

Health Plan Summary

Loyola Advantage PPO Plan

The following table summarizes the Loyola Advantage PPO Plan, effective January 1, 2011. Take special note of the higher level of benefits you receive from Loyola University Health System and Gottlieb Hospital.

Features	Loyola Advantage PPO Plan		
	Home Hospital (Loyola University Health System and Gottlieb Hospital)	In Network (PPO)	Out of Network (Non-PPO) ²
Annual Deductible¹ (Expenses paid to satisfy the deductible do not count toward the annual out-of-pocket maximum)	Single Coverage is \$300 Other Coverage Levels each have a \$600 maximum*		Single Coverage is \$750 Other Coverage Levels each have a \$1,500 maximum*
Annual Out-of-Pocket Maximum¹	Single Coverage is \$2,000 Other Coverage Levels each have a \$4,000 maximum*		Single Coverage is \$6,000 Other Coverage Levels each have a \$12,000 maximum*
Lifetime Maximum Benefit	Unlimited		
Wellness Visit Children and adults	100% No deductible		70% No deductible
Physician's Office Visit	90% after deductible	80% after deductible	70% after deductible
Hospital	100% after \$100 co-pay (per admission) no deductible	90% after \$250 co-pay (per-admission) and deductible	50% after \$500 co-pay (per-admission) and deductible
Skilled Nursing Facility, Coordinated Home Care and Hospice	100% after \$100 co-pay (per admission) no deductible	90% after \$250 co-pay (per-admission) and deductible	50% After \$500 co-pay (per-admission) and deductible
Emergency Room³	100% after \$100 co-pay (per visit) Co-pay waived if patient is admitted to hospital		
Outpatient Hospital Surgery	100% after deductible	90% after deductible	50% after deductible
Outpatient Physician Surgical Services and Diagnostic Testing	90% after deductible	80% after deductible	70% after deductible
Outpatient Hospital Services (radiation, chemotherapy, cardiac rehab, dialysis) and Diagnostic Testing	100% after deductible	90% after deductible	50% after deductible

**An individual family member's eligible expenses can satisfy the family deductible and out-of-pocket maximum or all family members' eligible health care expenses are combined to satisfy the family deductible and out-of-pocket maximum. Co-pays and prescription drug expenses do not count toward either the deductible or out-of-pocket maximum (see "Terms to Know," page 9).*

Loyola Advantage PPO Plan (continued)

Features	Home Hospital (Loyola University Health System and Gottlieb Hospital)	In Network (PPO)	Out of Network (Non-PPO) ²
Private Duty Nursing	90% after deductible, up to 45 visits/year annual maximum		
Ambulance	90% after deductible		
Therapies (Physical, Speech, Occupational, Chiropractic, Acupuncture, Osteopathic)	90% after deductible ⁴	80% after deductible	70% after deductible
Inpatient Mental Health and Substance Use Disorder Treatment	100% after \$100 co-pay (per admission) no deductible	90% after \$250 co-pay (per-admission) and deductible	50% after \$500 co-pay (per-admission) and deductible
Outpatient Mental Health and Substance Use Disorder Treatment	90% after deductible ⁴	80% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible ⁴	80% after deductible	70% after deductible
Vision Care Services Routine Eye Exams	100% no deductible		70% no deductible
Eye Diseases	90% after deductible	80% after deductible	70% after deductible
Infertility Services ⁵	90% after deductible ⁴	80% after deductible	70% after deductible
Temporomandibular Joint Syndrome (TMJ)	90% after deductible ⁴	80% after deductible	70% after deductible
	\$2,500 lifetime maximum		

1. Copayments, coinsurance for services that have benefits maximums (such as the \$2,500 lifetime maximum for TMJ disorder), and prescription drugs (which have a separate deductible) do not count toward health plan deductibles or out-of-pocket maximums.
2. Out-of-network (non-PPO) benefits are limited to the reasonable and customary (R&C) charge. You pay the out-of-network deductible and coinsurance plus any charges in excess of R&C amounts. Amounts over R&C do not apply to the out-of-pocket maximum.
3. Hospital Emergency Medical/Accident Care: Initial treatment of accident injuries or sudden and unexpected medical conditions with severe life-threatening symptoms in hospital emergency room. If admitted to hospital, contact BCBSIL within two business days or benefits of emergency room visit or benefits are reduced.
4. Not applicable if there is no provider at LUHS/Gottlieb. Provider services will be paid at the in- or out-of-network coverage level.
5. Under the Loyola Advantage PPO, infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered.

If I transfer from LUHS, will I be credited for out-of-pocket expenses I paid toward the deductible and out-of-pocket maximum?

No. Under Plan rules, you would be considered newly hired faculty or staff and your participation would begin on the first of the month following your transfer date. Therefore, you will need to satisfy the deductible and restart your out-of-pocket maximum regardless of how much you paid out-of-pocket as a LUHS employee.

Wellness Benefits for Routine Health Care Services

Wellness means assuming responsibility for maintaining good health and incorporating good healthy habits and lifestyle choices to enhance your wellbeing and improve the quality of your life. Some examples of routine services are routine physical examinations, mammograms, and immunizations. All covered family members may receive routine wellness services; the annual deductible is waived.

General Preventive Care Services Covered at 100%		
<p>Below are common preventive care services that the Loyola Advantage PPO Plan covers at 100%. When you see your doctor for a preventive care visit, be sure to specify that your visit is for preventive care or wellness, as covered under the plan. If your doctor discusses other preventive care or wellness services not listed below, be sure to ask if the service is covered under preventive care with your doctor or BCBSIL.</p>		
<ul style="list-style-type: none"> • Immunizations • Routine Bone Density Test • Routine Breast Exam • Routine Colonoscopy • Routine Colorectal Cancer Screening-Lab 	<ul style="list-style-type: none"> • Routine Digital Rectal Exam • Routine Gynecological Exam • Routine Lab Procedures • Routine Mammogram • Routine Pap Smear 	<ul style="list-style-type: none"> • Routine Physical Exam • Routine Prostate Test • Smoking Cessation • Well Baby Care • Health Education/Counseling Services

For more information about wellness and preventive care, see the U.S. Preventive Services Task Force recommendations at <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>.

Prescription Drug Program

The prescription drug program includes a retail pharmacy benefit, which covers prescriptions for short-term use filled at retail outlets (Walgreens, CVS, etc.) and a mail-order pharmacy for use in filling ongoing prescriptions (up to 90 days).

Before you can use program benefits, you first pay out-of-pocket to satisfy the annual deductible. After satisfying the annual deductible, you pay a coinsurance percentage of the cost of your prescription drug up to an annual out-of-pocket maximum. The percentage varies depending on whether your prescription calls for a brand-name drug or a generic equivalent. After your share of the cost reaches the annual out-of-pocket maximum, the program pays the remaining cost of your prescriptions for the rest of the calendar year.

When you use generic drugs, you save money as the cost is lower. Generic drugs have the same active ingredients as their brand-name equivalents.