

Illinois plans

Counties	Plan #	Premium	PCP	Specialist	In PT.	OP/ASC	Rx (one month)	Dental	Vision	Hearing aid	Trans	Gym	OTC	Max out of pocket
Cook, DuPage, Kane, Will	H1415-013 HMO Advantage	\$0	\$0-\$12	\$40	\$260/day, days 1-6	\$0-\$325 \$0-\$250	Not covered	Y - Prev	Y-\$100	Y - (every 3 years) - \$700	N	Y	N	\$5,400
Cook, DuPage, Kane, Will	H1415-021 HMO POS Premier	\$0	\$0-\$8 INN/ 30% OON	\$40 INN/ 30% OON	\$275 per day, days 1-7 INN/ 30% OON	\$0-\$320 \$0-\$250 INN/ 30% OON	Standard \$12, \$17, \$47, 48%, 33%/ Preferred \$5, \$10, \$42, 45%, 33%	N	N	Y - (every 3 years) - \$700 INN/ Not Covered OON	N	Y - INN/ N - OON	N	\$3400 INN/ No Max OON
Cook, DuPage, Kane, Will	H1415-024 HMO Primary	\$9.40	\$0-\$12	\$40	\$300 days 1-5	\$0-\$325 \$0-\$250	Standard Part D Cost Sharing	Preventive Plus - \$1000 max	Y-\$100	Y - (every 3 years) - \$700	N	Y	N	\$4,900

Eligibles	
Cook	837,255
DuPage	162,192
Kane	80,298
Will	106,565
Total	1,186,310

Market comments

Note - All plans include post hospital meal plan

Note - All plans include \$0 Tier 1 and Tier 2 copay - 90 day mail

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