

**2010 PDRMA Health Program
Blue Cross Blue Shield of Illinois
HMO Illinois Summary of Coverage**

Each employee will need to choose a medical group or primary care physician (PCP) for each person covered by the plan. Women may also select a women's principal health care provider (WPHCP) in addition to her PCP. All care must be provided or coordinated by your PCP, WPHCP or medical group. *Coverage limits indicated below.

Services	Member Responsibility	HMO Covers
Physician Office Visits	\$20 co-payment for general care physicians; \$30 co-payment for all other physicians	100% after co-payment
Emergency Services	\$100 co-payment per service	100% after co-payment
Inpatient Hospitalization	\$250 co-payment per admission	100% after co-payment
Other services while hospitalized	\$0	100%
Surgeon's Fee	\$0	100%
Wellness exams/routine physical exams and immunizations	\$20 co-payment	100% after co-payment
Physical and Occupational Therapy (60 visit combined limit per year)	\$20 co-payment	100% after co-payment
Diagnostic tests and x-rays	\$0	100%
Outpatient Mental Health	\$30 co-payment	100% after co-payment
Prescription Medication	<u>Retail (30 day supply)</u> \$15 generic co-payment \$30 name brand co-payment <u>Mail Order (90 day supply)</u> \$30 generic co-payment \$60 name brand co-payment	100% after co-payment