

SEIU Healthcare IL Benefit Funds

Union Health Service Medical Home Plan

Schedule of Benefits	Home Care Workers	Child Care Providers	Personal Assistants
Yearly Deductible	\$0	\$0	\$0
Yearly Out-of-Pocket Maximum	\$3,000	\$1,500	\$3,000
Rx Yearly Out-of- Pocket Maximum	\$3,600	\$5,100	\$3,600
Physician Care Co-pay	\$ 10 at Polk Street; \$0 at other locations	\$ 10 at Polk Street; \$0 at other locations	\$ 10 at Polk Street; \$0 at other locations
Specialist Visit Co-pay	\$0	\$0	\$0
Ambulatory Surgery Co-Insurance	0%	0%	0%
Hospitalization Co-Insurance	0%	0%	0%
Urgent Care Visit/Immediate Care Visit Co-Pay	\$0	\$0	\$0
Emergency Room Co-Pay (waived if admitted)	\$200	\$200	\$200
Out-of-Network Coverage	Not Covered	Not Covered	Not Covered
Life Insurance through Unicare	N/A	\$5,000	N/A
Accidental Death & Dismemberment through Unicare	N/A	\$5,000	N/A
Vision Discount Program including discounted frames, lenses, and contact lenses	PROVIDED THROUGH UHS' EYECARE DISCOUNT PROGRAM	PROVIDED THROUGH UHS' EYECARE DISCOUNT PROGRAM	PROVIDED THROUGH UHS' EYECARE DISCOUNT PROGRAM