The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment,

Blue Cross and Blue Shield of

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
If you need immediate medical attention	Emergency room care	\$150/visit; <u>deductible</u> does not apply	\$150/visit; <u>deductible</u> does not apply	Emergency room <u>copayment</u> waived if admitted.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Preauthorization may be required for non- emergency transportation; see your benefit booklet* for details.
	Urgent Care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
lf you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% coinsurance	Preauthorization required.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% coinsurance	None

If you need mental health, behavioral health, or substance abuse services

Outpatient services

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)

*For more information about limitations and exceptions, see the plan or policy document at

https://policy-srv.box.com/s/qvj6tyvj6rkf8rhefqi8p42ou98uzilp.

Page 7 of 8

Rive Cross Rive Shield of Hires