X-Ray, lab, drugs (inpatient) Skilled nursing facility Home health care 	No cost
Surgery Surgeon, anesthesiologist, consultants	No cost
Maternity Delivery, prenatal and postpartum care	\$10 copayment at 1st prenatal visit, then no cost
Emergency Services (Accident or Illness) Copayment is waived if admitted to hospital. All follow-up care must be provided or coordinated by your PCP. <ul style="list-style-type: none"> Services received in a hospital emergency room (in or out of area) 	\$50 copayment
Mental Health Treatment <ul style="list-style-type: none"> Inpatient care (limited to 20 days/calendar year) Outpatient care (limited to 20 visits/calendar year) 	No cost \$20 copayment per visit
Chemical Dependency Treatment <ul style="list-style-type: none"> Inpatient care (limited to 20 days/calendar year) Outpatient care (limited to 20 visits/calendar year) 	No cost \$20 copayment per visit
Outpatient Rehabilitative Therapy Includes services of a physical, occupational or speech therapist (limited to 60 treatments, combined, per calendar year)	No cost
Other Covered Services Ambulance services; durable medical equipment; prosthetic devices; leg, arm and neck braces	No cost
Annual Eye Exam Discounts on prescription lenses and eyewear are available at participating vision centers.	\$10 copayment
Prescription Drugs: (Retail and Home Delivery) See BA HMO Prescription Drug Card Highlight Sheet for the benefits that are covered.	

Reminder: To receive benefits medical care must be performed or ordered by your primary care physician, with the exceptions of emergency services, chemical dependency treatment and eye exams.

This highlight sheet is intended for proposal use only for brokers and employer groups. For BlueAdvantage HMO employee Description of Coverage forms, please contact your BCBSIL account representative or broker.

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Three Tier Formulary Prescription Drug \$10/\$20/\$35 Copay Option for BlueAdvantage HMO Plans BENEFIT HIGHLIGHTS



Three Tier Formulary Copayment Options (Prescription Drug Card (Retail and Home Delivery))	Copayment Option (Generic/Formularies B and Non-Formularies A/B/C)
Retail Copayments are for up to a 34-day supply at a contracting retail pharmacy.	\$10/\$20/\$35
Home Delivery Maintenance medications are available for up to a 90-day supply and are subject to the appropriate copayment. <u>Two</u> copayment applies per prescription order.	\$10/\$20/\$35
Oral Contraceptives Available at retail and through home delivery at the appropriate copayment based on drug classification.	\$10/\$20/\$35
Self-Injectables Available at retail and through home delivery as follows: \$50 copayment*	\$50
Diabetic Supplies Diabetic supplies are covered at no cost to the member.	\$0

* For the HMO program, insulin and insulin syringes are not subject to the \$50 self-injectable copayment and are available at the generic copayment level. Infertility drugs are not covered by the prescription drug card program and are covered under a special program as part of the medical benefit.

Reimbursement for Non-Contracting Providers

Medications/diabetic supplies purchased at a non-contracting pharmacy are subject to the appropriate copayment and are paid at 75% of the amount that would have been paid at a contracting pharmacy.

What is the Blue Cross and Blue Shield of Illinois formulary?

The BCBSIL formulary is a continually updated list of preferred drugs selected by a panel of physicians and pharmacists. A drug on the formulary benefits Blue Cross members as it gives them access to valuable medications at a lower out-of-pocket expense. All generic drugs and select brand name drugs that provide effective, safe and appropriate drug therapies are listed on the formulary. The BCBSIL formulary is "open," meaning that benefits are payable for drugs that are not on the formulary, but are subject to the highest copayment level.

How can I find out if a drug is on the formulary, and if it is a generic or a brand name drug?

As part of the enrollment literature, members may receive a list of some of the most commonly prescribed formulary drugs. If a particular drug does not appear on the list, members can:

- Refer to the pocket edition of the BCBSIL formulary.
- Visit the BCBSIL Web site at www.bcbsil.com/formulary.
- Discuss the most appropriate drug therapy with their physician or pharmacist. Using generic drugs whenever possible will help save money.

How can I find a contracting pharmacy?

Go to <http://www.bcbsil.com/pharmacy/index.htm> to find one of the 60,000 contracting pharmacies nationwide.