









## 2022 New Enhancement to the Medical PPO: Cook County Health - Domestic Tier



New this year, PPO members will pay less out of pocket for facility services received at Cook County Health locations.

### Services Include:

|   |   |
|---|---|
|  | <b>Outpatient Services:</b><br>Diagnostic test (x-ray, blood work) and imaging (CT/PET scans, MRIs) |
|  | <b>Outpatient Services:</b><br>Facility fee (e.g., ambulatory surgery center)                       |
|  | <b>Inpatient Services:</b><br>Facility fee (e.g., hospital room)                                    |
|  | <b>Inpatient Services:</b><br>Mental/behavioral health inpatient services                           |
|  | <b>Inpatient Services:</b><br>Substance use disorder inpatient services                             |
|  | <b>Inpatient Services:</b><br>Delivery and all maternity inpatient services                         |

## Summary of Health Benefits

| Benefits  | Cook County Domestic Tier            | PPO Plan In-Network | PPO Plan OON-Network                 |
|---|--------------------------------------|---------------------|--------------------------------------|
| Annual deductible   | \$350 Individual<br>\$700 Family     |                     | \$700 Individual<br>\$1,400 Family   |
| Out-of-Pocket (OOP) maximum   | \$1,600 Individual<br>\$3,200 Family |                     | \$3,200 Individual<br>\$6,400 Family |
| Note: You are responsible for the full cost of any charges that exceed the Schedule of Maximum Allowances (SMA), sometimes referred to as "R&C" or "reasonable and customary" amount. |                                      |                     |                                      |

### PRIMARY CARE

|  |                                  |  |                       |
|--|----------------------------------|--|-----------------------|
| Primary care visit to treat an injury or illness | \$25 copay+10% coinsurance/visit |  | 40% coinsurance/visit |
| Specialist visit                                 | \$35 copay+10% coinsurance/visit |  | 40% coinsurance/visit |
| Other practitioner office visit                  | \$25 copay+10% coinsurance/visit |  | 40% coinsurance/visit |
| Preventative care/screening/immunization         | \$0                              |  | \$0                   |

### OUTPATIENT SERVICES

|  |  |                 |                 |
|--|--|-----------------|-----------------|
| Diagnostic test (x-ray, blood work) and imaging (CT/PET scans, MRIs) | 0% Coinsurance   | 10% coinsurance | 40% coinsurance |
| Facility fee (e.g., ambulatory surgery center)                       | 0% Coinsurance   | 10% coinsurance | 40% coinsurance |
| Physician/surgeon fees   | 10% coinsurance  |                 | 40% coinsurance |
| Maternity prenatal/postnatal care                                    | \$25 copay/visit+10% coinsurance First prenatal visit only |                 | 40% coinsurance |
| Mental/behavioral health outpatient services                         | \$25 copay/visit+10% coinsurance                           |                 | 40% coinsurance |
| Substance use disorder outpatient services                           | \$25 copay/visit+10% coinsurance                           |                 | 40% coinsurance |

### EMERGENCY CARE

|                                  |                                     |  |                              |
|----------------------------------|-------------------------------------|--|------------------------------|
| Emergency room services          | \$75 copay/visit waived if admitted |  |                              |
| Emergency medical transportation | 10% coinsurance                     |  |                              |
| Urgent care                      | \$25 copay + 10% coinsurance        |  | \$25 copay + 40% coinsurance |

### INPATIENT BENEFITS

|   |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| Facility fee (e.g., hospital room)            | 0% Coinsurance  | 10% coinsurance | 40% coinsurance |
| Physician/surgeon fee                         | 10% coinsurance |                 | 40% coinsurance |
| Mental/behavioral health inpatient services   | 0% Coinsurance  | 10% coinsurance | 40% coinsurance |
| Substance use disorder inpatient services     | 0% Coinsurance  | 10% coinsurance | 40% coinsurance |
| Delivery and all maternity inpatient services | 0% Coinsurance  | 10% coinsurance | 40% coinsurance |

### EXTENDED CARE

|                      |                 |  |                 |
|----------------------|-----------------|--|-----------------|
| Home health care     | 10% coinsurance |  | 40% coinsurance |
| Skilled nursing care | 10% coinsurance |  | 40% coinsurance |
| Hospice service      | 10% coinsurance |  | 40% coinsurance |

Note: Effective 12/1/21, The County PPO plan will incorporate a Cook County Health tier ("Domestic Tier") wherein covered members will have lower out-of-pocket costs when choosing to access health care within CCH facilities. Facility charges will be 0% after the annual plan deductible is met. Hospital-based facility services not obtained at CCH will be paid based on their network status (in or out of network rate).



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