

# SUMMARY OF MEDICAL HMO PLAN BENEFITS FOR 2005



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### **Unicare HMO Performance**

**312-234-8855 • [www.unicare.com](http://www.unicare.com)**

Unicare HMO Performance has a network of contracted providers available to you that includes over 2,000 primary care physicians, 4,000 specialists and more than 90 hospitals. Our members can take advantage of an extensive pharmacy network that includes over 1,200 facilities.

#### **Benefits Outside The Service Area**

Covered in full when you require emergency medical care. For life-threatening or severe emergencies, proceed to the nearest Emergency Facility. Please contact your primary care physician within 24 hours of treatment. Follow-up treatment must be arranged and authorized by your primary care physician. If you are traveling and require urgent care, call: 1-888-234-8855.

### **Blue Advantage HMO**

(A Blue Cross HMO)

**1-800-730-8504 • [www.bcbsil.com](http://www.bcbsil.com)**

Blue Advantage HMO has a network of contracted providers available to you that includes over 2,800 primary care physicians, nearly 3500 specialists and more than 80 hospitals. Our members can take advantage of an extensive pharmacy network that includes over 56,000 facilities.

#### **Benefits Outside The Service Area**

Urgent Care is covered while traveling out-of-state for unexpected illness and injury. When medical services are needed away from home, call our easy to remember toll-free number and we'll quickly put you in touch with an Away From Home Coordinator near your location. The Coordinator will schedule an appointment for you, give you directions and help take the fear out of being sick away from home.

Guest Membership is provided at an affiliated HMO if you or a covered dependent travels away from the service area for at least 90 days. Whether the reason is extended out-of-town business, semesters at school or families living apart, you can still enjoy the full range of benefits offered by the affiliated HMO near your travel destination.

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OUTPATIENT CARE IN THE HMO HEALTH CENTER OR HMO PHYSICIAN'S OFFICE	
Diagnostic Testing (i.e., x-ray, lab, etc.)	Covered in full
Surgery	Covered in full
Routine Physical Checkups (Adults)	Covered in full with \$10.00 co-payment per visit (effective 1/1/03)
Routine Pediatric Checkups, Well Baby Care & Pre-school exams	Covered in full with \$10.00 co-payment per visit (effective 1/1/03)
Immunizations	Covered in full
Allergy Shots	Covered in full
Hearing Screening	Covered in full
Physical Therapy, Occupational Therapy & Speech Therapy	Sixty (60) combined visits - per calendar year. Covered in full for conditions which, in the judgment of the attending or consulting physicians, are sufficient for significant improvement. These services are provided for restoration of functions only; services for the acquisition of function are not covered.
Podiatry Care	Covered in full. Routine foot care and prescriptions for supportive foot devices not covered.
Oral Surgery	Services for dental care are not covered unless required due to surgical removal of a tumor, in connection with an injury, or for treatment of malerupted bony impacted wisdom teeth.
INPATIENT CARE IN AN HMO-AFFILIATED HOSPITAL	
Room and Board	Semi-private room covered in full. Private room covered in full if medically necessary.
Number of Days	Unlimited
Intensive Care & Other Special Units	Covered in full
Doctor Visits	Covered in full
Specialist Visits	Covered in full with authorization from Primary Care Physician.
Anesthesiologist	Covered in full
Surgery	Covered in full
Prenatal & Postnatal	Covered in full with \$10.00 co-payment per initial visit (effective 1/1/03).
Inpatient (semi-private room)	Covered in full
Waiting Period	None
MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT	
Mental Health Outpatient Visits	Covered in full with \$10.00 co-payment per visit (effective 1/1/03). Cannot exceed thirty (30) visits per calendar year.
Mental Health Inpatient Care	Covered in full. Thirty (30) inpatient days per calendar year.
Substance Abuse/Chemical Dependency Treatment - Outpatient Visits	Covered in full with \$10.00 co-payment per visit (effective 1/1/03). Cannot exceed twenty (20) visits per calendar year.
Substance Abuse/Chemical Dependency Treatment -Inpatient Care	Covered in full. Thirty (30) inpatient days per calendar year.
EMERGENCY CARE	
A medical emergency is the sudden and unexpected onset of a potentially dangerous situation which, if not treated immediately, could jeopardize the patient's health. Such conditions are always severe, sudden in onset and involve one of the major organs of the body.	
Provided in full at Primary Care Physician's office or emergency room. If possible, contact your Primary Care Physician first. Your Primary Care Physician is available 24 hours a day, seven days a week. In a life-threatening emergency, call your Primary Care Physician within 48 hours following emergency treatment.	
Emergency Room Treatment (Life Threatening)	Covered in full
Ambulance (Life Threatening)	Covered in full
Acute Medical Problems (Non-Life Threatening)	Covered in full. Doctors are on call 24 hours a day, seven days a week. Call the emergency number on your ID card or your Primary Care Physician. The physician or nurse will listen to your problem, instruct you to come in for care or direct you to a participating medical facility.
PRESCRIPTIONS	
<b>Retail</b> - 30-day supply (short-term medication)	Generic: \$9.00 co-pay (effective 1/1/03)  *Brand Name (Formulary): \$17.00 co-pay (effective 1/1/03) *Brand Name (Non-Formulary): \$27 co-pay (effective 1/1/03) (*If the member chooses brand when a generic is available, member pays the cost difference between the brand and the generic drug <b>PLUS</b> the generic co-pay)
<b>Mail Order</b> (Long-term medication for chronic conditions) 90 day supply	Member co-payments are two times the cost of retail co-payments. (If the member chooses brand when a generic is available, member pays the cost difference between the brand and the generic drug <b>PLUS</b> the generic co-pay)
Oral Contraceptives (90 day supply)	Covered with co-payment
ADDITIONAL SERVICES	
Prosthetic Devices and Durable Medical Equipment (DME)	Covered in full
Blood	Covered in full
Infertility Treatment	Covered in full
Home Health Services	Covered in full
Skilled Nursing Facility	Covered in full, up to 120 days per calendar year.

\*Covered in full" means a service is covered to the full extent required by the City and its agreement with the HMO. In some instances, there may be limits on frequency of service. All services listed for the HMOs must be authorized in advance by Plan Physicians in order to be covered.

This HMO Benefit Highlight Sheet describes eligibility and benefits available as of January 1, 2004. It is only to be used as a guide. Please refer to specific benefit booklets available from the HMO for more detailed information.