Understand How the Health Plans Differ

While all our health plans cover services such as doctor's office visits, hospitalization, and prescription drugs, there are important differences between them—including what you pay for coverage (the contributions that comes out of your paycheck), what you pay when you get care (your out-of-pocket costs), and whether you must see an in-network provider. In all of the health plans, you pay nothing for preventive care.

Review the chart below to determine which plan might be right for you.

NOTES:

- The specific health plans that are offered vary depending on where you live.
- The meanings of Lower, Middle and Higher are dependent upon the row. For example, in the first row Higher means that you have the highest employee contributions taken from your paycheck. In the second row, Higher means that you have greater network flexibility.

	Health Maintenance Organization (HMO)	Open Access Plan (OAP)			Quality Care Health Plan (QCHP)	Consumer Driven Health Plan (CDHP)
		Tier 1 In-network	Tier 2 In-network	Tier 3 Out-of-network		
Employee Contributions	**Middle** ▶ The employee contributions taken from your paycheck are usually between the QCHP and the CDHP.	**Middle** ▶ The employee contributions taken from your paycheck are usually between the QCHP and the CDHP.			**Higher** ▲ This has the highest employee contributions taken from your paycheck.	**Lower** ▼ In most cases, this has the lowest employee contributions taken from your paycheck.
Network Flexibility	**Lower** ▼ Out-of-network care is not covered.	**Lower** ▼ You must receive care from a provider in the managed care network.	**Middle** ▶ You may receive care from an expanded network of providers.	**Higher** ▲ You may choose any physician or hospital, but you could pay more when you receive services.	**Higher** ▲ You may choose any physician or hospital, but you pay less when you receive services from an in-network provider.	**Higher** ▲ You may choose any physician or hospital, but you pay less when you receive services from an in-network provider.

Chart continues on the next page →

	Health Maintenance Organization (HMO)	Open Access Plan (OAP)			Quality Care Health Plan (QCHP)	Consumer Driven Health Plan (CDHP)
		Tier 1 In-network	Tier 2 In-network	Tier 3 Out-of-network		
Amount You Pay When You Receive Care	**Lower** ▼ Most services have a copayment, so there are no surprises when you receive care.	**Lower** ▼ Most services have a copayment, so there are no surprises when you receive care.	**Middle** ▶ You'll pay all expenses out of pocket until you reach the plan's deductible of $275 per enrollee, then the plan typically pays 90% of in-network charges.	**Middle** ▶ You'll pay all expenses out of pocket until you reach the plan's deductible of $375 per enrollee, then the plan typically pays 60% of allowable charges.	**Middle** ▶ You'll pay all expenses out of pocket until you reach the plan's deductible, then the plan typically pays 85% of in-network charges. (The deductible varies by salary but is never higher than $575 for an individual or $1,375 for a family.)	**Higher** ▲ This is a high-deductible health plan. You'll pay all expenses out of pocket until you reach the plan's deductible of $1,500 for an individual or $3,000 for a family. After you reach the deductible, the plan typically pays 90% of in-network charges.*
Out-of-Pocket Maximums	**Middle** ▶ The most you could pay out of pocket is $3,000 per individual and $6,000 per family.	**Middle** ▶ The most you could pay out of pocket is $3,000 per individual and $6,000 per family. NOTE: This includes eligible charges in Tier 1 and Tier 2.	**Middle** ▶ The most you could pay out of pocket is $3,000 per individual and $6,000 per family. NOTE: This includes eligible charges in Tier 1 and Tier 2.	**N/A**	**Lower** ▼ Using in-network providers, the most you could pay out of pocket is $1,750 per individual and $4,375 per family. Using out-of-network providers, this amount increases to $7,000 per individual and $13,500 per family.	**Middle** ▶ Using in-network providers, the most you could pay out of pocket is $3,000 per individual and $6,000 per family. Using out-of-network providers, the out-of-pocket maximums are the same.*
Health Savings Account Contributions from the State of Illinois	**None**	**None**			**None**	**$500 (individual) or $1,000 (family)** You receive $500 (individual coverage) or $1,000 (family coverage) from the State of Illinois in a Health Savings Account to help pay your current and future healthcare out-of-pocket costs.

* You can use money in your HSA to help pay these out-of-pocket costs.