

Your Benefits at a Glance



DNC 174: Plan I

This is an easy-to-read summary and does not include all benefits. If there is a conflict between this summary and your plan documents, then your plan documents are correct.

For more details about your benefits or to find out which treatments/services require prior authorization, please refer to your Summary Plan Description (SPD) or call us at (866) 686-0003.



Medical — Blue Cross Blue Shield of Illinois

What You Pay For	Network	Non-Network
Calendar Year Deductible	\$350/person • \$1,000/family	
Safety Net Out-of-Pocket Spending Limit — <i>Copays, deductibles, and coinsurance you pay</i>	\$6,350/person • \$12,700/family	None
Basic Out-of-Pocket Spending Limit — <i>Coinsurance you pay</i>	\$2,000/person • \$6,000/family	None
Office Visits		
Preventive Care — <i>Certain limits may apply</i>	No charge	Not covered
Primary Care Provider (PCP)	\$10 copay	40% after deductible
Specialist — <i>When your PCP calls the Care Coordinators first</i>	\$10 copay	40% after deductible
Specialist — <i>When your PCP DOESN'T call the Care Coordinators first</i>	\$20 copay	40% after deductible
Mental Health/Substance Abuse Office Visit	\$10 copay	40% after deductible
Emergency & Urgent Care Services		
Urgent Care Center	\$20 copay	40% after deductible
Emergency Room (ER) — <i>True emergency</i>	20% after \$100 copay and deductible	
Emergency Room (ER) — <i>Non-emergency/routine care</i>	50% after \$100 copay and deductible	
Ambulance	20% after deductible	
Inpatient Services		
Hospital Treatment — <i>Includes mental health/substance abuse treatment</i>	20% after deductible	40% after deductible
Skilled Nursing Facility — <i>120-day maximum per calendar year</i>	20% after deductible	40% after deductible
Outpatient Services		
Treatment or Surgery	20% after deductible	40% after deductible
Diagnostic, X-ray, Laboratory, and Imaging	20% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy — <i>60-visit maximum per calendar year</i>	20% after deductible	40% after deductible
Chiropractic Care — <i>\$1,000 maximum per calendar year</i>	\$35 copay	40% after deductible
Routine Podiatry	\$35 copay	40% after deductible
Diabetes Education	No charge	Not covered
Nutrition Counseling — <i>\$200 maximum per calendar year</i>	No charge	Not covered
Select Covered Services		
Durable Medical Equipment	20% after deductible	50% after deductible
Home Healthcare — <i>60-visit maximum per calendar year</i>	\$20 copay	40%
Hospice Care — <i>210-day maximum per calendar year</i>	20% after deductible	
All Other Covered Expenses	20% after deductible	40% after deductible

Prescription Drugs — Hospitality Rx *(Benefits only available at participating pharmacies)*

What You Pay For	Retail <i>(34-day supply)</i>	Mail Order <i>(90-day supply)</i>
Generic Drugs	\$10	\$20
Preferred Brand Name Drugs — <i>On the formulary</i>	\$30	\$60
Non-Preferred Brand Name Drugs — <i>NOT on the formulary</i>	50% <i>(\$100 maximum)</i>	50% <i>(\$200 maximum)</i>

Dental — Cigna DPPO Advantage

What You Pay For	Network	Non-Network
Calendar Year Deductible	\$50/person • \$150/family	
Calendar Year Maximum	\$1,500	\$1,000
Diagnostic and Preventive Services	No charge	
Basic Restorative Services	50% after deductible	
Major Restorative Services	50% after deductible	
Orthodontic Services	50% <i>(\$1,500 lifetime maximum)</i>	

Vision — Davis Vision

What You Pay For	Network	Non-Network
Exam — <i>Covered every 12 months</i>	\$10 copay	No charge <i>(\$43 maximum — does not apply to people under age 19)</i>
Basic Frames — <i>Covered every 24 months</i>	\$20 copay <i>(\$130 maximum)</i>	No charge <i>(\$45 maximum)</i>
Lenses — <i>Covered every 24 months</i>	\$20 copay	No charge <i>(\$35-\$85 maximum)</i>
Medically Necessary Contacts — <i>Covered every 24 months</i>	\$10 copay <i>(\$130 maximum)</i>	No charge <i>(\$210 maximum)</i>
Elective Contacts — <i>Covered every 24 months</i>	\$10 copay <i>(\$130 maximum)</i>	No charge <i>(\$105 maximum)</i>

3/2016

Have benefit or healthcare questions?

Your Care Coordinators are ready to help you

Sometimes we call you – please call us back so we can help you!

Call us BEFORE you see a specialist or get a service listed on the back of your ID card!

- Save money on specialist copays by getting a referral from your primary care provider (PCP). When your PCP calls us BEFORE your specialist visit, your copay gets lowered by half.
- Have your doctor call us BEFORE you get a service listed on the back of your ID card. If you don't, in certain cases, your healthcare claim may not be paid at all.



Call toll-free: (866) 686-0003 • www.uhh.org

Monday – Friday 8:30AM to 10:00PM EST