

# Publicis Benefits Connection Health Plan Summary 2012

## Blue Cross Blue Shield of Illinois

Customer Service: 866-876-1989

### Premier PPO

### Standard PPO

BENEFITS	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
<b>Lifetime Comprehensive Major Medical Coverage Maximum:</b>	Unlimited		Unlimited	
<b>Deductible:</b> (per individual, per calendar year)	\$250	\$500	\$500	\$1,000
<b>Family Deductible:</b> (Aggregate)	\$500	\$1,000	\$1,000	\$2,000
<b>Individual Out-of-Pocket (OPX):</b> (per individual, per calendar year)	\$2,000	\$4,000	\$4,000	\$8,000
<b>Family Out-of-Pocket (OPX):</b> (Aggregate)	\$4,000	\$8,000	\$8,000	\$16,000
<b>Out-Of-Pocket Expense Limitation:</b> The amount of money an individual pays toward covered hospital and medical services during any one calendar year. This excludes the deductible, co-payments, private duty nursing, prescription drugs, non pre-certification penalty, and charges in excess of the usual and customary.				
<b>Inpatient Hospital Services:</b> (Pre-certification is required. For maternity, a penalty of \$500 applies to the inpatient maternity claim if you do not enroll in the Special Beginnings program within the first trimester of pregnancy.)	90%; subject to deductible	70%; subject to deductible	80%; subject to deductible	60%; subject to deductible
<b>Outpatient Surgery &amp; Diagnostic Tests:</b>	90%; subject to deductible	70%; subject to deductible	80%; subject to deductible	60%; subject to deductible
<b>Outpatient Emergency Medical / Accident Care:</b>	90%	90%	80%	80%
<b>Inpatient Mental Health and Chemical Dependency:</b> (Pre-certification is required.)	90%; subject to deductible	70%; subject to deductible	80%; subject to deductible	60%; subject to deductible
<b>Outpatient Mental Health and Chemical Dependency:</b>	\$20 copay	70%; subject to deductible	\$30 copay	60%; subject to deductible
<b>Medical/Surgical Care:</b>	90%; subject to deductible	70%; subject to deductible	80%; subject to deductible	60%; subject to deductible
<b>Office Visits:</b>	\$15 copay PCP; \$20 copay Specialist	70%; subject to deductible	\$20 copay PCP \$30 copay Specialist	60%; subject to deductible
<b>Wellness Care:</b> Annual physicals for adults; Well child exams covered as defined by standards of American Academy of Pediatrics.	100% deductible does not apply	70%; subject to deductible	100% deductible does not apply	60%; subject to deductible
<b>Infertility:</b> \$15,000 lifetime maximum for artificial reproduction technology	90%; subject to deductible	70%; subject to deductible	80%; subject to deductible	60%; subject to deductible
<b>Outpatient Therapies:</b> Physical, Occupational and Speech, limited to 30 visits per therapy per year.	\$20 copay; 100%	70%; subject to deductible	\$30 copay; 100%	60%; subject to deductible
<b>Chiropractic Care/Naprapathic Services:</b> \$2,000 maximum per calendar year for muscle manipulation.	\$20 copay; 100%	70%; subject to deductible	\$30 copay; 100%	60%; subject to deductible
<b>Other Covered Services:</b> Blood and blood components; ambulance services; oxygen and its administration; surgical dressings, casts and splints; prosthetic devices; and leg, arm, and neck braces.	90%; subject to deductible	70%; subject to deductible	80%; subject to deductible	60%; subject to deductible
<b>Prescription Drug:</b> Retail is a 34 day supply; Mail Order is a 90 day supply.  Mandatory participation in Triessent specialty pharmacy program for Specialty medications. Call (888) 216-6710 to enroll.	<b>Retail</b> Generic: 20% (Min:\$10, Max:\$50) Formulary: 20% (Min:\$20, Max:\$100) Non-Formulary: 20% (Min:\$40, Max:\$200)		<b>Mail Order</b> Generic: 20% (Min:\$25, Max:\$125) Formulary: 20% (Min:\$50, Max:\$250) Non-Formulary: 20% (Min:\$100, Max:\$500)	