



***SUMMARY OF MEDICAL  
POS PLAN BENEFITS  
FOR 2005***

## SUMMARY OF POS PLAN BENEFITS FOR 2005

### BLUE CHOICE POINT OF SERVICE PLAN • 1-800-772-6895 • www.bcbsil.com

This sheet summarizes benefits available in the City of Chicago POS Medical Plan administered by Blue Cross and Blue Shield. To obtain the highest level of benefits, you must follow the instructions and referrals of your Primary Care Physician. You will pay more money if you don't obtain the approved referral. If you do not obtain a referral from your Primary Care Physician, your claims will be processed at the out-of-network benefit level.

	<b>IN-NETWORK</b> Must be primary care physician directed and must use point of service health center/hospital	<b>OUT-OF-NETWORK</b> Use any physician, health center or hospital, (self-referred)
<b>BENEFIT DESIGN</b>		
Calendar Year Deductible	No deductible	\$600 (individual) \$1200 (family) (two individual deductibles)
Calendar Year Out-of-Pocket Limit (includes amounts paid under prior employer sponsored plans)	None	\$4,000 per person \$10,000 per family
Lifetime Maximum Coverage (includes separate mental health and substance abuse treatment maximum benefits)	\$1.5 million per person	
<b>OUTPATIENT CARE</b>		
Routine Physical Checkups (Adults) Routine Pediatric Checkups, Well Baby Care And Pre-School Exams Immunizations Allergy Shots Hearing Screening Doctor Visits Diagnostic Testing (i.e. X-ray, lab, etc.) Surgery Podiatry Care (Routine services not covered) Oral Surgery Chiropractic Visits; 20 per year max, Three modalities per visit	Member pays \$15 co-payment for each visit  Referral by Primary Care Physician required for highest level benefit payment.	Not covered  Plan pays 50% of eligible expenses Member pays 50% after deductible
<b>INPATIENT CARE</b>		
Pre-Certification	Handled by primary care physician	You or your physician must call the Medical Services Department at 1-800-972-9357 for review and certification of a hospital admission, at least one day before an elective admission and within the first trimester of pregnancy or within 24 hour of an emergency. <b>If you do not call when required, you will pay \$1,000 of eligible hospital costs per admission.</b>
Room and Board, X-ray, Lab, Drugs etc..	Covered in full with a \$100 co-pay for each admission	Plan pays 50% of eligible expenses
Doctor Visits Specialist Visits Anesthesiology Surgery	Eligible expenses covered in full	Member pays 50% after deductible
<b>MATERNITY CARE</b>		
Pre-Natal and Postnatal	Covered in full with a \$15 co-pay initial visit only	Plan pays 50% of eligible expenses
Inpatient (Mother & Newborn)	Covered in full with a \$100 co-pay for each hospital stay	Member pays 50% after deductible
<b>INFERTILITY</b>		
Treatment of Infertility (Diagnosis and treatment)	Covered at 100% of eligible expenses less any co-payments only for treatment provided by a POS specialist in the POS network with a referral by your POS Primary Care Physician	Not covered
<b>MENTAL HEALTH (ADMINISTERED BY MAGELIAN HEALTH SERVICES)</b>		
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Maximums	Annual \$37,500    Lifetime \$250,000 (Individual)	\$500,000 (family)
In-patient Mental Health Care	Covered in full with \$100 co-payment per admission.	50% of eligible expenses after deductible
In-patient    first course	Covered in full with \$100 co-payment	50% Covered after deductible
Substance abuse*    second course	80% after \$100 co-payment**	50% Covered after deductible
Outpatient Mental Health Care/ Substance abuse	50 visits maximum per year. Pre-certification needed for all sessions. Member pays \$15 co-payment for each visit. Maximum covered expenses \$100 per session.	50% of eligible expenses for each visit per year after deductible. 50 visits maximum per year after deductible. Precertification needed for all sessions. Maximum covered expenses \$100 per session.
<b>ORGAN TRANSPLANT BENEFITS</b>		
Eligible Transplants (Experimental transplants not covered)	Covered at 100% of eligible expenses only if pre-certified and performed at a designated medical center.	
<b>EMERGENCY CARE</b>		
Emergency Room (Life Threatening)	If admitted, \$25 co-pay applied to \$100 in-patient co-pay	100% for covered emergency with \$25 co-pay
Ambulance (Life threatening emergency. No coverage for transportation between hospital and MRI facility.)	Eligible expenses covered in full	100% of eligible expenses after deductible is satisfied
<b>PRESCRIPTION DRUGS</b>		
<b>Retail</b> (short-term medication) Purchased at a Participating Pharmacy 34 Day Supply or 100 Units (whichever is less)	Generic \$10.00 co-payment (effective 1/1/03) *Brand Name (formulary): \$20.00 co-payment (effective 1/1/01) *Brand Name (non-formulary): \$35.00 co-payment (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)	
<b>ADDITIONAL SERVICES</b>		
Prosthetic Devices and Medical Equipment	Eligible expenses covered in full	50% of eligible expenses after deductible is satisfied
Physical, Occupational and Speech Therapy for Restoration of Function (Services for the acquisition of function not covered)	\$15 co-pay per visit	50% after deductible is satisfied. (speech and occupational \$1,000 calendar max per therapy, pre-certification required)
Skilled Nursing Facility (non-custodial)	Eligible expenses covered in full	50% of eligible expenses after deductible is satisfied Pre-certification required

\*A new course of treatment begins when 30 or more days have passed during which no treatment was received and is determined over the entire period of time you are covered by the plan. Inpatient treatment limited to two admissions per lifetime.  
\*\*Your share of these expenses does NOT count toward the-out-of-pocket limit.