Sinai Chicago

Home Hospital Benefits

Home Hospital Benefits provided to Caregivers above the BlueCross/BlueShield of Illinois In-Network benefits for certain services delivered by Sinai providers at a Sinai Chicago facility, including Mount Sinai Hospital, Holy Cross Hospital, Schwab Rehabilitation Hospital, and Sinai clinic locations.

	Traditional PPO		HDHP PPO		Blue Advantage HMO	
Plan Coverage	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Provider Network	Sinai Home Hospital BCBSIL PPO Providers	BCBS IL PPO Network	Sinai Home Hospital Providers	BCBS IL PPO Network	Sinai Home Hospital BCBSIL BA HMO Providers	BCBSIL Blue Advantage HMO Network
Annual Deductible	No charge	$1,250 individual / $3,000 family	$1,600 individual / $3,500 family	$2,250 individual / $4,500 family	$0 individual / $0 family	$0 individual / $0 family
Coinsurance	No charge	20% after deductible	No charge after deductible	20% after deductible	n/a	n/a
Annual Out-of-Pocket Maximum	No charge	$5,000 individual / $12,000 family	$1,800 individual / $3,600 family	$4,000 individual / $7,500 family	$3,000 individual* / $6,000 family*	$3,000 individual* / $6,000 family*
Physician Office Visits	No charge	20% after deductible	No charge after deductible	20% after deductible	No charge	$40 copay
Specialist Office Visits	No charge	20% after deductible	No charge after deductible	20% after deductible	No charge	$50 copay
Preventative Care	No charge	No Charge	No charge	No charge	No charge	No charge
Inpatient Hospitalization & Facility	No charge	20% after deductible	No charge after deductible	20% after deductible	No charge	$750 copay per day, 1st 2 days
X-Rays & Independent Laboratory Services	No charge	20% after deductible	No charge after deductible	20% after deductible	No charge	$300 copay
Procedure Room	No charge	20% after deductible	No charge after deductible	20% after deductible	No charge	No charge
Emergency Room (waived if admitted)	$250 copay	$250 copay	No charge after deductible	No charge after deductible	$250 copay	$250 copay
Urgent Care	No charge	20% after deductible	No charge after deductible	20% after deductible	$20 copay	$20 copay
Outpatient Physical, Speech Cardiac & Occup. Therapy	No charge	20% after deductible	No charge after deductible	20% after deductible	$40 copay	$40 copay
Generic 30-day Prescription Drugs	$10 copay	$15 copay	$10 copay	$15 copay	$10 copay	$15 copay
Generic 90-day Prescription Drugs	$20 copay	$35 copay	$20 copay	$35 copay	$20 copay	$35 copay

Note: This comparison outlines of the Benefit Schedules and in no way replaces the plan documents, which outlines plan provisions and legally governs the operation of the plans.
* The HMO Plan has a separate prescription drug out-of-pocket limit of $4,000 individual / $8,000 family.

Sinai Chicago

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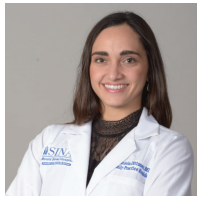
Sinai Chicago

SMG Family Medicine Providers



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Managed by *Premier*

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