

Publicis Medical Plan Summary
Blue Cross Blue Shield of Illinois

Premier PPO		Standard PPO		HSA		
Benefits	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Lifetime Comprehensive Major Medical Coverage Maximum	Unlimited		Unlimited		Unlimited	
Annual Company Contributions to HSA	N/A		N/A		\$250 Employee Only \$500 Employee + Souse/Child(ren)/Family	
Annual Deductible: Single	\$850	\$1,700	\$1,100	\$2,200	\$1,650 ¹	\$3,300 ¹
Annual Deductible: Family	\$1,700	\$3,400	\$2,200	\$4,400	\$3,300 ¹	\$6,600 ¹
Out-of-Pocket Maximum: Single	\$3,900	\$7,800	\$6,250	\$12,500	\$6,600 ²	\$13,300
Out-of-Pocket Maximum: Family	\$7,800	\$15,600	\$12,500	\$25,000	\$13,300 ²	\$26,600
<p>Out-Of-Pocket Expense Inclusions: The out of pocket includes: the amount of money an individual pays toward deductibles and copayments for covered hospital and medical services during any one calendar year. Drug costs covered under your prescription drug benefit will accumulate to a combined medical and prescription maximum out of pocket.</p> <p>Out-Of-Pocket Expense Exclusions: The out of pocket excludes: non pre-certification penalty and charges in excess of the usual and customary.</p>						
Inpatient Hospital Services <i>Pre-certification is required</i>	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Outpatient Surgery & Diagnostic Tests	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Outpatient Emergency Medical / Accident Care	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Urgent Care Center	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Inpatient Mental Health and Chemical Dependency <i>Pre-certification is required</i>	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Outpatient Mental Health and Chemical Dependency	\$30 copay	40%; subject to deductible	\$45 copay	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Medical/Surgical Care	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Office Visits	\$25 copay PCP \$40 copay specialist	40%; subject to deductible	\$30 copay PCP \$45 copay Specialist	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Preventive Care: Annual physicals for adults; Well child exams covered as defined by standards of American Academy of Pediatrics.	100% covered by plan; deductible does not apply	40%; subject to deductible	100% covered by plan; deductible does not apply	40%; subject to deductible	100% covered by plan; deductible does not apply	40%; subject to deductible
Infertility Hospital or Outpatient Facility Services ^{3,4}	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Infertility: Office visits	\$30 copay	40%; subject to deductible	\$45 copay	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Outpatient Therapies: Physical, Occupational and Speech, limited to 30 visits per therapy per year	\$30 copay	40%; subject to deductible	\$45 copay	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Chiropractic Care/Naprapathic Services/Acupuncture: Limited to 30 visits each per year.	\$30 copay	40%; subject to deductible	\$45 copay	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Naturopathic Providers: Therapy limited to 30 visits per year	\$20 copay	40%; subject to deductible	\$30 copay	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Other Covered Services: Blood and blood components; ambulance services; oxygen and its administration; surgical dressings, casts and splints; prosthetic devices; and leg, arm, and neck braces.	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible	20%; subject to deductible	40%; subject to deductible
Hearing Aids	Up to \$2,500 annually, one hearing aid per ear, every three (3) years					

¹ Under the Medical HSA Plan, if only one family member becomes ill or injured, that person must meet the family deductible (rather than the individual deductible) before the plan reimburses for benefits. In this case, the plan requires satisfaction of a \$3,300 deductible (if services are obtained in-network) before any coinsurance will be paid.

² The Medical HSA Plan out-of-pocket expenses paid for an individual family member will be limited to no more than \$6,650 for in-network coverage before the plan reimburses 100% of eligible expenses.

³ \$15,000 lifetime maximum benefit will apply to artificial reproduction technology. Artificial reproduction technology includes artificial insemination, IVF, ZIFT and GIFT.

⁴ Cryopreservation and Storage service will still be required to follow medical policy language; currently services are not covered per medical policy.