



2012 EPO – Option B

Health plan administered by Blue Cross and Blue Shield of Illinois (BCBSIL): 1-866-804-0976; or
Health plan administered by UnitedHealthcare (UHC): 1-800-901-1939
Pharmacy plan administered by Medco Health: 1-800-841-2806
Behavioral health plan administered by United Behavioral Health (UBH): 1-800-788-5614

Plan Feature	Participating Provider Benefits Only ¹
Lifetime Benefit Maximum	None
Annual Deductible (Participant pays, if applicable)² Co-payments are not included in the annual deductible. Note: Prescription drug coverage is subject to a separate annual deductible.	<i>If satisfied HealthQuotient (HQ) requirement</i> <ul style="list-style-type: none"> • \$250 per person • \$500 per family <i>If did not satisfy HQ requirement*</i> <ul style="list-style-type: none"> • \$500 per person • \$500 per family³ (children only) • \$750 per family³ (spouse or spouse and children) <p>* Annual deductibles must be satisfied before the Plan pays benefits described below.</p>
Annual Out-of-Pocket Limit or Co-Payment Maximum	None
Co-insurance (Plan pays)	See individual benefit co-payments below.
Primary Care Physician Office Visits Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians.	<ul style="list-style-type: none"> • \$30 co-payment per visit, then Plan pays 100%

Plan's Share vs. Participant's Share

The annual deductible, co-payments and annual out-of-pocket limit are the participant's share to pay. All other percentage "benefits" are amounts the Plan (HealthFlex) pays.

- ¹ The Plan will not pay **any benefits** when you obtain services from Non-Participating Providers, other than in cases of emergency. For Emergency Services, you might pay more than the co-payment amount defined in the Plan for services obtained from Non-Participating Providers since you will be responsible for any charges that exceed the Maximum Allowance.
- ² **Higher Medical Plan Deductible Provisions** Generally applicable to individuals participating in HealthFlex before April 1, 2011. (More details about the HQ requirement are provided online at www.gbophb.org; click on "**HealthFlex/WebMD**" and then select "*2011 Incentives: Frequently Asked Questions.*")
- Effective January 1, 2012, any participant with *individual coverage* who did not complete the HealthQuotient (HQ) health risk assessment between August 1 and September 30, 2011 will be subject to the \$250 higher deductible.
 - Effective January 1, 2012, any participant who covers their *dependent child(ren) but not a spouse* and did not complete the HQ between August 1 and September 30, 2011 will be subject to the \$250 higher deductible. Every covered dependent in the family unit will also have the \$250 higher deductible. However, the family deductible will not increase by more than \$250.
 - Effective January 1, 2012, any participant with *family coverage (including a spouse)* who did not complete the HQ between August 1 and September 30, 2011 will be subject to the \$250 higher deductible. Every covered dependent in the family unit will also have the \$250 higher deductible. However, the family deductible will not be more than \$500 higher. The same higher deductibles would occur if the participant took the HQ between August 1 and September 30, 2011 but the covered spouse *did not*.
- ³ The family deductible is the total of all charges applied toward the deductible for the primary participant and their covered dependents. Once this total equals the annual deductible amounts shown, the family deductible has been satisfied for the balance of the plan year.

Plan Feature	Participating Provider Benefits Only ¹
<p>Outpatient Short-Term Rehabilitative Therapy</p> <ul style="list-style-type: none"> Physical therapy Occupational therapy Speech therapy <p>Physical and occupational therapy: Combined \$6,000 calendar year maximum. Speech therapy: \$4,000 calendar year maximum.</p>	<ul style="list-style-type: none"> \$30 co-payment per visit, then Plan pays 100% \$30 co-payment per visit, then Plan pays 100% \$30 co-payment per visit, then Plan pays 100%
<p>Specialist Office Visits</p>	<ul style="list-style-type: none"> \$50 co-payment per visit, then Plan pays 100% Allergy injections only: Plan pays 100%
<p>Preventive Care⁴</p> <p>Well Child Benefits (Under age 16)</p> <ul style="list-style-type: none"> Includes charges for office visits, age-appropriate immunizations and routine diagnostic tests. There is a one visit per year maximum for children age 2 and older. <p>Well Adult Benefits (16 and Over)</p> <ul style="list-style-type: none"> One well person exam annually, including charges for an office visit, routine mammogram, pap smear, prostate exam, routine blood work and colorectal screening for cancer. Colonoscopy (Covered once every three years for participants age 45 and older.) 	<ul style="list-style-type: none"> 100% 100% 100%
<p>Licensed Dietitian⁴</p> <ul style="list-style-type: none"> Office visit 	<ul style="list-style-type: none"> \$30 co-payment per visit, then Plan pays 100%
<p>Outpatient Diagnostic Services and Treatment</p> <ul style="list-style-type: none"> Physician office Hospital, independent lab and x-ray facility 	<ul style="list-style-type: none"> \$30 co-payment if PCP, then Plan pays 100%; \$50 co-payment if specialist, then Plan pays 100% 100%
<p>Outpatient Services/Ambulatory Surgery</p>	<ul style="list-style-type: none"> \$250 co-payment per admission, then Plan pays 100%
<p>Inpatient Hospital Care <i>Pre-notification required. Verify with physician.</i></p>	<ul style="list-style-type: none"> \$500 co-payment per admission, then Plan pays 100% Co-payment waived if participant is readmitted within 30-day period for same condition
<p>Emergency and Urgent Care Services <i>Notification required within 48 hours if admitted</i></p> <ul style="list-style-type: none"> Primary Care Physician office visit Specialist Physician office visit Hospital emergency room Urgent care facility or outpatient facility Ambulance 	<ul style="list-style-type: none"> \$30 co-payment per visit, then Plan pays 100% \$50 co-payment per visit, then Plan pays 100% \$200 co-payment* then Plan pays 100%⁵ \$100 co-payment* then Plan pays 100%⁵ 100%⁵ <p>* Waived if admitted</p>

⁴ Due to the federal health care reform legislation enacted in 2010, certain preventive services in this benefit category may be paid at a different benefit level. If you wish to know what these services are, contact your medical plan provider (BCBSIL: 1-866-804-0976 or UHC: 1-800-901-1939).

⁵ Only in the case of a "true emergency" as defined in the Plan. If not a true emergency, there is no benefit payable.

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Transplant <i>Pre-notification required. Verify with physician.</i>	100% at a Blue Distinction Center for Transplant (BCBSIL) or United Resource Network facility (UHC)
Maternity Care/Physician Charges⁴ Enroll during the first trimester for education and support throughout the pregnancy. <ul style="list-style-type: none"> • BCBSIL: 1-866-804-0976 • UHC: 1-800-901-1939 <i>Pre-notification required. Verify with physician.</i>	<ul style="list-style-type: none"> • \$30 co-payment for first visit to confirm pregnancy, then Plan pays 100% for all subsequent prenatal visits, postnatal visits and delivery
Newborn Routine Nursery Inpatient Services⁴	<ul style="list-style-type: none"> • 100%
Alternative Therapies <ul style="list-style-type: none"> • Chiropractic care • Massage therapy • Acupuncture • Naprapathy Combined \$1,000 calendar year maximum.	<ul style="list-style-type: none"> • \$30 co-payment per visit, then Plan pays 100% • \$50 co-payment per visit, then Plan pays 100% • \$50 co-payment per visit, then Plan pays 100% • \$50 co-payment per visit, then Plan pays 100%
Special Services <ul style="list-style-type: none"> • Skilled Nursing Facility: 120 days maximum per calendar year • Private Duty Nursing: <ul style="list-style-type: none"> - \$2,000/month maximum (BCBSIL) - \$24,000 annual maximum (UHC) • Home Health Care: 60-visit maximum per calendar year • Hospice <i>Pre-notification required. Verify with physician.</i>	<ul style="list-style-type: none"> • 100% • 100% • 100% • 100%
Hearing Benefit <ul style="list-style-type: none"> • Hearing aids – Every 24 months • Exam 	<ul style="list-style-type: none"> • 50% up to \$500 per ear (no deductible) • \$50 co-payment, then Plan pays 100%
Pre-Notification and Medical Management Review BCBSIL: 1-866-804-0976 UHC: 1-800-901-1939	It is recommended that you always coordinate your care through your Primary Care Physician (PCP). To ensure maximum benefits, <i>pre-notification is required</i> for certain services. Please see the HealthFlex Benefit Booklet for a complete list or call the number for your Claims Administrator on the left.
Verification of Benefits for Behavioral Health Services UBH: 1-800-788-5614	To ensure maximum benefits for behavioral health services, please see the United Behavioral Health benefit summary and certificate of insurance for information, or call the number for UBH on the left.

Plan Feature	Participating Provider Benefits Only ¹
<p>Maximum Allowance</p>	<p>All benefit payments for covered services, including Emergency Services, rendered by Participating and Non-Participating Providers are limited to the Maximum Allowance for the service, as determined by BCBSIL or UHC based on Reasonable and Customary amounts.</p> <p>Participating Providers, or Network Providers, have signed an agreement with BCBSIL or UHC to accept the Maximum Allowance as payment in full. Participating Providers have agreed not to bill for amounts in excess of the Maximum Allowance.</p> <p>Non-Participating Providers, or Non-Network Providers, have not signed an agreement with BCBSIL or UHC to accept the Maximum Allowance as payment in full. Therefore you are responsible for the difference between the Maximum Allowance and the Provider’s charge when using a Non-Participating Provider.</p>

Important Note for BCBSIL Out-of-Area (OOA) Participants:

In order to receive maximum benefits under the Plan, you must notify BCBSIL to have your provider approved as a Participating Provider before any *non-emergency* services are rendered. However, in the case of a true emergency, you should seek assistance from the closest health care provider; such emergency services will generally be covered if otherwise eligible under the Plan.

If you have any questions about whether you are an OOA participant, please contact the Health Team at 1-800-851-2201.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the Plan Document, Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by the General Board of Pension and Health Benefits. If there are any conflicts between this summary and the terms of the Documents, the terms of the Documents shall control.

Please note: Some plan provisions may be subject to change, based on pending provisions of federal health care legislation.