

**BENEFIT HIGHLIGHTS****
Legacy Healthcare, LLC
BAHMO
Blue Advantage HMO
NetworkSM

Only highlights of this benefit plan are provided. After enrollment, members will receive a Benefit Booklet that more fully describes the terms of coverage.

Program Basics	BAHMO
Your Doctor Choose a medical group and primary care physician (PCP) for each member of your family from our directory or Web site. Each female member may select a Woman's Principal Health Care Provider (WPHCP) in addition to her PCP, however your Primary Care Physician and your Woman's Principal Health Care Provider must be affiliated with or employed by your Participating IPA/Participating Medical Group. All care must be provided or coordinated by your PCP, WPHCP or medical group/Independent Practice Association (IPA). Annual Deductible	None
Medical Out-of-Pocket Maximum (excludes vision) Individual	\$3,500 per calendar year
Medical Out-of-Pocket Maximum (excludes vision) Family	\$7,000 per calendar year
Lifetime Maximums	none
Pre-existing Condition Limitations	none
In the Hospital	BAHMO
Number of Days of Inpatient Care unlimited days	Unlimited
Room & Board private or semi-private room	\$250 copay per admission
Surgeon's Fees, Doctor's Visits, Medication, Other Miscellaneous Charges	100%
Emergency Care	BAHMO
Emergency Room Services (Medical conditions with acute symptoms of sufficient severity such that a prudent layperson could reasonably expect the absence of medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions or serious dysfunction to any bodily organ or part) Covered services performed in a hospital emergency room in or out of area. Copay, if any, waived if admitted.	Emergency Room: \$500 copay Urgent Care: \$65 copay
Physician Services	BAHMO
Doctor's Office Visit (copayment covers the visit and all covered services provided) - primary care physician - specialist	\$45 \$75
Routine Physical Exams, Immunizations, Preventive Health Services	100%
Diagnostic Tests and X-rays, Allergy Treatment & Testing	90%
Medical Services	BAHMO
Outpatient Surgery hospital facility	90%
Maternity Care - Hospital Care - Physician Care	\$250 then 100% \$45 copay
Infertility Services	\$75 copay
Mental Health & Chemical Dependency Treatment - Outpatient - Inpatient	\$45 copay \$250 then 100%

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Medical Services (continued)		BAHMO
Outpatient Rehabilitation Services (includes, but is not limited to, physical, occupational or speech therapy) Combined 60 visits for Occupational Therapy, Physical Therapy and Speech Therapy based on your group policy		\$45 copay
Outpatient Speech Therapy (for Pervasive Developmental Disorder only)		\$45 copay
Other Services		BAHMO
Durable Medical Equipment, Prosthetic Devices, Ambulance Service, Hospice, Coordinated Home Care (excludes custodial care)		90%
Prescription Drug – up to 34 day supply per script - Generic - Formulary Brand - Non-formulary Brand - Self-injectable		\$15 \$50 \$85 \$150
Prescription Drug – up to 90 day supply per script - Generic - Formulary Brand - Non-formulary Brand		\$37.50 \$125 \$212.50
Vision Care - Exams - Eyewear (Discount Applies)		100% Remainder after discount

Service Area

Must reside in HMO service area. The BlueCross service area includes the Illinois counties of Boone, Christian, Cook, DeKalb, DuPage, Fulton, Greene, Grundy, Iroquois, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macoupin, Mason, McHenry, Menard, Monroe, Morgan, Ogle, Peoria, Sangamon, Stark, St. Clair, Stephenson, Tazewell, Whiteside, Williamson, Will, Winnebago and Lake county in Indiana. The HMO Illinois service area also includes Kenosha County in Wisconsin.

Please note: the service area is subject to change.

Durable Medical Equipment (DME) is a covered benefit. Please refer to Certificate for details.

Optometrists, Orthotics, Prosthetic, Podiatrists, Registered Surgical Assistants, Registered Nurse First Assistants and Registered Surgical Technologists are covered providers. Please refer to Certificate for details on these and other provider types.

Discounts on Eye Exams, Prescription Lenses, Eyewear and Other Devices

Members can present their ID cards to receive discounts on eye exams, prescription lenses and eyewear. To locate participating vision providers, log into Blue Access for MembersSM (BAM) at bcbasil.com/member and click on the Blue365[®] Member Discount Program link.

Wellbeing Management[®] (WBM)

When members receive covered inpatient hospital services, (outpatient mental health and substance abuse services [MHSA]), coordinated home care, skilled nursing facility or private duty nursing from a participating provider, the member will be responsible for precertifying these services, if applicable.

You must call one day prior to any hospital admission (and/or certain outpatient MH/SA services) or within 2 business days after an emergency medical or maternity admission. Please refer to your benefit booklet for information regarding benefit reductions based on failure to contact the applicable preauthorization line.

Residential Treatment Centers (RTC) Update

Under the Mental Health Parity and Equity Addiction Act (MHPAEA), residential treatment facilities are now included for the treatment of Mental Health and Substance Abuse conditions. They will be covered at the inpatient hospital facility benefit payment level, per Medical Necessity Criteria, which provides guidelines for level of service, appropriate setting, preauthorization and concurrent review process.

Schedule of Maximum Allowances (SMA)

The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). The Blue Cross and Blue Shield of Illinois SMA is the maximum allowable charge for professional services, including but not limited to, those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment. Please refer to your certificate booklet for the definition of Eligible Charge and Maximum Allowance regarding Providers who do not participate in the PPO Network.

To Locate a Participating Provider: Visit our Web site at bcbasil.com/providers and use our Provider Finder[®] tool.

Benefits for covered individuals who live outside of Illinois need to meet all extraterritorial requirements of the state they are in, according to the group's funding arrangements.

** This is a general summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC), or you may request a copy of the Benefit booklet/Plan document by contacting your Employer. You may also log onto BAM and/or contact Customer Service at the number on the back of your ID card for additional information. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.