



## Group Insurance Premiums – FY2012

### HEALTH INSURANCE PREMIUMS

Employees pay a monthly premium for their health insurance coverage under the *Quality Care Health Plan and all Managed Care/Open Access Plans (OAPs)*. The contribution is based on the employee's annual salary as of each April 1st and does not apply to retirees, annuitants, or survivors.

Employee Annual Salary	\$30,200 & Below	\$30,201-\$45,600	\$45,601-\$60,700	\$60,701-\$75,900	\$75,901 & Above
Monthly Employee Contribution for HMO & OAP	\$47.00	\$52.00	\$54.50	\$57.00	\$59.50
Monthly Employee Contribution for Quality Care	\$72.00	\$77.00	\$79.50	\$82.00	\$84.50

In addition to the employee's premium, there is an additional premium for dependent coverage as shown below.

Type of Coverage	CARRIER	Member Coverage	One Dependent	Two Or More Dependents
Quality Care	Quality Care Health Plan (D3)	See Chart Above	\$196.00	\$226.00
HMO	Blue Advantage (CI)	See Chart Above	\$80.00	\$110.00
HMO	HMO Illinois (BY)	See Chart Above	\$83.00	\$116.00
HMO	PersonalCare HMO (AS)	See Chart Above	\$92.00	\$130.00
HMO	Health Alliance (HA)	See Chart Above	\$94.00	\$133.00
OAP	PersonalCare OAP (CH)	See Chart Above	\$92.00	\$130.00
OAP	HealthLink Open Access (CF)	See Chart Above	\$105.00	\$149.00

Premiums for Managed Care Plans outside McLean County are available in the Benefit Choice Booklet.

### DENTAL INSURANCE PREMIUMS\*

DENTAL PLAN	Member Only	Member & One Dependent	Member & Two+ Dependents
Quality Care Dental (D6)	\$11.00	\$17.00	\$19.50

\*Employees have the option of maintaining health coverage and dropping dental coverage. Employees will not be able to re-enroll until the Benefit Choice Period.

### LIFE INSURANCE PREMIUMS

The state-paid basic level of life insurance is 100 percent of an employee's basic annual salary. New members may purchase additional insurance for 1-4 times their state provided amount without medical certification and 5-8 times with medical certification up to a maximum of \$3,000,000. Employees may supplement their life insurance by purchasing optional accidental death and dismemberment insurance up to 5 times their annual salary. The monthly premiums for these coverages are shown below as a rate per thousand dollars of coverage. Life insurance of \$10,000 is also available for your spouse (\$6.00/month) and dependent children (\$0.70/month).

AGE GROUP	<30	30-34	35-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	AD&D
MONTHLY RATES	\$.06	\$.08	\$.10	\$.16	\$.24	\$.44	\$.66	\$1.28	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$.02

HEALTH PLAN COMPARISON FY2012	QCHP	HMO (Managed Care)	Open Access Plans (OAP)		
	(Cigna)		Tier I (Managed Care)	Tier II (Managed Care)	Tier III (Managed Care) <i>Out-of-Network</i>
Annual Plan Deductible Must be satisfied for all services  Family Plan Yr. Ded. Cap (FDC)	(salary based premium) <b>Salary</b> <b>Ded.</b> <b>FDC</b> • < \$60,700      \$300    \$750 • \$60,701 to \$75,900              \$400    \$1,000 • >\$75,901          \$450    \$1,125	\$0	\$0	\$200 Per Enrollee	\$300 Per Enrollee
Annual Out-of-Pocket Maximum • Per Enrollee • Per Family	<b>In-Network:</b> • \$1,200 per enrollee • \$3,000 per family/plan year <b>Out of Network:</b> • \$4,400 per enrollee • \$8,800 per family/plan year	May have benefit limitations on a <b>calendar</b> year	Not Applicable	\$600 \$1,200	\$1,500 \$3,500
Other Deductibles/Co-payments: This is in addition to the annual deductible Emergency Room	\$400 per visit	\$200 per visit	\$200 per visit	\$200 co-payment per visit	\$200 co-payment per visit
Inpatient Hospital Admission	90% plus \$50 deductible per admission - in network  70% of U&C plus \$300 per admission - out-of-network	\$275 co-payment per admission  Contact HMO for out-of-network admission charges	\$275 co-payment per admission	90% of network charges** after \$325 co-payment per admission	80% of U&C* after \$425 co-payment per admission
Outpatient Surgery	Contact Cigna plan administrator	\$175 co-payment	\$175 co-payment Per visit	90% of network charges** after \$175 co-payment	80% of U&C* after \$175 co-payment
Diagnostic Lab & X-ray	90% - in-network; 70% of U&C* out-of-network	100%	100%	90% of network charges**	80% of U&C*
Approved Durable Medical Equipment	90% - in-network; 70% of U&C* out-of-network	80%	100%	90% of network charges**	80% of U&C*
Physician Office Visit	90% - in-network 70% of U&C* out-of-network	\$15 co-payment per visit	\$15 co-payment per visit	90% of network charges**	80% of U&C*
Specialist Office Visit	Same as above	\$20 co-payment per visit	\$20 co-payment per visit	90% of network charges**	80% of U&C*
Preventative Services, including immunizations	100%	100%	100%	100%	Covered under Tier I and Tier II only
Well Baby Care (first year of life)	Contact Cigna plan administrator	100%	100%	100%	Covered only under Tier I and II
Inpatient Psychiatric and/or Alcohol & Substance Abuse	Contact Magellan Behavioral Health	100% after \$275 co-pay per admission	100% after \$275 co-pay per admission	90% of network charges** after \$325 co-pay per admission	80% of U&C* after \$425 co-pay per admission
Outpatient Psychiatric and Substance Abuse	Contact Magellan Behavioral Health	100% after \$20 co-pay	100% after \$20 co-payment	90% of network charges**	80% of U&C*
Plan Year Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

\* Unusual & Customary (U&C) is an amount determined by the health plan administrator not to exceed the general level of charges being made by providers in the locality where the charge is incurred when furnishing like or similar services, treatment, or supplies for a similar medical condition. \*\* Network Charges are the amount the plan determines is the appropriate charge for a covered service. \*\*\*By utilizing providers in Tier I, II and Tier III (out-of-network) benefits are available so Plan Participants can have flexibility in selecting health care Providers. For example, the Plan Participant can utilize a Tier II Physician and receive care at a Tier 1 hospital