

Get to know your health insurance!

Health insurance can be confusing. Here's a list of health care terms you might need to know to help you choose a plan and then use that plan effectively.

OPEN ENROLLMENT The period of time each year when a health insurance plan allows members to enroll or change their plan.

PREMIUM The amount you or your employer pays each month in exchange for your health insurance.

COPAY The fixed amount you pay up front when you receive a medical service. For example, some plans require a \$10 copay for a visit to your Primary Care Physician and a \$20 copay for a visit to a specialist.

DEDUCTIBLE The amount that you must pay for medical services before your health insurance plan begins to pay a part. After this, the insurance covers their percentage of your services. The lower your deductible, the sooner your insurance starts to pay

COINSURANCE This is the percentage that you pay of your medical bills. For example, if your coinsurance percentage is 90/10 and the cost of your x-ray was \$1000, your insurance would cover \$900 of the bill, and you would only have to pay \$100. This charge is in addition to your copay. You pay your coinsurance until you reach your out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM This is the most you will have to pay for your medical expenses for the entire year, as long as they are covered and in-network. After you reach this amount, your insurance pays 100% of covered, in-network medical bills.

IN-NETWORK Providers who your insurance company has negotiated a discount for medical services with are in-network. You pay less when you stay in-network for your care.

OUT-OF-NETWORK Providers who your insurance company has not negotiated a discount for medical services with are out-of-network. You pay more when you receive out-of-network care.

PROVIDER Any person or institution that provides medical care. Examples of providers include doctors, nurses, hospitals, and clinics.

CLAIM A request by a plan member or health care provider that the insurance company pays for its share of a medical service. Your insurance plan receives a claim every time you receive medical care.

PRE-AUTHORIZATION When your insurance requires a pre-authorization for a service or drug, your doctor must receive a pre-certification before you receive it. This ensures that the service or drug is medically necessary and that your insurance will help pay for it.

Don't let that minor pain turn into a major pain in your wallet.

Plan participants who go to the Emergency Room for non-emergencies will be penalized.
You will pay 50% of the total ER bill for non-emergencies.

What is a Non-Emergency?

Examples:

- ▲ Ear Infections
- ▲ Allergies
- ▲ Fever/Flu-Like Symptoms
- ▲ Sprain
- ▲ Sore Throat
- ▲ Urinary Tract Infections
- ▲ Minor Burns
- ▲ Pink Eye
- ▲ Upper Respiratory Infections

Going to the ER for minor issues is not the best way to get care.
You have better options to get non-emergency treatment. Instead, go to:

- Your Primary Care Physician's office
- Urgent care center—Maximum \$50 copay (Not available for Advocate Plan members)
- Advocate Immediate Care Center—Maximum \$50 copay
- Advocate at Walgreens clinics

Attention: Very important information!

▲ For Union Medical Home or Union Health Services Plan Members:

- In case of an ER visit, you must contact your medical home as soon as possible and no later than 48 hours after emergency room treatment or an emergency admission to a hospital. Failure to notify your medical home may result in your being responsible for your entire Emergency Room bill.
- You must call your medical home before receiving immediate or urgent care treatment.
 - ▲ For UMC members (Nursing Home workers): Call **(312) 829-1134**
 - ▲ For UHS members (Home Care, Child Care, and Personal Assistant workers): Call **(312) 423-4200**
 - ▲ For other tips on how best to use your health insurance, call SEIU Healthcare IL Benefit Funds at **(773) 385-9300**.

This insurance is for you only; there is no dependent or spousal coverage.

If you have an uninsured family member or know someone who does not have health insurance, we can help. For assistance finding other coverage such as Medicaid, contact our benefit counselors directly at

1-855-SIGN-UP8 (1-855-744-6878).



SEIU Healthcare
United for Quality Care

(773) 385-9300 www.seiuhcilin.org/resources/healthcare/
2229 S. Halsted St., Suite 122, Chicago, IL 60608

Health Insurance Application



This application must be received in the Benefit Funds Office before _____ to enroll in health insurance or change your current plan for _____ 2022.

This plan is sponsored by SEIU Healthcare IL and the IL Association for Health Care Facilities.



BENEFIT FUNDS OFFICE

**This insurance is for you only. A separate dependent plan may be available to your eligible dependents for \$698/month.
Call 1-855-SIGN-UP8 (1-855-744-6878) for more information.**

Do you have a family member without health insurance coverage?

There is help available under the Affordable Care Act.

If you have an uninsured family member or know someone who does not have health insurance, we can help. For assistance finding other coverage such as Medicaid, contact our benefit counselors directly at

1-855-SIGN-UP8 (1-855-744-6878).

To see a list of Advocate Health Care System or HealthLink doctors near you, visit the

Advocate Health Care System (www.advocatehealth.com) and

HealthLink (www.healthlink.com) websites.

You can read the Summary of Benefits & Coverage enclosed in this mailing for information about each health plan. Fill out the application form in this brochure and mail it back before _____.

If you have any questions, you can call SEIU Healthcare IL Benefit Funds to speak to one of our representatives or schedule an appointment at our office.

(773) 385-9300

If you are not enrolling today because you have other health insurance, you may be able to enroll later if you lose coverage. You must contact us within 30 days of losing coverage at **(773) 385-9300**.



BENEFIT FUNDS OFFICE

2229 S Halsted St., Suite 122, Chicago, IL 60608

www.seiuhcilin.org/resources/healthcare/ PH (773)385-9300 FAX (773)385-8367



Stay safe and wear your mask

We provide three great plans to best meet your needs.

Take a look at the chart if you need help choosing a health plan.

- ▲ I have a chronic health condition, so I go to the doctor a lot OR I only go to the doctor once a year for physicals.
- ▲ Union Medical Center (1657 W Adams Ave) is close to my home or convenient for me to travel to. I like receiving my care in one location.
- ▲ Low out-of-pocket costs are the most important thing to me when it comes to health insurance.
- ▲ I don't mind getting referrals from my Primary Care Physician to see specialists.

*If this sounds like you, the **Union Medical Home Plan** might be best for you!*

All care is directed by your Primary Care Physician at Union Medical Center. If needed, your Primary Care Physician will refer you to an Advocate hospital for specialty care not available at Union Medical Center.

This Plan has the lowest out-of-pocket costs.

For a provider directory, call Union Medical Center at **(312) 829-1134**.

- ▲ I have an Advocate doctor very close to me **OR** I don't mind traveling a bit for a doctor's visit.
- ▲ I want to receive all of my care from one network of doctors who work together to manage my care.
- ▲ I want my Primary Care Physician to be very involved in my care, but I want the option to see specialists without a referral.
- ▲ I want the best of both worlds: a large choice of doctors and low costs.

*If this sounds like you, the **Advocate Premier Plan** might be best for you!*

All care is received through the Advocate Health Care System, which has over 5,000 doctors in Chicagoland and Central Illinois. ***This Plan has no out-of-network benefits.***

This Plan is a good middle ground if you want low costs, but also a wide range of doctors to choose from.

For a provider directory, visit **www.advocatehealth.com** or call **1-800-3-ADVOCATE** (1-800-323-8622).

- ▲ My Primary Care Physician is not a part of Union Medical Center or the Advocate Health Care System, and I don't want to switch.
- ▲ I see a lot of specialists and don't want to have to ask my doctor to refer me.
- ▲ Access to the widest range of doctors is the most important thing for me when it comes to health insurance.
- ▲ I don't mind paying higher copayments and deductibles for more doctor choice.

*If this sounds like you, the **PPO (HealthLink Network) Plan** might be best for you!*

All care is received through the HealthLink network, which has the largest number of doctors available.

This Plan has the highest out-of-pocket costs, deductibles, and copayments.

For a provider directory, visit **www.healthlink.com** or call **1-800-624-2356**.




Plan Details for In-Network Benefits	Union Medical Home Plan \$4.55 /paycheck	Advocate Premier Plan \$10.00 /paycheck	PPO (HealthLink Network) \$17.50 /paycheck
Yearly Deductible	\$100	\$250	\$500
Yearly Out-of-Pocket Maximum	\$3,500	\$3,750	\$4,500
Rx Yearly Out-of- Pocket Maximum	\$2,100	\$2,100	\$2,100
Co-pay for Physician Care	\$0	\$10 copay	\$20 copay
Co-pay for Specialist Visit	90% coverage	\$10 copay	\$20 copay
Other Primary Care (diagnostics, labs, etc.)	90% coverage	90% coverage	80% coverage
Ambulatory Surgery	90% coverage	90% coverage	80% coverage
Hospitalization	90% coverage	90% coverage	80% coverage
Urgent Care Visit/Immediate Care Visit	\$25 copay	\$10 copay	\$50 copay
Emergency Room (waived if admitted)	\$200 copay	\$300 copay	\$300 copay
Out-of-Network Coverage	NOT COVERED	NOT COVERED	50% coverage
Life Insurance through Unicare	\$5,000	\$5,000	\$5,000
Accidental Death & Dismemberment through Unicare	\$5,000	\$5,000	\$5,000
Vision Discount including discounted lenses, frames, ophthalmology, medical eye exams, surgical procedures	Provided through VSP	Provided through VSP	Provided through VSP

SEIU Healthcare IL Benefit Funds has three great plans to choose from.

The **Union Medical Home Plan** uses Union Medical Center (1657 W Adams in Chicago) as your first stop for health care. Your Primary Care Physician at UMC will direct your care for all health services. If needed, your Primary Care Physician will refer you to an Advocate hospital for specialty care not available at Union Medical Center. This plan has the lowest out-of-pocket costs to you.

The **Advocate Premier Plan** provides our members exclusive access to Advocate Aurora Health Care System's large network of 9 hospitals, 17 Immediate Care Centers, and over 6,300 doctors in the greater Chicagoland and Central Illinois area. All of your care will be provided by Advocate physicians. This Plan does not provide benefits for out-of-network services. Advocate provides a wide range of doctors at a low cost.

The **PPO (Healthlink) Network Plan** provides access to HealthLink doctors across Illinois. It offers the widest range of doctors available, but also has the highest costs.

			
Advocate Premier Plan	9 hospitals	Over 6,300 doctors	17 Immediate Care Centers
Union Medical Home Plan	9 hospitals for emergencies and specialists	Primary Care Physician at UMC	17 Immediate Care Centers



ADVOCATE AND UNION MEDICAL HOME PLAN COVERAGE MAP

City of Chicago

- 1** - Union Medical Center in Chicago (Union Medical Home Plan ONLY)
- 2** - Illinois Masonic in Chicago
- 3** - Trinity in Chicago

North/Northwest Suburbs

- 4** - Condell in Libertyville
- 5** - Good Shepherd in Barrington
- 6** - Lutheran General in Park Ridge
- 7** - Sherman in Elgin

South Suburbs

- 8** - Christ in Oak Lawn
- 9** - South Suburban in Hazel Crest

Southwest Suburbs

- 10** - Good Samaritan in Downers Grove

APPLICATION FOR HEALTH COVERAGE

1 CHECK A BOX

If you are currently enrolled and you do not return this application, your plan selection will not change. You will continue to have your premiums deducted from your pay check.

I am enrolling for the first time or I choose to change my plan to the plan selected below (please complete the entire application).

2 CHOOSE A PLAN

Payroll deductions are taken 24 times per year.

Union Medical Home Plan
\$4.55/paycheck
This Plan provides no out-of-network benefits.

Advocate Premier Plan
\$10.00 /paycheck
This Plan provides no out-of-network benefits.

PPO (HealthLink) Plan
\$17.50 /paycheck

I decline medical coverage. By declining coverage, I understand I will have to wait until the next open enrollment period to elect health insurance coverage.

3 PPO and Advocate select a Primary Care Physician (PCP).

(PCP Name) _____

4 Complete Form (Please Print)

Employee Name	Home Phone ()	
Email Address	Cell Phone ()	
Home Address		
City	State	ZIP
Social Security Number	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Name of Employer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date of Hire / /
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	Spouse's name _____
Do you have other group insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> All Kids Illinois
	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Spousal Insurance	<input type="checkbox"/> other _____
	ID# _____	Effective Date _____

You must complete both sides

Member Signature _____

Date / /

By providing your cell phone number, you are agreeing to receive text message alerts regarding your medical coverage, unless you: **OPT OUT OF RECEIVING TEXT MESSAGE ALERTS**

Email your completed application to "enroll@seiuhcbenfund.org"

Questions? Please call the Benefit Funds Office at (773) 385-9300.



Nursing Home Health Fund

Dear Nursing Home worker,

As a SEIU Nursing Home Worker, you have Life and Accidental Death Insurance available to you if you meet the following criteria:

1. You are enrolled in an active health insurance plan at the time of your death.
2. You are currently working as a full-time employee at the time of your death.

If you meet the above criteria and you become deceased as defined under the criteria of the policy, your designated beneficiary may qualify for a one-time benefit up to \$5,000, and an additional \$5,000 for accidental death which is payable through Unicare.



1. Employee Information

Your name:	Your Social Security Number:
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2. Beneficiary Designation (you may choose one or more beneficiaries)

Beneficiary Name:		Relationship to You:
Beneficiary Address:		Beneficiary Phone Number:
Beneficiary SSN:	Beneficiary Date of Birth:	Percentage Allocation:

Beneficiary Name:		Relationship to You:
Beneficiary Address:		Beneficiary Phone Number:
Beneficiary SSN:	Beneficiary Date of Birth:	Percentage Allocation:

*If you would like to designate additional beneficiaries, provide the above information for those beneficiaries on the back of this form

3. Signature

You must sign and date this form for your designation to become effective. Make a copy for your records and return this form to SEIU Healthcare Benefit Fund with your application.

Employee Signature

Date

SCOPE OF SERVICES *(continued)*

Vaccinations

- Chickenpox series (Varicella / Varivax)
- Flu (Influenza)
- Hepatitis A series
- Hepatitis B series
- Human Papillomavirus series (HPV / Gardasil 9) (Ages 9 - 26)
- Measles, Mumps, Rubella (MMRII)
- Meningitis (Meningococcal / Menactra)
- Pneumonia (Pneumococcal / Pneumovax & Prevnar 13)
- Shingles (Herpes Zoster / Zostavax)
- Tetanus, Diphtheria, Pertussis/Whooping Cough (Tdap / Adacel & Boostrix) (Ages 7 and up)
- Tetanus, Diphtheria (Td / Tenivax) (Ages 7 and up)

Point of Care Testing

- Blood Glucose
- Lipid Panel
- Mono
- Rapid Flu
- Rapid Strep
- Urinalysis
- Urine Pregnancy

Other Treatments

- Breathing treatments with nebulizer
- PPD / Tuberculosis testing

For a list of Advocate Health Care providers, including

■ **Primary Care Physicians (PCP's)**

■ **Specialists**

■ **Immediate Care Centers**

visit:

to www.advocatehealth.com/findadoctor

or call:

1-800-3-ADVOCATE (1-800-323-8622)

or

SEIU Health Fund at 773-385-9300



SEIUHealthcare
 United for Quality Care

Need additional help finding a provider, or have questions about your coverage?

Contact us by phone at

773-385-9300



SCOPE OF SERVICES

Acute Illness and Injury Care

- Acne
- Allergies (seasonal)
- Bronchitis
- Burns (minor)
- Cold
- Corneal (eye) abrasions
- Cough
- Diarrhea, nausea & vomiting
- Ear ache & ear infections
- Ear wax removal
- Eczema
- Fever
- Flu
- Head lice
- Headaches & migraines
- Hives
- Impetigo
- Joint pain
- Laryngitis
- Minor back pain
- Minor cut & wound closure with skin adhesive
- Mononucleosis (Mono)
- Mouth & cold sores
- Pink eye and styes
- Poison ivy, poison oak & poison sumac
- Rashes
- Ringworm
- Scabies
- Sinus infections
- Skin infections & irritations
- Skin tag removal
- Sore throat & strep throat
- Splinter removal
- Sprains & strains
- Swimmer's ear
- Tick/insect bites & stings
- Upper respiratory infections
- Urinary tract infections

continued on inside

ADVOCATE Clinic at *Walgreens* LOCATIONS

CHICAGO

1633 W 95th St., **Chicago, IL**
11 E 75th St., **Chicago, IL**
1554 E 55th St., **Chicago, IL**
5600 W Fullerton Ave., **Chicago, IL**
3405 S King Dr., **Chicago, IL**
410 N Michigan Ave., **Chicago, IL**
1601 N Milwaukee Ave., **Chicago, IL**
79 W Monroe St., **Chicago, IL**
5625 N Ridge Ave., **Chicago, IL**
151 N State St., **Chicago, IL**
1601 N Wells St., **Chicago, IL**
7510 N Western Ave., **Chicago, IL**

SOUTH SUBURBS

522 Torrence Blvd.,, **Calumet City IL**
20002 S Wolf Rd., **Mokena, IL**
4740 W 95th St., **Oak Lawn, IL**
14680 La Grange Rd., **Orland Park, IL**
24801 W 135th St., **Plainfield, IL**
4822 Caton Farm Rd., **Plainfield, IL**
498 N Weber Rd., **Romeoville, IL**

NORTHERN SUBURBS

3 E Golf Rd., **Arlington Heights, IL**
15 N Buffalo Grove Rd., **Buffalo Grove, IL**
151 Northwest Hwy., **Crystal Lake, IL**
930 Elk Grove Town Center., **Elk Grove Village**
7501 Grand Ave., **Gurnee, IL**
12000 Princeton Dr., **Huntley, IL**
1770 N Milwaukee Ave., **Libertyville, IL**
910 N Rand Rd., **Lake Zurich, IL**
3925 W Elm St., **McHenry, IL**
9301 Waukegan Rd., **Morton Grove, IL**
1701 E Kensington Rd., **Mount Prospect, IL**
1825 Willow Rd., **Northfield, IL**
375 E Dundee Rd., **Palatine, IL**
800 Devon Ave., **Park Ridge, IL**
305 W Rollins Rd., **Round Lake, IL**
10 N Milwaukee Ave., **Wheeling, IL**

WEST SUBURBS

1207 N Randall Rd., **Aurora, IL**
6800 Ogden Ave., **Berwyn, IL**
101 Lily Cache Ln., **Bolingbrook, IL**
1000 Ogden Ave., **Downers Grove, IL**
324 Roosevelt Rd., **Glen Ellyn, IL**
5500 County Farm Rd., **Hanover Park, IL**
4101 First Ave., **Lyons, IL**
1799 Douglas Rd., **Montgomery, IL**
63 W 87th St., **Naperville, IL**
3351 W Main Street., **St. Charles**
200 E Roosevelt Rd., **Villa Park, IL**
1 East Ogden Ave., **Westmont, IL**

ADVOCATE HOSPITALS

Advocate Christ Medical Center

4440 West 95th Street, Oak Lawn IL 60453

Advocate Condell Medical Center

801 South Milwaukee Avenue
Libertyville IL 60048

Advocate Good Samaritan

3815 Highland Avenue
Downers Grove IL 60515

Advocate Good Shepherd Hospital

450 West Highway 22, Barrington IL 60010

Advocate Illinois

Masonic Medical Center

836 W. Wellington Avenue, Chicago IL 60657

Advocate Lutheran General Hospital

1775 Dempster Street, Park Ridge IL 60068

Advocate Sherman Hospital

1425 N. Randall Road, Elgin IL 60123

Advocate South Suburban Hospital

17800 South Kedzie Avenue
Hazel Crest IL 60429

Advocate Trinity Hospital

2320 East 93rd Street, Chicago IL 60617



For a list of Advocate Health
Care providers, including

■ **Primary Care Physicians (PCP's)**

■ **Specialists**

■ **Immediate Care Centers**

visit:

www.advocatehealth.com/physiciandirectory

or call:

1.800.3.ADVOCATE

or

SEIU Health Fund at 773-385-9300



SEIU Healthcare
United for Quality Care

Need additional help finding a provider, or
have questions about your coverage?
Contact us by phone at

773-385-9300



AdvocateAuroraHealth®

Immediate Care Centers & Hospitals

ADVOCATE IMMEDIATE CARE CENTERS

Conditions We Treat:

- Allergies
- Backaches
- Coughs, Colds, Fevers
- Cuts Needing Stitches
- Earaches, Sinusitis and Strep Throat
- Dehydration
- Diarrhea
- Fractures and Athletic Injuries
- Gynecological and Urinary Problems
- Headaches
- Simple Wounds and Lacerations
- Mild stomach aches
- Minor Eye Problems and Nose Bleeds
- Minor Skin Infections and Burns
- Nausea
- Nosebleeds
- Poison Ivy
- Rashes
- Respiratory Illnesses
- Sore Throats
- Sprains, Strains, or Minor Broken Bones (no compound fractures)
- Urinary Tract Infections
- Vomiting
- X-rays available on site

ADVOCATE IMMEDIATE CARE CENTER LOCATIONS

CHICAGO

Beverly **773-445-3500**

9831 S Western Avenue
Chicago, IL 60643
Mon. - Sat. 9am - 11pm, Sun. 10am - 11pm

Irving and Western **773-275-7700**

4025 N. Western Avenue
Chicago, IL 60618
Mon. - Fri. 5pm - 9pm, Sat. - Sun. 8am - 4pm

Sykes MLK Drive **312-842-7117**

2545 S Martin Luther King Drive
Chicago, IL 60616
Sat. 12pm - 8pm, Sun. 10am - 6pm

NORTH WESTERN SUBURBS

Algonquin **708-481-8883**

600 S. Randall
Algonquin, IL 60102
Mon. -Sun. 7am - 11pm

Elgin **224-783-4440**

2320 Royal Blvd
Elgin, IL 60123
Mon. - Fri. 7am - 9pm, Sat. - Sun. 7am - 4pm

South Elgin **224-783-5000**

2000 McDonald Road
South Elgin, IL 60177
Mon. - Fri. 7am - 9pm, Sat. - Sun. 7am - 4pm

NORTHERN SUBURBS

Niles **847-647-0355**

7255 North Caldwell
Niles, IL 60714
Mon. - Fri. 8am - 8pm, Sat. - Sun. 8am - 4pm

Glenview, Waukegan Road **847-901-9880**

1412 Waukegan Road
Glenview, IL 60025
Mon. - Fri. 5pm - 9pm, Sat. - Sun. 8am - 4pm

Crystal Lake **815-479-8020**

525 Congress Parkway
Crystal Lake, IL 60014
Mon. -Sun. 9am - 8pm

Gurnee **630-249-2800**

1445 Hunt Club Road
Gurnee, IL 60031
Mon. -Sun. 7am - 10pm

Round Lake Beach **847-740-2500**

2 East Rollins Road
Round Lake Beach 60073
Mon. -Sun. 8am - 8pm

Vernon Hills **847-680-0500**

6 Phillip Road
Vernon Hills, IL 60061
Mon. -Sun. 8am - 8pm

SOUTH SUBURBS

Olympia Fields **708-481-888**

4001 Vollmer Road
Olympia Fields, IL 60461
Fri. 5pm - 10pm
Sat. 12pm - 8pm, Sun. 10am - 6pm

WESTERN SUBURBS

Downers Grove **630-275-6840**

6840 South Main Street
Downers Grove, IL 60516
Mon. - Fri. 8am - 8pm, Sat. - Sun. 8am - 6pm

Lemont **630-243-7100**

15900 W. 127th Street
Lemont, IL 60439
Mon. - Fri. 10am - 8pm, Sat. - Sun. 8am - 6pm

CENTRAL ILLINOIS

Franklin **309-268-2727**

1302 Franklin Avenue. Suite 1100
Normal, IL 61781
Mon. - Fri. 12pm - 8pm


Bloomington **309-556-7556**

3024 East Empire, First Floor,
Bloomington, IL 61704
Mon. - Fri. 7am - 8pm, Sat. - Sun. 8am - 5pm



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 773-385-9300. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov or call 773-385-9300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$250	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible ?	Yes. Preventive care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$3,750 In-Network Medical Benefit \$2,100 In-Network Prescription Drug Benefit	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Any amounts not paid by the Plan for out-of-network charges, non-covered charges, or penalties	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.affiliatehealth.com or call 1-800-3ADVOCATE for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 copayment	Not Covered	
	Specialist visit	\$10 copayment	Not Covered	
	Preventive care/screening/immunization	No charge	Not Covered	
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance ; deductible applies	Not Covered	
	Imaging (CT/PET scans, MRIs)	10% coinsurance ; deductible applies	Not Covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at Optum 1-888-354-0090	Generic drugs – Medication Cost at point of sale \$0-\$15 Greater than \$15	\$1 copayment 40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Preferred brand drugs – Medication Cost at point of sale \$0 - \$30 Greater than \$30	\$8 copayment 40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Non-preferred brand drugs – All Cost	40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Specialty drugs	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization .
	Physician/surgeon fees	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If you need immediate medical attention	Emergency room care	\$300 copayment	\$300 copayment	\$300 copayment is waived if admitted to the hospital. If you receive treatment in a hospital emergency room for a condition that DOES NOT meet the Plan's definition of an

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				emergency, the benefits you would have otherwise received for that treatment will be reduced by 50%.
	Emergency medical transportation	10% coinsurance ; deductible applies	10% coinsurance ; deductible applies	
	Urgent care	\$10 copayment	Not Covered	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Physician/surgeon fees	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization .
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance ; deductible applies	Not Covered	
	Inpatient services	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If you are pregnant	Office visits	\$10 copayment	Not Covered	
	Childbirth/delivery professional services	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization .
	Childbirth/delivery facility services	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If you need help recovering or have other special health needs	Home health care	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Rehabilitation services	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Habilitation services	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Skilled nursing care	10% coinsurance ; deductible applies	Not Covered	Subject to 90-day calendar year maximum. Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Durable medical equipment	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization .
	Hospice services	10% coinsurance ; deductible applies	Not Covered	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	VSP (Discount only) 800-877-7195
	Children's glasses	Not Covered	Not Covered	VSP (Discount only) 800-877-7195
	Children's dental check-up	Not Covered	Not Covered	Premier Dental plan covers cleanings, exams and x-rays at 100%, all other services at a discount only.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic Surgery • Dental care (Adult) • Hearing aids 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private-duty nursing • Routine eye care (Adult) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery (must meet all criteria: your Primary Care Physician has recommended the treatment, your Primary Care Physician states you are at least 100 pounds over your medically desirable weight, you have a body mass index of 45 or more, the obesity is a threat to your life due to life threatening co-morbidities, such as diabetes, heart disease, hypertension, etc., you have a documented history of unsuccessful attempts to reduce weight by more conservative measures, you have successfully completed a psychiatric evaluation and have no psychiatric conditions which may reduce the chances the surgery will have long-term success, you actively participate in a Disease Management program with Hines & Associates for six months prior to surgery which includes nutritional counseling and a weight reduction program, and you have not had any form of bariatric surgery in the past. Revision bariatric surgeries are not covered under the Plan.
- Chiropractic care (Chiropractic Care is covered at 50% with a calendar maximum of 20 visits).

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? [Yes]

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? [Yes]

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 773-385-9300.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 773-385-9300.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 773-385-9300.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 773-385-9300.]

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$250
- [Specialist \[cost sharing\]](#) \$10
- Hospital (facility) [\[cost sharing\]](#) 10%
- Other [\[cost sharing\]](#) 10%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$250
Copayments	\$0
Coinsurance	\$1200
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1500

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$250
- [Specialist \[cost sharing\]](#) \$10
- Hospital (facility) [\[cost sharing\]](#) 10%
- Other [\[cost sharing\]](#) 10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$250
Copayments	\$20
Coinsurance	\$1500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1800

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$250
- [Specialist \[cost sharing\]](#) \$10
- Hospital (facility) [\[cost sharing\]](#) 10%
- Other [\[cost sharing\]](#) 10%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:


<i>Cost Sharing</i>	
Deductibles	\$250
Copayments	\$300
Coinsurance	\$150
<i>What isn't covered</i>	
Limits or exclusions	\$
The total Mia would pay is	\$700

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 773-385-9300. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov or call 773-385-9300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$100	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible ?	Yes. Preventive care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$3,500 In-Network Medical Benefit \$2,100 In-Network Prescription Drug Benefit	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Any amounts not paid by the Plan for out-of-network charges, non-covered charges, or penalties	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. The network is Union Medical Center 1-312-829-1134	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0%	Not Covered	
	Specialist visit	10% coinsurance ; deductible applies	Not Covered	
	Preventive care/screening/immunization	No charge	Not Covered	
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance ; deductible applies	Not Covered	
	Imaging (CT/PET scans, MRIs)	10% coinsurance ; deductible applies	Not Covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at Optum 1-888-354-0090	Generic drugs – Medication Cost at point of sale \$0-\$15 Greater than \$15	\$1 copayment 40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Preferred brand drugs – Medication Cost at point of sale \$0 - \$30 Greater than \$30	\$8 copayment 40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Non-preferred brand drugs – All Cost	40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Specialty drugs	Not Covered	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Physician/surgeon fees	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
If you need immediate medical attention	Emergency room care	\$200 copayment	\$200 copayment	\$200 copayment is waived if admitted to the hospital. If you receive treatment in a hospital emergency room for a condition that DOES NOT meet the Plan 's definition of an emergency, the benefits you would have otherwise received for that treatment

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				will be REDUCED BY 50%.
	Emergency medical transportation	10% coinsurance ; deductible applies	10% coinsurance ; deductible applies	
	Urgent care	\$25 copayment	Not Covered	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Physician/surgeon fees	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Inpatient services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
If you are pregnant	Office visits	0%	Not Covered	
	Childbirth/delivery professional services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Childbirth/delivery facility services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
If you need help recovering or have other special health needs	Home health care	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Rehabilitation services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Habilitation services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Skilled nursing care	10% coinsurance ; deductible applies	Not Covered	Subject to 90-day calendar year maximum. UMC referral is needed.
	Durable medical equipment	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
	Hospice services	10% coinsurance ; deductible applies	Not Covered	UMC referral is needed.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|-----------------------|--|----------------------------|
| • Acupuncture | • Infertility treatment | • Private-duty nursing |
| • Cosmetic Surgery | • Long-term care | • Routine eye care (Adult) |
| • Dental care (Adult) | • Non-emergency care when traveling outside the U.S. | • Routine foot care |
| • Hearing aids | | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery (must meet all criteria: your Primary Care Physician has recommended the treatment, your Primary Care Physician states you are at least 100 pounds over your medically desirable weight, you have a body mass index of 45 or more, the obesity is a threat to your life due to life threatening co-morbidities, such as diabetes, heart disease, hypertension, etc., you have a documented history of unsuccessful attempts to reduce weight by more conservative measures, you have successfully completed a psychiatric evaluation and have no psychiatric conditions which may reduce the chances the surgery will have long-term success, you actively participate in a Disease Management program with Hines & Associates for six months prior to surgery which includes nutritional counseling and a weight reduction program, and you have not had any form of bariatric surgery in the past. Revision bariatric surgeries are not covered under the Plan.
- Chiropractic care (Chiropractic Care is covered at 50% with a calendar maximum of 20 visits).

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Does this plan provide Minimum Essential Coverage? [Yes]

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? [Yes]

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

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[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 773-385-9300.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 773-385-9300.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 773-385-9300.]

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:



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Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist \[cost sharing\]](#) 10%
- Hospital (facility) [\[cost sharing\]](#) 10%
- Other [\[cost sharing\]](#) 10%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$100
Copayments	\$0
Coinsurance	\$1200
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1400

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist \[cost sharing\]](#) 10%
- Hospital (facility) [\[cost sharing\]](#) 10%
- Other [\[cost sharing\]](#) 10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$100
Copayments	\$0
Coinsurance	\$1500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1600

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$100
- [Specialist \[cost sharing\]](#) 10%
- Hospital (facility) [\[cost sharing\]](#) 10%
- Other [\[cost sharing\]](#) 10%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:


<i>Cost Sharing</i>	
Deductibles	\$100
Copayments	\$200
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$500

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 773-385-9300. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov or call 773-385-9300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$500 In-Network \$1,000 Out-of-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible ?	Yes. Preventive care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$4,500 In-Network Medical Benefit \$2,100 In-Network Prescription Drug Benefit	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Any amounts not paid by the Plan for out-of-network charges, non-covered charges, or penalties	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. The network is HealthLink 1-800-624-2356	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copayment	50% coinsurance ; deductible applies	
	Specialist visit	\$20 copayment	50% coinsurance ; deductible applies	
	Preventive care/screening/immunization	No charge	50% coinsurance ; deductible applies	
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	
	Imaging (CT/PET scans, MRIs)	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at Optum 1-888-354-0090	Generic drugs – Medication Cost at point of sale \$0-\$15 Greater than \$15	\$1 copayment 40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Preferred brand drugs – Medication Cost at point of sale \$0 - \$30 Greater than \$30	\$8 copayment 40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Non-preferred brand drugs – All Cost	40% coinsurance	Not Covered	You must use your Optum prescription care to receive these discounts.
	Specialty drugs	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization .
	Physician/surgeon fees	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If you need immediate medical attention	Emergency room care	\$300 copayment	\$300 copayment	\$300 copayment is waived if admitted to the hospital. If you receive treatment in a hospital emergency room for a condition that

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				DOES NOT meet the Plan's definition of an emergency, the benefits you would have otherwise received for that treatment will be reduced by 50%.
	Emergency medical transportation	20% coinsurance ; deductible applies	20% coinsurance ; deductible applies	
	Urgent care	\$50 copayment	50% coinsurance ; deductible applies	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Physician/surgeon fees	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	
	Inpatient services	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If you are pregnant	Office visits	\$15 copayment	50% coinsurance ; deductible applies	
	Childbirth/delivery professional services	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	
	Childbirth/delivery facility services	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If you need help recovering or have other special health needs	Home health care	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Rehabilitation services	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Habilitation services	10% coinsurance	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Skilled nursing care	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Subject to 90-day calendar year maximum (in-network and out-of-network benefits combined). Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
	Durable medical equipment	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization .
	Hospice services	20% coinsurance ; deductible applies	50% coinsurance ; deductible applies	Contact Hines & Associates, Inc. at 888-827-7926 or www.precertcare.com for preauthorization . \$100 penalty for no preauthorization .
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic Surgery • Dental care (Adult) • Hearing aids 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private-duty nursing • Routine eye care (Adult) • Routine foot care • Weight loss programs

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery (must meet all criteria: your Primary Care Physician has recommended the treatment, your Primary Care Physician states you are at least 100 pounds over your medically desirable weight, you have a body mass index of 45 or more, the obesity is a threat to your life due to life threatening co-morbidities, such as diabetes, heart disease, hypertension, etc., you have a documented history of unsuccessful attempts to reduce weight by more conservative measures, you have successfully completed a psychiatric evaluation and have no psychiatric conditions which may reduce the chances the surgery will have long-term success, you actively participate in a Disease Management program with Hines & Associates for six months prior to surgery which includes nutritional counseling and a weight reduction program, and you have not had any form of bariatric surgery in the past. Revision bariatric surgeries are not covered under the Plan.
- Chiropractic care (Chiropractic Care is covered at 50% with a calendar maximum of 20 visits).

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? [Yes]

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? [Yes]

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 773-385-9300.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 773-385-9300.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 773-385-9300.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 773-385-9300.]

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist \[cost sharing\]](#) \$20
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$0
Coinsurance	\$2400
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3000

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist \[cost sharing\]](#) \$20
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$40
Coinsurance	\$1500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2100

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist \[cost sharing\]](#) \$20
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$300
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1000

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

OUR EXPERIENCE WORKS FOR YOU!

Hines has a solid reputation nationwide for proactive, innovative, and professional health care management.

For more information please check with your human resource department or with the plan administrator whose number is on your benefit card.



PERSONALIZED MANAGED HEALTHCARE

HINES & ASSOCIATES, INC.

Corporate Office
115 East Highland Avenue
Elgin, IL 60120

www.hinesassoc.com
www.precertcare.com



HINES & ASSOCIATES, INC.

**YOUR CASE
MANAGEMENT
BENEFIT**

YOUR HEALTH IS OUR MAIN CONCERN



WHO IS HINES & ASSOCIATES

Hines & Associates, Inc. is the company chosen by your health benefit plan to provide Case Management Services for you and your eligible dependents.

WHAT IS CASE MANAGEMENT

The purpose of the Hines' Case Management program is to help insureds/members who may be experiencing a potentially serious health condition. You will work with a registered nurse who will understand your condition, needs and concerns. The Hines nurses' goals are for you to be knowledgeable about your medical condition, involved in your care, and assist with the coordination of your care.

Hines is HIPAA (Health Insurance Portability and Accountability Act) compliant and all medical information we receive from you or your physician will be protected.

WHAT WILL THIS SERVICE COST ME

This service is free to you. It is part of your benefit plan in an effort to help you understand your medical care and diagnosis.

HOW DOES THE CASE MANAGEMENT PROCESS BEGIN

- You may be identified as a candidate for case management due to a recent health episode
- Self referral: If you've recently been diagnosed with an illness you don't understand and feel you need help

FOR CASE MANAGEMENT SELF REFERRAL, CALL HINES TODAY AT 1-800-592-8097

HOW DO YOU KNOW IF YOU ARE PRECERTIFIED?

Hines will send you a "personal and confidential" letter. If you do not get a letter in five business days, call Hines' toll-free number shown on the back of your benefit card, or contact your Benefit Manager or your Human Resource Department.

If you are not approved, you and your doctor can disagree with Hines' decision. You will receive a letter that explains your rights and the next step you should take.

OUR EXPERIENCE WORKS FOR YOU

UTILIZATION REVIEW (UR) PATIENT'S RIGHTS AND RESPONSIBILITIES

UR participants have the right to:

- Know we only make decisions on medical necessity. It is not a guarantee the claim will be paid.
- Promptness from start to finish of the process.
- Information on the UR process and how things are done.
- Assistance from our customer service team and nurses.
- Confidentiality. To have their information released only to appropriate parties.
- Receive UR services without discrimination.
- Be treated with respect.
- Be able to voice complaints without fear.

UR participants have the responsibility to:

- Contact us in a timely manner to start the precert process.
- Call us back if we contact them.
- Verify benefits and eligibility with the claim payor.
- Check the PPO status of the providers they are using. If out of network, to check with their claim payor to see if their benefits will be reduced.



REMEMBER, PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS.

IF YOU HAVE QUESTIONS ABOUT YOUR BENEFITS, CHECK WITH YOUR BENEFIT MANAGER OR HUMAN RESOURCE DEPARTMENT.

PERSONALIZED MANAGED HEALTHCARE

HINES & ASSOCIATES, INC.

Corporate Office
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Elgin, IL 60120

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IT'S EASY TO PRECERTIFY!

Important Information About Your Medical Benefits.



HINES IS YOUR "PRECERT COMPANY."
TO PRECERTIFY, YOU, YOUR DOCTOR,
RELATIVE, OR FRIEND MUST CALL HINES.

YOUR HEALTH IS OUR MAIN CONCERN

HINES & ASSOCIATES,
EXPERTS IN HEALTHCARE,
HAVE BEEN SELECTED
TO HELP YOU WITH THE
"PRECERTIFICATION"
PROCESS.

When you or your dependents have been told by a doctor that a hospital stay, medical testing, procedure or surgery is needed, you must "precertify". This is what you must do to seek approval for the hospital stay or procedure.

Remember, if you do not precertify, your medical benefits could be reduced. Maternity precertification can be started as soon as you become aware of your pregnancy.



The goal of precertification is to help you receive quality care. Care that is medically necessary and the least invasive with the best outcomes. Sometimes more conservative options can have the same results with less risk.

WHAT INFORMATION DO YOU NEED WHEN YOU CALL?

- Address, phone, and ID number
- Workplace name and phone number
- Doctor's name, address, and phone number
- Hospital or facility's name and phone number
- Diagnosis and kind of surgery
- Date of admission or surgery

WHAT IF YOU GET A RECORDING?

Leave your name and phone number and Hines will contact you. In most cases, your phone call will meet the necessary requirement of your benefit plan.

CALL! IT'S FREE!

When you call Hines, you will work with a Registered Nurse who will make sure you receive the support you deserve.

The toll-free number to reach Hines is on the back of your medical benefit card, or contact your Benefits Manager or Human Resource Department.

Or precert online at www.precertcare.com