



# CMS

Illinois Department of  
**Central  
Management  
Services**

# FY 2015

## BENEFIT CHANGES/COMPARISONS

### HMO Health Plans

<b>COPAYMENTS</b>	<b>FY 2014</b>	<b>FY 2015</b>
Office Visit (PCP)	\$18	\$20
Office Visit (Specialist)	\$25	\$30
Home Health Visit	\$25	\$30
Inpatient	\$325	\$350
Outpatient	\$225	\$250
Emergency Room	\$225	\$250
<b>PRESCRIPTIONS</b>	<b>FY 2014</b>	<b>FY 2015</b>
Deductibles	\$75	\$100
Copayment Generic (30 day supply)	\$8	\$8
Copayment Preferred Brand (30 day supply)	\$26	\$26
Copayment Non-preferred Brand (30 day supply)	\$50	\$50
Copayment mail order 90 day supply (Generic)	\$20	\$20
Copayment mail order 90 day supply (Preferred)	\$65	\$65
Copayment mail order 90 day supply (Non-Preferred)	\$125	\$125

### Open Access Plans

<b>TIER I</b>		
<b>COPAYMENTS</b>	<b>FY 2014</b>	<b>FY 2015</b>
Physician Office Visit	\$18	\$20
Specialists Office Visit	\$25	\$30
Home Health Visit	\$25	\$30
Inpatient	\$325	\$350
Outpatient	\$225	\$250
Emergency Room	\$225	\$250
<b>TIER II</b>		
	<b>FY 2014</b>	<b>FY 2015</b>
Annual Plan Deductible	\$250	\$250
Inpatient	90% after \$375 copay	90% after \$400 copay
Outpatient	90% after \$225 copay	90% after \$250 copay
Emergency Room	100% after \$225 copay	100% after \$250 copay
Out-of-Pocket Maximum Individual	\$900	\$6,250 (Tier I and II combined)
Out-of-Pocket Maximum Family	\$1,500	\$12,700 (Tier I and II combined)
<b>TIER III</b>		
	<b>FY 2014</b>	<b>FY 2015</b>
Annual Plan Deductible	\$350	\$350
Physician Office Visit	60%	60%
Specialists Office Visit	60%	60%
Inpatient	60% after \$475 copay	60% after \$500 copay
Outpatient	60% after \$225 copay	60% after \$250 copay
Emergency Room	100% after \$225 copay	100% after \$250 copay
Out-of-Pocket Maximum Individual	\$1,800	no maximum
Out-of-Pocket Maximum Family	\$3,800	no maximum
<b>Note: Percentages are based on the allowable charge for covered services.</b>		
<b>PRESCRIPTIONS</b>	<b>FY 2014</b>	<b>FY 2015</b>
Deductibles	\$75	\$100
Copayment Generic (30-day supply)	\$8	\$8
Copayment Preferred Brand (30-day supply)	\$26	\$26
Copayment Non-preferred Brand (30-day supply)	\$50	\$50
Copayment mail order 90-day supply (Generic)	\$20	\$20
Copayment mail order 90-day supply (Preferred)	\$65	\$65
Copayment mail order 90-day supply (Non-Preferred)	\$125	\$125