



2011 HealthFlex Consumer-Driven Health Plan (CDHP)

Medical plan administered by Blue Cross and Blue Shield of Illinois (BCBSIL): 1-866-804-0976; or
 Medical plan administered by UnitedHealthcare (UHC): 1-800-901-1939
 Prescription drug plan administered by Medco Health: 1-800-841-2806
 Behavioral health plan administered by United Behavioral Health (UBH): 1-800-788-5614
 HRA administered by Ceridian: 1-877-799-8820

| Health Reimbursement Account Features | |
|--|---|
| About the CDHP | A consumer-driven health plan (CDHP) is a type of health insurance plan that allows you as a participant to use a health reimbursement account (HRA), explained below, to pay certain health care expenses directly, while a high-deductible health plan protects you from catastrophic medical expenses. |
| Health Reimbursement Account (HRA)—also called “Health Reimbursement Arrangement” | An employer/plan funded medical reimbursement arrangement is used to offset eligible unreimbursed expenses incurred by the participant or covered dependents. If a participant does not use all HRA funds during a calendar year, the remaining amount will roll over to the following year, with no cap on accumulated rolled-over funds. HRA balances remaining at the time of retirement may be used to the extent allowed under the law for eligible health care-related expenses, including retirement medical products and plans outside of HealthFlex. To be eligible, you must satisfy the retiree eligibility rules of both HealthFlex and your plan sponsor (conference or employer). Your HRA balance will be available for your use even if your plan sponsor does not sponsor retiree health coverage through HealthFlex. |
| HRA Contribution from HealthFlex | <ul style="list-style-type: none"> • Individual coverage (participant only): \$1,000 annually • Family coverage (participant with at least one dependent): \$2,000 annually |
| HRA-Eligible Expenses | For active participants and their dependents, all flexible spending account (FSA)-eligible expenses may be reimbursed from HRA funds. |
| HRA/FSA | You may combine a medical FSA (also called the “medical reimbursement account” or “MRA”) with an HRA. Based on the plan design, the FSA always pays first; then the HRA pays. FSA dollars are subject to the “use it or lose it” rule, so you risk losing your unspent FSA dollars at the end of a plan year and grace period. In contrast, HRA dollars can roll over from year to year if they are not spent. |

| Plan Feature | Participating Provider Benefit | Non-Participating Provider Benefit ³ |
|--|---|---|
| Lifetime Benefit Maximum | • None | • None |
| Annual Deductible¹ (Participant Pays) Co-payments are not included in annual deductible. Note: Prescription drug coverage is subject to a separate annual deductible. | <i>If satisfied HQ requirement</i> <ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family² <i>If did not satisfy HQ requirement</i> <ul style="list-style-type: none"> • \$2,250 per person • \$4,250 per family² (children only) • \$4,500 per family² (spouse or spouse and children) | <i>If satisfied HQ requirement</i> <ul style="list-style-type: none"> • \$3,000 per person • \$6,000 per family² <i>If did not satisfy HQ requirement</i> <ul style="list-style-type: none"> • \$3,250 per person • \$6,250 per family² (children only) • \$6,500 per family² (spouse or spouse and children) |
| Annual Out-of-Pocket Limit (Participant Pays) Includes annual deductible and co-insurance; excludes any charges in excess of Reasonable and Customary ³ charges and non-participating hospital admission co-payments. Note: Prescription drug coverage is subject to a separate annual out-of-pocket maximum. | <ul style="list-style-type: none"> • \$5,000 per person • \$10,000 per family | <ul style="list-style-type: none"> • \$9,000 per person • \$18,000 per family |
| Co-insurance (Plan Pays) | • 80% after deductible | • 60% after deductible |
| Primary Care Physician (PCP) Office Visits Primary care physicians include internists, general and family practitioners, pediatricians and obstetricians/gynecologists. | • 80% after deductible | • 60% after deductible |

Plan's Share vs. Participant's Share

The annual deductible, co-payments and annual out-of-pocket limit are the participant's share to pay. All other percentage "benefits" are amounts the Plan (HealthFlex) pays.

¹ **Higher Medical Plan Deductible Provisions** (Generally, applicable to individuals participating in HealthFlex before April 1, 2010—more details about the HQ requirement are provided online at www.gbophb.org; click on "HealthFlex/WebMD" and then select "HealthFlex 2010 Wellness Incentives: Frequently Asked Questions.")

- Effective January 1, 2011, any participant with *individual coverage* who did not complete the HealthQuotient (HQ) health risk assessment by August 31, 2010 will be subject to the \$250 higher deductible.
- Effective January 1, 2011, any participant who covers their *dependent child(ren) but not a spouse* and did not complete the HQ by August 31, 2010 will be subject to the \$250 higher deductible. Every covered dependent in the family unit will also have the \$250 higher deductible. However, the family deductible will not increase by more than \$250.
- Effective January 1, 2011, any participant with *family coverage (including a spouse)* who did not complete the HQ by August 31, 2010 will be subject to the \$250 higher deductible. Every covered dependent in the family unit will also have the \$250 higher deductible. However, the family deductible will not be more than \$500 higher. The same higher deductibles would occur if the participant took the HQ by August 31, 2010 but the covered spouse *did not*.

² The family deductible is the total of all charges applied toward the deductible for the primary participant and their covered dependents. Once this total equals the annual deductible amount shown, the family deductible has been satisfied for the balance of the plan year.

³ Any and all benefits to be paid are subject to Reasonable and Customary provisions, meaning charges are limited to the Maximum Allowance under the Plan and covered individuals will be responsible for amounts providers charge in excess of the Maximum Allowance.

| Plan Feature | Participating Provider Benefit | Non-Participating Provider Benefit ³ |
|--|---|--|
| <p>Outpatient Short-Term Rehabilitative Therapy</p> <ul style="list-style-type: none"> Physical therapy Occupational therapy Speech therapy <p>Physical and occupational therapy: Combined \$6,000 calendar year maximum. Speech therapy: \$4,000 calendar year maximum.</p> | <ul style="list-style-type: none"> 80% after deductible 80% after deductible 80% after deductible | <ul style="list-style-type: none"> 60% after deductible 60% after deductible 60% after deductible |
| <p>Specialist Office Visits</p> | <ul style="list-style-type: none"> 80% after deductible Allergy injections only: Plan pays 80% after deductible | <ul style="list-style-type: none"> 60% after deductible 60% after deductible |
| <p>Preventive Care⁴</p> <p>Well Child Benefits (Under age 16)</p> <ul style="list-style-type: none"> Includes charges for office visits, age-appropriate immunizations and routine diagnostic tests. There is a one visit per year maximum for children age two and older. <p>Well Adult Benefits (16 and Over)</p> <ul style="list-style-type: none"> One well person exam annually, including charges for an office visit, routine mammogram, pap smear, prostate exam, routine blood work and colorectal screening for cancer. Colonoscopy (Covered once every three years for participants age 45 and older.) | <ul style="list-style-type: none"> 100% 100% \$100 co-payment, then Plan pays 100% | <ul style="list-style-type: none"> 100% up to a \$100 calendar year maximum benefit payable for all services (office visits, exams and tests) 100% up to a \$100 calendar year maximum benefit payable for all services (office visits, exams and tests) 60% after deductible |
| <p>Licensed Dietitian⁴</p> <ul style="list-style-type: none"> Office visit | <ul style="list-style-type: none"> 80% after deductible | <ul style="list-style-type: none"> 80% after deductible |
| <p>Outpatient Diagnostic Services and Treatment</p> <ul style="list-style-type: none"> Physician office Hospital, independent lab and x-ray facility | <ul style="list-style-type: none"> 80% after deductible 80% after deductible | <ul style="list-style-type: none"> 60% after deductible 60% after deductible |
| <p>Outpatient Services/Ambulatory Surgery</p> <p>Includes surgery in the physician's office.</p> | <ul style="list-style-type: none"> 80% after deductible | <ul style="list-style-type: none"> 60% after deductible |
| <p>Inpatient Hospital Care (Pre-notification required. Verify with physician.)</p> | <ul style="list-style-type: none"> 80% after deductible | <ul style="list-style-type: none"> \$200 per admission hospital co-payment, then 60% after Plan deductible |

⁴ Due to the federal health care reform legislation enacted in 2010, certain preventive services in this benefit category may be paid at a different benefit level. If you wish to know what these services are, contact your medical plan provider (BCBSIL: 1-866-804-0976 or UHC: 1-800-901-1939).

| Plan Feature | Participating Provider Benefit | Non-Participating Provider Benefit ³ |
|---|---|--|
| Transplant <i>(Pre-notification required. Verify with physician.)</i> | <ul style="list-style-type: none"> 80% after deductible at a Center of Excellence approved by the Claim Administrators | <ul style="list-style-type: none"> Not covered |
| Emergency Care <i>(Notification required within 48 hours if admitted.)</i> <ul style="list-style-type: none"> Primary care physician office visit Specialist physician office visit Hospital emergency room Outpatient facility or other urgent care facility Ambulance (must be a true emergency as defined in the Plan) | <ul style="list-style-type: none"> 80% after deductible | <ul style="list-style-type: none"> 80% after deductible⁵ 80% after deductible⁵ 80% after deductible⁵ 80% after deductible⁵ 80% after deductible |
| Maternity Care/Physician Charges⁴ <i>(Pre-certification required. Verify with physician.)</i> Enroll during the first trimester for education and support throughout the pregnancy. BCBSIL: 1-866-804-0976 UHC: 1-800-901-1939 | <ul style="list-style-type: none"> 80% after deductible for initial visit to confirm pregnancy 80% after the deductible for all eligible subsequent physician charges (prenatal visits and postnatal visits and delivery) | <ul style="list-style-type: none"> 60% after deductible for initial visit to confirm pregnancy 60% after deductible for all eligible subsequent physician charges (prenatal visits and postnatal visits and delivery) |
| Newborn Routine Nursery Inpatient Services⁴ | <ul style="list-style-type: none"> 80% after deductible | <ul style="list-style-type: none"> 60% after deductible |
| Alternative Therapies <ul style="list-style-type: none"> Chiropractic care Massage therapy Acupuncture Naprapathy Combined \$1,000 calendar year maximum. | <ul style="list-style-type: none"> 80% after deductible 50% 50% 50% | <ul style="list-style-type: none"> 50% after deductible 50% 50% 50% |
| Special Services <i>(Pre-notification required. Verify with physician.)</i> <ul style="list-style-type: none"> Skilled Nursing Facility: 120 days maximum per calendar year Private Duty Nursing: <ul style="list-style-type: none"> BCBSIL: \$2,000/month maximum UHC: \$24,000 annual maximum Home Health Care: 60-visit maximum per calendar year Hospice | <ul style="list-style-type: none"> 80% after deductible 80% after deductible 80% after deductible 80% after deductible | <ul style="list-style-type: none"> 60% after deductible 60% after deductible 60% after deductible 60% after deductible |
| Hearing Benefit <ul style="list-style-type: none"> Hearing aids – Every 24 months Exam | <ul style="list-style-type: none"> 50% up to \$500 per ear 80% after deductible | <ul style="list-style-type: none"> 50% up to \$500 per ear 60% after deductible |

⁵ Only in the case of a “true emergency” as defined in the Plan. If not a true emergency, the benefit is 60% after the deductible. In addition to the participant share, you would also be responsible for those charges in excess of the Maximum Allowance, meaning the hospital or provider may bill you for the balance.

| Plan Feature | Participating Provider Benefit | Non-Participating Provider Benefit ³ |
|--|--|---|
| Pre-Notification and Medical Management Review BCBSIL: 1-866-804-0976 UHC: 1-800-901-1939 | To ensure maximum benefits, <i>pre-notification is required</i> for certain services. Please see the HealthFlex Benefit Booklet for a complete list, or call the number for your Claims Administrator on the left. | |
| Verification of Benefits for Behavioral Health Services UBH: 1-800-788-5614 | To ensure maximum benefits for behavioral health services, please see the UBH certificate of insurance for information, or call the number on the left. | |
| Maximum Allowance | <p>All benefit payments for covered services, including Emergency Care, rendered by Participating and Non-Participating Providers are limited to the Maximum Allowance for the service, as determined by BCBSIL or UHC based on Reasonable and Customary³ amounts.</p> <p>Participating Providers, or Network Providers, have signed an agreement to accept the Maximum Allowance as payment in full. Participating Providers have agreed not to bill for amounts in excess of the Maximum Allowance.</p> <p>Non-Participating Providers, or Non-Network Providers, have not signed an agreement to accept the Maximum Allowance as payment in full. Therefore you are responsible for the difference between the Maximum Allowance and the Provider's charge when using a Non-Participating Provider.</p> | |

Important Note for Out-of-Area (OOA) Participants:

- **BCBSIL**—In order to receive maximum benefits under the Plan, you must notify BCBSIL to have your provider approved as a Participating Provider before any *non-emergency* services are rendered. However, in the case of a true emergency, you should seek assistance from the closest health care provider; such emergency services will generally be covered if otherwise eligible under the Plan.
- **UHC**—For a description of your benefits, please refer to the applicable corresponding *UHC OOA Benefit Summary* (UHC OOA – CDHP Plan).

If you have any questions about whether you are an OOA participant, please contact the Health Team at **1-800-851-2201**.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the Plan Document, Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by the General Board of Pension and Health Benefits. If there are any conflicts between this summary and the terms of the Documents, the terms of the Documents shall control.

Please note: Some plan provisions may be subject to change, based on pending provisions of federal health care legislation.