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	PPO IN-NETWORK	OUT-OF-NETWORK
Deductible (8)	\$1,000 per Individual \$2,000 per Family	\$2,000 per Individual \$4,000 per Family
Out-of-Pocket Limit (1)	\$2,500 per Individual \$5,000 per Family	\$5,000 per Individual \$10,000 per Family
Lifetime Maximum	Unlimited	
	100%. No Deductible	Out-of-Network Benefits Paid
Preventive Care	Preventive Care benefits will be based upon the Health Care Reform guidelines and, as wich, may be marched from time to time. Benefits will include outh services as Annual Romine Physical Exam, Annual Romine Gynecological Exam, Natural Romine Gynecological Exam, Services v. February & Colonocopy: Signodiscopy: mad Preventive Manusogam. For a complete last visit large-leven healthcare gave-center regulations pervention recommendations. Intil	
Charges By Physician For	production of the second	200
Office Visits - (Primary Care Physician)	100% after \$30 Co-Pay (2)	60% after Dedoctible
Office Visits - (Specialty Physician including Chiropractor and Speech & Physical Therapy)	\$50 Co-Pay- ⁽²⁾ 100% of the first \$300, 80% thereafter	60% after Dedoctible
Allergy Injection	100% after S5 Co-Pay (I)	60% after Deductible
Inpatient or Outpatient Hospital Visits and Surgery	80% after Deductible	60% after Deductible
Emergency Room Visits	80% after Deductible	Same as In-Network



Plan Design - Laity

Charges By Hospital	Hospital admissions require Pre-Certification. Please call the number on the back of your Identification Card. Failure to call may reduce benefits.		
Inpetieut	80% after Deductible	60% after Deductible	
Outpatient	80% after Deductible	60% after Deductible	
Emergency Room Care	80% after \$100 Co-Pay (7)	Same as In-Network	
Other Charges For		S. Marchanian Company	
Ambulatory Surgery Center / Birthing Center / Free Standing Facility	50% after Deductible	60% after Deductible	
Durable Medical Equipment, Prosthetic Appliances, Ambulance, and/or Supplies	80% after Deductible	60% after Deductible	
Mental Health, Behavioral, Alcohol, or Drug Abuse Related Services	In-Network PPO Benefits Paid	Out-of-Network Benefits Paid	
Special Limited Benefits	Karring Springer	N 10-10-11-10-1	
-	80% after Deductible	60% after Deductible	
Skilled Nursing Facility	120 Day Maximum for all Skilled Nursing Facility confinements that result from the same or a related sickness or injury.		
Home Health Care	80% after Deductible	60% after Deductible	
STATUTE STENSIN CITE.	100 Home Health Care visit maximum per Calendar Year		
Hospice Care	80% after Deductible	60% after Deductible	
	\$10,000 maximum benefit for any one Hospice Care Episode		



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Other State Licensed Practitioners	80% after Deductible (7)	60% after Deductible (9)	
Includes acupuncture and massage therapists	12-visit maximum per year (All providers combined.)		
No. 15 N. M.	100%. No Deductible	100%, No Deductible	
Natural Family Planning	Maximum Yearly Benefit of \$200. Reimbursement of counseling services.		
	In-Network PPO Benefits Paid	Out-of-Network Benefits Paid	
Orthotics	Maximum Lifetime Benefit of \$500. All services related to purchase of orthotics.		
Transplants	Transplant Network Provider	Non-Transplant Network Provider	
***************************************	In-Network PPO Benefits Paid Travel Lodging Benefit of \$10,000 if pre-approved and distance to Center is greater than 100 miles one-way	Out-of-Network Benefits Paid Individual Transplant Maximums Lifetime Maximum Benefit of \$150,000 for all Transplants	
All Other Covered Charges	80% after Deductible	60% after Deductible	



Plan Design - Laity

	PRESCRIPTION DRUG SUMMARY
Deductible	\$250 Individual / \$750 Family
Retail Prescriptions	\$10 Co-Pay or 20%, whichever is greater, Generic
for Short-Term Medications	\$20 Co-Pay or 20%, whichever is greater, Preferred Brand \$50 Co-Pay or 20%, whichever is greater, Non-Preferred Brand
	per 30-day supply at any participating pharmacy (3)
	escriptions are limited to an initial fill and two subsequent refills. Members who dome Delivery Co-Pay, however, only up to a 30-day supply will be dispensed.
Home Delivery Prescriptions	\$20 Co-Pay Generic
for Long-Term Maintenance	\$50 Co-Pay Preferred Brand
Medications	\$125 Co-Pay Non-Preferred Brand per 90-day supply through the home delivery program ⁽²⁾
	he Plan, such as over-the-counter medications, contraceptives, cosmetics,
	ssants, medications that are not medically necessary, experimental drugs, etc. of medical necessity and preauthorization before benefits will be applied.
	or medical necessity and presumorization before benefits will be applied, re limited to 180 days supply per year and 540 days supply per lifetime.
Express Scripts Customer Service:	
(2) Co-Pay does not apply toward Deductible	ur Out-of-Pocket Limit.



Plan Design - Laity

Preferred Provider Network (PPO)

Your PPO: Blue Cross Blue Shield of Illinois

PPO Provider Verification #: 1.800.810.2583 PPO Provider Web: www.bcbsil.com

Questions? - Contact Us

Mailing Address: Christian Brothers Employee Benefit Services

1205 Windham Parkway Romeoville, IL 60446

HBS Customer Service:

800.807.0400 M-F 6:30 am – 7:00 pm CT

hbscustomerservice@cbservices.org

CBEBT Participant Resource Center: mycbs.org/health





CBEBT/BCBS ID CARD Mailer

Important Information · Please Read Completely

Enclosed is your new Christian Brothers Employee Benefit Trust Member Identification card (Member ID card) to be used when receiving medical benefits. This new card is part of the transition to Blue Cross/Blue Shelder Perferred Provider Organization (PPO) network. This card MUST be used for any services received beginning January 1, 2013. Your old Member ID card will not be active and benefits will be denied if you attempt to use it, so please discard after December 3), 2012.

To view providers in the Blue Cross/Blue Shield network, access the following website www.mycbs.org/health, click on Find a Provider, select Medical PPO's and select the Blue Cross/Blue Shield link.

Please be reminded that Christian Brothers Employee Benefit Trust remains as the plan carrier, Blue Cross/Blue Shield is the network of providers to be accessed for in-network benefits. Blue Cross/Blue Shield is NOT the insurance carrier. It is imperative that you providers become aware of this change or billing/claims processing/eligibility issues may occur; therefore, please motify providers of the change when you present your new member ID card at time of service.

Your card also contains information regarding your prescription drug coverage. Information presented on the attached card has not changed.



CBEBT/BCBS ID CARD SAMPLE

Front of Card - Laity



BlueCross BlueShield

John Wayne Identification Number PSC987654321

Group No.

Rx Grp

CBEBT01 BIN 610014

P35936

CHRISTIAN BROTHERS Employee Benefit Trust

Employer Little Sisters of the Poor Employer ID E0401304 / 00006073

PPO \$30 \$50 Plan Office Visit Specialist Copay Allergy Shot \$5





CBEBT/BCBS MEDICAL ID CARD Back of Card - Laity



BlueCross BlueShield of Illinois

Pre-approval required for hospital admissions, physical & speech therapy, home health care and durable medical equipment.

Hospitals or physicians: file claims with local BlueCross and/or BlueShield Plan.

File all other claims electronically with payor 38308 or mail to:

CBEBT 1205 Windham Parkway Romeoville, IL 60446

www.mycbs.org/health

Customer Service* Pre-certification*

1-800-807-0400 1-866-458-4002 1-800-810-2583 Find a PPO provider 1-800-810-2583

Medco Customer Service* 1-800-817-3195

VSP for vision care discounts* 1-800-877-7195

* not a BlueCross BlueShield product

BlueCross and BlueShield of Illinois, an independent licensee of the BlueCross BlueShield Association, provides administrative services only and does not assume any financial risk for claims.



EXPRESS SCRIPTS



CBEBT Dental ID CARD Mailer

Enclosed is your new Christian Brothers Employee Benefit Trust Member Identification card (Member ID card) to be used when receiving dental and/or vision benefits. No changes were made to those coverages and please note, the IDI number on the card is the same as shown on your medical /rg. ID card. Separate cards have been issued in order to comply with Blue Cross/Blue Shelds 10 Lard requirements.

All dental and vision claims should be sent to the address as noted on the back side of the card.

DO NOT send dental and vision claims to Blue Cross/Blue Shield. Please call our customer service department with any questions 800-807-0400.



CBEBT ID CARD SAMPLE

Front of Card

Christian Brothers Employee Benefit Trust **Employer: Little Sisters of Poor**

Issuer # (80840) Payor #38308 ID # 9xxxxxxx Name: John Q. Sample **Group** # E0401304

Care Type: Dental Dental Network: Aetna Dental PPO

Aetna Dental Providers # 800-852-4877 All Other Dental Providers #800-807-0400

Send Claims to: Christian Brothers Employee Benefit Trust

1205 Windham Parkway Romeoville, IL 60446-1679



Allied

Aetra Derral Administrator



CBEBT ID CARD SAMPLE

Back of Card

Dental Coverage

This card is issued for the convenience of the employee and the Provider. It is not a guarantee that coverage is in effect.

If you have questions about benefits call the phone number shown on the front of this card.

Refer to your booklet for further details.

For discounts on vision care call VSP at 800-877-7195.

www.mycbs.org/health



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