

HEALTH PLAN COMPARISON FY2012	QCHP	HMO (Managed Care)	Open Access Plans (OAP)		
	(Cigna)	HMO Illinois Blue Advantage (Blue Cross Blue Shield)	HealthLink OAP*** Personal Care OAP*** Tier I (Managed Care)	HealthLink OAP*** Personal Care OAP*** Tier II (Managed Care)	HealthLink OAP*** Personal Care OAP*** Tier III (Managed Care) Out-of-Network
Annual Plan Deductible Must be satisfied for all services Family Plan Yr. Ded. Cap (FDC)	(salary based premium) Salary Ded. FDC <ul style="list-style-type: none"> < \$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 <ul style="list-style-type: none"> Per Enrollee Per Family 	In-Network: <ul style="list-style-type: none"> \$1,200 per enrollee \$3,000 per family/plan year Out of Network: <ul style="list-style-type: none"> \$4,400 per enrollee \$8,800 per family/plan year 	May have benefit limitations on a calendar 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 I hospital