



LAND OF *Lincoln* HEALTH™

Individual and Family Health Insurance Plans

New Plans - Big Savings! Call today or visit Land of Lincoln Health online: [▶ 844-674-3834](tel:844-674-3834) [▶ LLHealth.org](http://LLHealth.org)



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ABOUT LAND OF LINCOLN HEALTH

Land of Lincoln Health New Health Plans—BIG SAVINGS

29 AFFORDABLE
INDIVIDUAL
AND FAMILY
PLAN OPTIONS

Imagine, affordable health insurance from a local partner that is 100% member-focused. At Land of Lincoln Health, we are reinventing health insurance with help from our members. Discover improved access and new 2015 consumer-oriented plans that connect Illinois families with high-quality coverage.

Our Traditional PPO plans provide rich benefits and a nationwide network of healthcare providers. Now you can also access Preferred Partner PPO plans, where you'll find innovative partnerships with major Illinois health systems. This makes it even easier and more affordable for members to receive health care from their chosen doctors and hospitals.

It pays to know your options and understand your true cost of care. That's why we provide plans with low out-of-pocket expenses.

That means significant savings, whether you need an office visit, lab work, x-rays, a specialist, or more complex medical care.

We are the only non-profit, member-governed health insurance company in Illinois. As a CO-OP, we put members first. All profits are invested into improving quality coverage and lowering premiums. Discover the difference this can make for you and your family.

How to Enroll ▶

Review the information on the following pages and contact Land of Lincoln Health. We are committed to making health insurance easier to understand, personalized to fit your needs and affordable.

Visit: **LLHealth.org** or call and talk to an expert: **844-674-3834**



Stay Connected



Facebook.com/LandofLincolnHealth



Twitter.com/LLHInsured



LinkedIn.com/company/Land-of-Lincoln-Health



Members First, Profits Never

As a member-focused, non-profit health insurance organization, we listen to our members' needs. That's why we provide two plan types that offer low out-of-pocket expenses, allow you to choose your doctors, and provide the security of knowing you have coverage nationwide.

PREFERRED PARTNER PPO PLANS

We created new plans for you and your family to visit the doctors and hospitals you trust most. Each is backed by a prominent health system and gives you the best benefits when you seek care within their Preferred Partner network. And if you want to see other doctors and hospitals, you still have access to Land of Lincoln Health's In-Network doctors and hospitals nationwide. Here are the partners that have joined Land of Lincoln Health to offer you and your family a new health insurance model with improved, affordable access.

Advocate Health Care

Illinois Health Partners

DuPage Medical Group

EDWARD



Elmhurst Memorial Healthcare

Centegra
HealthSystem
ALWAYS LOOKING AHEAD™

Presence Health®

FAMILY HEALTH
NETWORK

Swedish Covenant Hospital

Adventist
Midwest Health
A Member of Adventist Health System

CHS Chicago
Health System
Quality Healthcare In Your Community

TRADITIONAL PPO PLANS

Land of Lincoln Health is proud to continue offering our Traditional PPO Plans at a lower cost than ever before. These include our CO-OptionsSM Elite Multi-State, Preferred and Freedom plans. All offer access to Land of Lincoln Health's nationwide network, which includes most of the doctors and hospitals throughout Illinois. You'll find HSA-compatible options with our Preferred Plans. The Freedom Plan allows you the best benefits when accessing Land of Lincoln Health's own Preferred Partner network. The CO-OptionsSM Elite Multi-State Plan is our simplest, most easy-to-use plan with one level of benefits in our Traditional PPO network.

PREFERRED PARTNER PPO PLANS

Adventist Land of Lincoln PPO

Adventist Midwest Health's network of not-for-profit hospitals and outpatient healthcare facilities in Chicago's western suburbs provides care in over 70 convenient locations. With more than 280 providers in primary and specialty care, Adventist takes a holistic, "whole-person" approach to wellness, partnering with patients, families and healers to achieve optimal health for their patients and the communities they serve. Adventist physicians are committed to maintaining excellent service and the highest quality of medical care while emphasizing education and preventive medicine.

 Platinum  Gold  Silver  Bronze

See page: 6



Centegra Land of Lincoln Health

Centegra Health System is committed to meeting the healthcare needs of the residents of greater McHenry County and to making services available in multiple convenient locations, including hospitals in McHenry and Woodstock, Immediate and Physician Care Centers, Centegra Sage Cancer Center, and Health Bridge Fitness Centers. As the region's leading healthcare system, Centegra's Health & Wellness Network offers access to more than 350 healthcare providers, the latest treatments and technology, and the skills of nearly 4,000 associates to meet the needs of the growing McHenry County community.


 Platinum  Gold  Silver

See page: 7



Chicago Health System | Land of Lincoln PPO

Chicago Health System's nationally recognized doctors and hospitals are all uniquely qualified and united in their goals of providing superior personalized care and individual patient relationships that last a lifetime. Chicago Health System partners with four quality-driven hospitals including MacNeal in Berwyn, Weiss Memorial in Chicago, Westlake in Melrose Park and West Suburban in Oak Park to place the patient at the center of their care to support them in living their best life. Through a network of community-based doctors and hospitals Chicago Health System patients have access to care in their unique communities to meet their unique needs.

 Gold  Silver

See page: 8



Illinois Health Partners Land of Lincoln

Illinois Health Partners includes a network of more than 1,600 primary and specialty care physicians who are affiliated with DuPage Medical Group, Edward-Elmhurst Healthcare and Northwest Community Healthcare. IHP serves nearly 250,000 patients in the west, southwest and northwest suburbs of Chicago with a mission of improving the quality of healthcare and delivering value through access and efficiency. You'll find convenient locations, same-day appointments in many offices, and many other patient conveniences.

 Platinum  Gold  Silver

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Illinois Health Partners

DuPage Medical Group

EDWARD

 Elmhurst Memorial Healthcare



PREFERRED PARTNER PPO PLANS

Land of Lincoln Champion PPO

If **Advocate** is your preferred health care system, choose the Land of Lincoln Champion Plan. Advocate is one of the nation's top 10 health systems and the largest integrated healthcare system in Illinois with more than 200 sites of care, including hospitals, medical groups, home health services and a network of outpatient centers. Advocate Physician Partners' integrated approach has achieved nationally ranked outcomes for their chronic disease management programs. Advocate provides progressive and innovative healthcare services to its members, believing the best way to treat the whole person is through an integrated system of care.

 Platinum  Gold

See page: 10

Advocate Health Care

LLH Family Health Network

Family Health Network (FHN) is a health insurer with 20 years of experience in the Chicago community. As a not-for-profit health plan that is governed by local medical providers, FHN's main focus is providing affordable, high-quality care for its members. With a robust network of doctors and hospitals, including psychiatric and children's hospitals, FHN encourages members to routinely and conveniently access healthcare. For a better health plan and high quality health care you and your family deserve, join the Family!

 Silver

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Presence Health Land of Lincoln

Presence Health is a large health system of more than 150 locations in communities large and small, making access to healthcare convenient. In addition to delivering excellent care and service, Presence Health wants to inspire people to see their health in a new way. More than doctor visits and medical tests, it's a lifelong journey of small, manageable steps. The goal of Presence Health is to empower those they serve to take a few of those steps every day to achieve their best health. And there's no better time to start than today.

 Platinum  Gold  Silver

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Swedish Covenant Land of Lincoln

Swedish Covenant Hospital and their Preferred Partner Network has been serving the Chicago area for more than 125 years. Swedish Covenant Hospital excels in safety, outcomes and the patient experience by providing expert care and outstanding health and wellness services in state-of-the-art facilities. Named 2013's Top Hospital by The Leapfrog Group, Swedish Covenant is a nonprofit hospital focusing on the biological, psychological, social and spiritual elements of healing, resulting in compassionate, reliable patient care.

 Platinum  Gold  Silver

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TRADITIONAL LAND OF LINCOLN PPO PLANS

Land of Lincoln Health is proud to continue offering our Traditional PPO Plans with price reductions of up to 30%. Our CO-OptionsSM Multi-State Elite, Preferred and Freedom plans all offer access to Land of Lincoln Health's nationwide network, which includes most of the doctors and hospitals throughout Illinois. You'll find HSA-compatible options with our Preferred Plans.

CO-OptionsSM Land of Lincoln National Elite Multi-State Plan

Our simplest, most easy-to-use plan, Elite works just like the health insurance plans you are familiar with. It offers easy-to-understand benefits with one level of benefits in our Traditional PPO network, a nationwide network of healthcare providers, including one of the largest networks of doctors and hospitals in the state. The majority of services received under this plan are paid for with copays and not subject to the deductible so you know exactly how much you can expect your healthcare to cost.

★ Gold 👑 Silver

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Land of Lincoln Freedom PPO

Freedom allows you the best benefits when accessing Land of Lincoln Health's own Preferred Partner network of well-known and respected doctors and hospitals. If you want to see other healthcare providers, you can still access Land of Lincoln Health's nationwide network of doctors and hospitals.

★ Gold 👑 Silver ● Bronze

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Land of Lincoln Preferred HSA-Compatible PPO Plan

Our HSA-compatible plan, Preferred, offers great benefits and access to our Traditional PPO network, one of the largest networks of doctors and hospitals in the state. Offering one deductible for medical and pharmacy benefits and generous coinsurance paid by your health plan, you will find the Preferred plan simple to use and highly effective if you prefer an HSA-compatible plan.

★ Gold 👑 Silver ● Bronze

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Adventist Land of Lincoln Plans

Individual and Family Health Insurance Highlights

ADVENTIST LAND OF LINCOLN PLATINUM PPO 250

ADVENTIST LAND OF LINCOLN GOLD PPO 500

ADVENTIST LAND OF LINCOLN SILVER PPO 3000

ADVENTIST LAND OF LINCOLN BRONZE PPO 5000

	Adventist Preferred Partner Network	LLH In-Network Providers	Out-of-Network	Adventist Preferred Partner Network	LLH In-Network Providers	Out-of-Network	Adventist Preferred Partner Network	LLH In-Network Providers	Out-of-Network	Adventist Preferred Partner Network	LLH In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$250 / \$500		\$5,000 / \$10,000	\$500 / \$1,000		\$6,000 / \$12,000	\$3,000 / \$6,000		\$10,000 / \$20,000	\$5,000 / \$10,000		\$15,000 / \$30,000
Coinsurance ²	10%	40%	50%	20%	40%	50%	20%	45%	50%	25%	50%	50%
Out-of-Pocket Maximum (individual/family) ³	\$1,500 / \$3,000		No Max	\$4,200 / \$8,400		No Max	\$6,600 / \$13,200		No Max	\$6,600 / \$13,200		No Max
Primary Care Physician	\$5 copay / visit	\$40 copay / visit	50%	\$15 copay / visit	\$45 copay / visit	50%	\$15 copay / visit	\$60 copay / visit	50%	\$50 copay/visit (first 2 visits); then coinsurance	50%	50%
Specialist Visit	\$20 copay / visit	\$60 copay / visit	50%	\$50 copay / visit	\$75 copay / visit	50%	\$50 copay / visit	\$125 copay / visit	50%	25%	50%	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay/visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$40 copay / visit	\$40 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	\$100 copay / visit	\$100 copay / visit	50%
Inpatient Hospital Stay ⁴	\$100 copay / day, first 3 days	\$550 copay / day, first 3 days	50%	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%	\$700 copay / day, first 3 days	\$1,550 copay / day, first 3 days	50%	25%	50%	50%
Outpatient Hospital Services ⁵	10%	40%	50%	20%	40%	50%	20%	45%	50%	25%	50%	50%
X-Rays & Labs	\$0 copay / visit	\$50 copay / visit	50%	\$25 copay / visit	\$75 copay / visit	50%	\$30 copay / visit	\$65 copay / visit	50%	25%	50%	50%
Physical, Occupational & Speech Therapy	\$10 copay / visit	\$50 copay / visit	50%	\$35 copay / visit	\$105 copay / visit	50%	\$50 copay / visit	\$100 copay / visit	50%	25%	50%	50%
Chiropractic	25%	25%	50%	30%	30%	50%	35%	35%	50%	40%	40%	50%
Generic RX	\$4 copay / prescription	\$4 copay / prescription	50%	\$5 copay / prescription	\$5 copay / prescription	50%	\$10 copay / prescription	\$10 copay / prescription	50%	25%	25%	50%
Preferred Brand RX	\$25 copay / prescription	\$25 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	25%	25%	50%
Non-Preferred Brand RX	\$60 copay / prescription	\$60 copay / prescription	50%	\$75 copay / prescription	\$75 copay / prescription	50%	20%	20%	50%	25%	25%	50%
Specialty RX	10%	10%	50%	20%	20%	50%	20%	20%	50%	25%	25%	50%

- Copays are not subject to deductible.** Coinsurances are subject to deductible. The deductible for the Preferred Partner Network and Land of Lincoln Health In-Network Providers is integrated, meaning qualified payments made within either of those networks apply to that single deductible.
- Coinsurance is the percentage paid by member after meeting the deductible.** Percentages shown within this table represent coinsurance amounts and are always subject to the deductible. Land of Lincoln Health is responsible for the remainder of the covered services.
- Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan.** Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.

4 Includes room and board and some other additional charges. After the first three days of copays, Land of Lincoln Health pays 100% of covered services for that hospital stay. Includes services provided for mental/behavioral health and substance use disorders.

5 May include an outpatient clinic or same-day surgery center. Also includes services provided for mental/behavioral health and substance use disorders. All Prescription Drug Benefits listed are for a 34-day supply. Copay for 90-day mail order prescriptions is 2½ times the 34-day retail copay. Coinsurance for mail order is the same as retail. To help you save money, mail order is mandatory after the first three retail fills.

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Centegra Land of Lincoln Health Plans



CENTEGRA LAND OF LINCOLN HEALTH PLATINUM



CENTEGRA LAND OF LINCOLN HEALTH GOLD



CENTEGRA LAND OF LINCOLN HEALTH SILVER

	Centegra Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Centegra Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Centegra Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$250 / \$500		\$5,000 / \$10,000	\$500 / \$1,000		\$6,000 / \$12,000	\$2,500 / \$5,000		\$10,000 / \$20,000
Coinsurance ²	10%	30%	50%	15%	40%	50%	20%	45%	50%
Out-of-Pocket Maximum (individual/family) ³	\$2,500 / \$5,000		No Max	\$6,000 / \$12,000		No Max	\$6,600 / \$13,200		No Max
Primary Care Physician	\$5 copay / visit	\$30 copay / visit	50%	\$10 copay / visit	\$40 copay / visit	50%	\$20 copay / visit	\$45 copay / visit	50%
Specialist Visit	\$20 copay / visit	\$40 copay / visit	50%	\$40 copay / visit	\$85 copay / visit	50%	\$75 copay / visit	\$150 copay / visit	50%
ER	\$400 copay / visit	\$400 copay / visit	\$400 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$40 copay / visit	\$40 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$100 copay / day, first 3 days	\$550 copay / day, first 3 days	50%	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%	\$900 copay / day, first 3 days	\$1,400 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	10%	30%	50%	15%	40%	50%	20%	45%	50%
X-Rays & Labs	\$0 copay / visit	\$40 copay / visit	50%	\$15 copay / visit	\$60 copay / visit	50%	\$30 copay / visit	\$65 copay / visit	50%
Physical, Occupational & Speech Therapy	\$10 copay / visit	\$50 copay / visit	50%	\$35 copay / visit	\$105 copay / visit	50%	\$50 copay / visit	\$100 copay / visit	50%
Chiropractic	20%	20%	50%	30%	30%	50%	35%	35%	50%
Generic RX	\$4 copay / prescription	\$4 copay / prescription	50%	\$5 copay / prescription	\$5 copay / prescription	50%	\$10 copay / prescription	\$10 copay / prescription	50%
Preferred Brand RX	\$20 copay / prescription	\$20 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%
Non-Preferred Brand RX	\$60 copay / prescription	\$60 copay / prescription	50%	\$75 copay / prescription	\$75 copay / prescription	50%	20%	20%	50%
Specialty RX	10%	10%	50%	15%	15%	50%	20%	20%	50%

- 1 Copays are not subject to deductible.** Coinsurances are subject to deductible. The deductible for the Preferred Partner Network and Land of Lincoln Health In-Network Providers is integrated, meaning qualified payments made within either of those networks apply to that single deductible.
- 2 Coinsurance is the percentage paid by member after meeting the deductible.** Percentages shown within this table represent coinsurance amounts and are always subject to the deductible. Land of Lincoln Health is responsible for the remainder of the covered services.
- 3 Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan.** Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.

- 4 Includes room and board and some other additional charges.** After the first three days of copays, Land of Lincoln Health pays 100% of covered services for that hospital stay. Includes services provided for mental/behavioral health and substance use disorders.

- 5 May include an outpatient clinic or same-day surgery center.** Also includes services provided for mental/behavioral health and substance use disorders. All Prescription Drug Benefits listed are for a 34-day supply. Copay for 90-day mail order prescriptions is 2½ times the 34-day retail copay. Coinsurance for mail order is the same as retail. To help you save money, mail order is mandatory after the first three retail fills.

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Plans are Available Now! Call Us Today: **844-674-3834**

LLHealth.org

Chicago Health System | Land of Lincoln PPO Plans

Individual and Family Health Insurance Highlights

★ CHICAGO HEALTH SYSTEM | LAND OF LINCOLN PPO GOLD

👑 CHICAGO HEALTH SYSTEM | LAND OF LINCOLN PPO SILVER

	CHS Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$750 / \$1,500		\$6,000 / \$12,000
Coinsurance ²	20%	40%	50%
Out-of-Pocket Maximum (individual/family) ³	\$4,000 / \$8,000		No Max
Primary Care Physician	\$10 copay / visit	\$35 copay / visit	50%
Specialist Visit	\$45 copay / visit	\$75 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$60 copay / visit	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	20%	40%	50%
X-Rays & Labs	\$20 copay / visit	\$75 copay / visit	50%
Physical, Occupational & Speech Therapy	\$35 copay / visit	\$105 copay / visit	50%
Chiropractic	30%	30%	50%
Generic RX	\$5 copay / prescription	\$5 copay / prescription	50%
Preferred Brand RX	\$35 copay / prescription	\$35 copay / prescription	50%
Non-Preferred Brand RX	\$75 copay / prescription	\$75 copay / prescription	50%
Specialty RX	20%	20%	50%

	CHS Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
	\$2,500 / \$5,000		\$10,000 / \$20,000
	20%	45%	50%
	\$6,600 / \$13,200		No Max
	\$20 copay / visit	\$45 copay / visit	50%
	\$75 copay / visit	\$150 copay / visit	50%
	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
	\$60 copay / visit	\$60 copay / visit	50%
	\$900 copay / day, first 3 days	\$1,400 copay / day, first 3 days	50%
	20%	45%	50%
	\$30 copay / visit	\$65 copay / visit	50%
	\$50 copay / visit	\$100 copay / visit	50%
	35%	35%	50%
	\$10 copay / prescription	\$10 copay / prescription	50%
	\$35 copay / prescription	\$35 copay / prescription	50%
	20%	20%	50%
	20%	20%	50%

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 - Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan.** Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.
 - Includes room and board and some other additional charges.** After the first three days of copays, Land of Lincoln Health pays 100% of covered services for that hospital stay. Includes services provided for mental/behavioral health and substance use disorders.
 - May include an outpatient clinic or same-day surgery center.** Also includes services provided for mental/behavioral health and substance use disorders. All Prescription Drug Benefits listed are for a 34-day supply. Copay for 90-day mail order prescriptions is 2½ times the 34-day retail copay. Coinsurance for mail order is the same as retail. To help you save money, mail order is mandatory after the first three retail fills.
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Illinois Health Partners Land of Lincoln Plans



ILLINOIS HEALTH PARTNERS LAND OF LINCOLN PLATINUM



ILLINOIS HEALTH PARTNERS LAND OF LINCOLN GOLD



ILLINOIS HEALTH PARTNERS LAND OF LINCOLN SILVER

	IHP Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	IHP Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	IHP Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$0 / \$0		\$5,000 / \$10,000	\$400 / \$800		\$6,000 / \$12,000	\$2,500 / \$5,000		\$10,000 / \$20,000
Coinsurance ²	10%	40%	50%	20%	40%	50%	20%	45%	50%
Out-of-Pocket Maximum (individual/family) ³	\$4,000 / \$8,000		No Max	\$6,000 / \$12,000		No Max	\$6,600 / \$13,200		No Max
Primary Care Physician	\$5 copay / visit	\$30 copay / visit	50%	\$10 copay / visit	\$50 copay / visit	50%	\$25 copay / visit	\$60 copay / visit	50%
Specialist Visit	\$20 copay / visit	\$60 copay / visit	50%	\$40 copay / visit	\$60 copay / visit	50%	\$75 copay / visit	\$150 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$40 copay / visit	\$40 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$100 copay / day, first 3 days	\$550 copay / day, first 3 days	50%	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%	\$700 copay / day, first 3 days	\$1,550 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	10%	40%	50%	20%	40%	50%	20%	45%	50%
X-Rays & Labs	\$0 copay / visit	\$50 copay / visit	50%	\$15 copay / visit	\$60 copay / visit	50%	\$30 copay / visit	\$65 copay / visit	50%
Physical, Occupational & Speech Therapy	\$10 copay / visit	\$50 copay / visit	50%	\$35 copay / visit	\$105 copay / visit	50%	\$50 copay / visit	\$100 copay / visit	50%
Chiropractic	25%	25%	50%	30%	30%	50%	35%	35%	50%
Generic RX	\$4 copay / prescription	\$4 copay / prescription	50%	\$5 copay / prescription	\$5 copay / prescription	50%	\$10 copay / prescription	\$10 copay / prescription	50%
Preferred Brand RX	\$25 copay / prescription	\$25 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%
Non-Preferred Brand RX	\$60 copay / prescription	\$60 copay / prescription	50%	\$75 copay / prescription	\$75 copay / prescription	50%	20%	20%	50%
Specialty RX	10%	10%	50%	20%	20%	50%	20%	20%	50%

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- Coinsurance is the percentage paid by member after meeting the deductible.** Percentages shown within this table represent coinsurance amounts and are always subject to the deductible. Land of Lincoln Health is responsible for the remainder of the covered services.
- Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan.** Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.

- Includes room and board and some other additional charges.** After the first three days of copays, Land of Lincoln Health pays 100% of covered services for that hospital stay. Includes services provided for mental/behavioral health and substance use disorders.
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Illinois Health Partners

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LLHealth.org

Land of Lincoln Champion PPO Plans

Individual and Family Health Insurance Highlights

LAND OF LINCOLN CHAMPION PPO PLATINUM

	Champion Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$0 / \$0		\$5,000 / \$10,000
Coinsurance²	10%	40%	50%
Out-of-Pocket Maximum (individual/family) ³	\$4,000 / \$8,000		No Max
Primary Care Physician	\$5 copay / visit	\$40 copay / visit	50%
Specialist Visit	\$20 copay / visit	\$60 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$40 copay / visit	\$40 copay / visit	50%
Inpatient Hospital Stay⁴	\$100 copay / day, first 3 days	\$550 copay / day, first 3 days	50%
Outpatient Hospital Services⁵	10%	40%	50%
X-Rays & Labs	\$0 copay / visit	\$50 copay / visit	50%
Physical, Occupational & Speech Therapy	\$10 copay / visit	\$50 copay / visit	50%
Chiropractic	25%	25%	50%
Generic RX	\$4 copay / prescription	\$4 copay / prescription	50%
Preferred Brand RX	\$25 copay / prescription	\$25 copay / prescription	50%
Non-Preferred Brand RX	\$60 copay / prescription	\$60 copay / prescription	50%
Specialty RX	10%	10%	50%

★ LAND OF LINCOLN CHAMPION PPO GOLD

	Champion Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
	\$400 / \$800		\$6,000 / \$12,000
	20%	40%	50%
	\$4,800 / \$9,600		No Max
	\$15 copay / visit	\$45 copay / visit	50%
	\$40 copay / visit	\$60 copay / visit	50%
	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
	\$60 copay / visit	\$60 copay / visit	50%
	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%
	20%	40%	50%
	\$25 copay / visit	\$75 copay / visit	50%
	\$35 copay / visit	\$105 copay / visit	50%
	30%	30%	50%
	\$5 copay / prescription	\$5 copay / prescription	50%
	\$35 copay / prescription	\$35 copay / prescription	50%
	\$75 copay / prescription	\$75 copay / prescription	50%
	20%	20%	50%

- Copays are not subject to deductible.** Coinsurances are subject to deductible. The deductible for the Preferred Partner Network and Land of Lincoln Health In-Network Providers is integrated, meaning qualified payments made within either of those networks apply to that single deductible.
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- Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan.** Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.
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LLH Family Health Network Plan

Individual and Family Health Insurance Highlights

	LLH FAMILY HEALTH NETWORK SILVER 3100		
	FHN Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$3,100 / \$6,200		\$10,000 / \$20,000
Coinsurance ²	35%	45%	50%
Out-of-Pocket Maximum (individual/family) ³	\$6,600 / \$13,200		No Max
Primary Care Physician	\$25 copay / visit	\$60 copay / visit	50%
Specialist Visit	\$75 copay / visit	\$150 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$60 copay / visit	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$700 copay / day, first 3 days	\$1,550 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	35%	45%	50%
X-Rays & Labs	\$30 copay / visit	\$65 copay / visit	50%
Physical, Occupational & Speech Therapy	\$50 copay / visit	\$100 copay / visit	50%
Chiropractic	40%	40%	50%
Generic RX	\$10 copay / prescription	\$10 copay / prescription	50%
Preferred Brand RX	\$35 copay / prescription	\$35 copay / prescription	50%
Non-Preferred Brand RX	35%	35%	50%
Specialty RX	35%	35%	50%

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Presence Health Land of Lincoln Plans



PRESENCE HEALTH LAND OF LINCOLN PLATINUM PPO



PRESENCE HEALTH LAND OF LINCOLN GOLD PPO



PRESENCE HEALTH LAND OF LINCOLN SILVER PPO

Individual and Family Health Insurance Highlights

	Presence Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Presence Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Presence Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$0 / \$0		\$5,000 / \$10,000	\$400 / \$800		\$6,000 / \$12,000	\$3,000 / \$6,000		\$10,000 / \$20,000
Coinsurance ²	10%	30%	50%	20%	40%	50%	20%	45%	50%
Out-of-Pocket Maximum (individual/family) ³	\$4,500 / \$9,000		No Max	\$6,000 / \$12,000		No Max	\$6,600 / \$13,200		No Max
Primary Care Physician	\$5 copay / visit	\$40 copay / visit	50%	\$10 copay / visit	\$40 copay / visit	50%	\$20 copay / visit	\$45 copay / visit	50%
Specialist Visit	\$20 copay / visit	\$60 copay / visit	50%	\$40 copay / visit	\$75 copay / visit	50%	\$40 copay / visit	\$125 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$40 copay / visit	\$40 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$100 copay / day, first 3 days	\$550 copay / day, first 3 days	50%	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%	\$700 copay / day, first 3 days	\$1,550 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	10%	30%	50%	20%	40%	50%	20%	45%	50%
X-Rays & Labs	\$0 copay / visit	\$50 copay / visit	50%	\$15 copay / visit	\$60 copay / visit	50%	\$30 copay / visit	\$65 copay / visit	50%
Physical, Occupational & Speech Therapy	\$10 copay / visit	\$50 copay / visit	50%	\$35 copay / visit	\$105 copay / visit	50%	\$50 copay / visit	\$100 copay / visit	50%
Chiropractic	20%	20%	50%	30%	30%	50%	35%	35%	50%
Generic RX	\$4 copay / prescription	\$4 copay / prescription	50%	\$5 copay / prescription	\$5 copay / prescription	50%	\$10 copay / prescription	\$10 copay / prescription	50%
Preferred Brand RX	\$25 copay / prescription	\$25 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%
Non-Preferred Brand RX	\$60 copay / prescription	\$60 copay / prescription	50%	\$75 copay / prescription	\$75 copay / prescription	50%	20%	20%	50%
Specialty RX	10%	10%	50%	20%	20%	50%	20%	20%	50%

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3 Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan. Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.

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Swedish Covenant Land of Lincoln Plans



SWEDISH COVENANT LAND OF LINCOLN PLATINUM



SWEDISH COVENANT LAND OF LINCOLN GOLD



SWEDISH COVENANT LAND OF LINCOLN SILVER

	SCH Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	SCH Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	SCH Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$0 / \$0		\$5,000/\$10,000	\$400 / \$800		\$6,000/\$12,000	\$2,500 / \$5,000		\$10,000/\$20,000
Coinsurance ²	10%	40%	50%	20%	40%	50%	20%	45%	50%
Out-of-Pocket Maximum (individual/family) ³	\$4,000 / \$8,000		No Max	\$4,500 / \$9,000		No Max	\$6,600 / \$13,200		No Max
Primary Care Physician	\$5 copay / visit	\$50 copay / visit	50%	\$15 copay / visit	\$55 copay / visit	50%	\$25 copay / visit	\$50 copay / visit	50%
Specialist Visit	\$20 copay / visit	\$60 copay / visit	50%	\$50 copay / visit	\$75 copay / visit	50%	\$75 copay / visit	\$125 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$40 copay / visit	\$40 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$100 copay / day, first 3 days	\$500 copay / day, first 3 days	50%	\$400 copay / day, first 3 days	\$900 copay / day, first 3 days	50%	\$750 copay / day, first 3 days	\$1,550 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	10%	40%	50%	20%	40%	50%	20%	45%	50%
X-Rays & Labs	\$0 copay / visit	\$50 copay / visit	50%	\$25 copay / visit	\$75 copay / visit	50%	\$30 copay / visit	\$65 copay / visit	50%
Physical, Occupational & Speech Therapy	\$10 copay / visit	\$50 copay / visit	50%	\$35 copay / visit	\$105 copay / visit	50%	\$50 copay / visit	\$100 copay / visit	50%
Chiropractic	25%	25%	50%	30%	30%	50%	35%	35%	50%
Generic RX	\$4 copay / prescription	\$4 copay / prescription	50%	\$5 copay / prescription	\$5 copay / prescription	50%	\$10 copay / visit	\$10 copay / visit	50%
Preferred Brand RX	\$25 copay / prescription	\$25 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%
Non-Preferred Brand RX	\$60 copay / prescription	\$60 copay / prescription	50%	\$75 copay / prescription	\$75 copay / prescription	50%	20%	20%	50%
Specialty RX	10%	10%	50%	20%	20%	50%	20%	20%	50%

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Swedish Covenant Hospital

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CO-OptionsSM Land of Lincoln **National Elite**, A Multi-State Plan

Individual and Family Health Insurance Highlights



CO-OPTIONSSM LAND OF LINCOLN NATIONAL ELITE GOLD— A MULTI-STATE PLAN

	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$500 / \$1,000	\$5,000 / \$10,000
Coinsurance ²	25%	50%
Out-of-Pocket Maximum (individual/family) ³	\$3,350/\$6,700	No Max
Primary Care Physician	\$20 copay / visit	50%
Specialist Visit	\$75 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$750 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	25%	50%
X-Rays & Labs	\$30 copay / visit	50%
Physical, Occupational & Speech Therapy	\$65 copay / visit	50%
Chiropractic	25%	50%
Generic RX	\$10 copay / prescription	50%
Preferred Brand RX	\$35 copay / prescription	50%
Non-Preferred Brand RX	\$75 copay/prescription	50%
Specialty RX	25%	50%



CO-OPTIONSSM LAND OF LINCOLN NATIONAL ELITE SILVER— A MULTI-STATE PLAN

	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$3,750 / \$7,500	\$8,000 / \$16,000
Coinsurance ²	30%	50%
Out-of-Pocket Maximum (individual/family) ³	\$6,400/\$12,800	No Max
Primary Care Physician	\$30 copay / visit	50%
Specialist Visit	\$60 copay / visit	50%
ER	\$500 copay / visit	\$500 copay / visit
Urgent Care	\$60 copay / visit	50%
Inpatient Hospital Stay ⁴	\$750 copay / day, first 3 days	50%
Outpatient Hospital Services ⁵	30%	50%
X-Rays & Labs	\$50 copay / visit	50%
Physical, Occupational & Speech Therapy	\$100 copay / visit	50%
Chiropractic	30%	50%
Generic RX	\$10 copay / prescription	50%
Preferred Brand RX	\$35 copay / prescription	50%
Non-Preferred Brand RX	30%	50%
Specialty RX	30%	50%

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Land of Lincoln Freedom PPO Plans



LAND OF LINCOLN FREEDOM PPO GOLD



LAND OF LINCOLN FREEDOM PPO SILVER



LAND OF LINCOLN FREEDOM PPO BRONZE

	Freedom Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Freedom Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Freedom Preferred Partner Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$500 / \$1,000		\$6,000 / \$12,000	\$4,250 / \$8,500		\$10,000 / \$20,000	\$5,500 / \$11,000		\$15,000 / \$30,000
Coinsurance ²	25%	25%	50%	30%	30%	50%	40%	50%	50%
Out-of-Pocket Maximum (individual/family) ³	\$3,500 / \$7,000		No Max	\$6,200 / \$12,400		No Max	\$6,500 / \$13,000		No Max
Primary Care Physician	\$15 copay / visit	\$30 copay / visit	50%	\$25 copay / visit	\$50 copay / visit	50%	\$35 copay / visit (first 3 visits); then coinsurance	50%	50%
Specialist Visit	\$60 copay / visit	\$120 copay / visit	50%	\$50 copay / visit	\$100 copay / visit	50%	40%	50%	50%
ER	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	\$500 copay / visit	40%	40%	40%
Urgent Care	\$60 copay / visit	\$60 copay / visit	50%	\$60 copay / visit	\$60 copay / visit	50%	40%	40%	50%
Inpatient Hospital Stay ⁴	\$650 copay / day, first 3 days	\$1,300 copay / day, first 3 days	50%	\$650 copay / day, first 3 days	\$1,300 copay / day, first 3 days	50%	40%	50%	50%
Outpatient Hospital Services ⁵	25%	25%	50%	30%	30%	50%	40%	50%	50%
X-Rays & Labs	\$25 copay / visit	\$50 copay / visit	50%	\$40 copay / visit	\$80 copay/visit	50%	40%	50%	50%
Physical, Occupational & Speech Therapy	\$50 copay / visit	\$100 copay / visit	50%	\$75 copay / visit	\$150 copay/visit	50%	40%	50%	50%
Chiropractic	25%	25%	50%	30%	30%	50%	45%	45%	50%
Generic RX	\$10 copay / prescription	\$10 copay / prescription	50%	\$10 copay / prescription	\$10 copay / prescription	50%	40%	40%	50%
Preferred Brand RX	\$35 copay / prescription	\$35 copay / prescription	50%	\$35 copay / prescription	\$35 copay / prescription	50%	40%	40%	50%
Non-Preferred Brand RX	\$75 copay / prescription	\$75 copay / prescription	50%	30%	30%	50%	40%	40%	50%
Specialty RX	25%	25%	50%	30%	30%	50%	40%	40%	50%

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4 Includes room and board and some other additional charges. After the first three days of copays, Land of Lincoln Health pays 100% of covered services for that hospital stay. Includes services provided for mental/behavioral health and substance use disorders.

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Land of Lincoln Preferred HSA-Compatible PPO Plan

Individual and Family Health Insurance Highlights

★ LAND OF LINCOLN PREFERRED HSA-COMPATIBLE PPO GOLD

👑 LAND OF LINCOLN PREFERRED HSA-COMPATIBLE PPO SILVER

● LAND OF LINCOLN PREFERRED HSA-COMPATIBLE PPO BRONZE

	Land of Lincoln Health In-Network Providers	Out-of-Network	Land of Lincoln Health In-Network Providers	Out-of-Network	Land of Lincoln Health In-Network Providers	Out-of-Network
Deductible (individual/family) ¹	\$1,350 / \$2,700	\$5,000 / \$10,000	\$1,500 / \$3,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$12,000 / \$24,000
Coinsurance ²	20%	50%	30%	50%	40%	50%
Out-of-Pocket Maximum (individual/family) ³	\$2,550 / \$5,100	No Max	\$6,450 / \$12,900	No Max	\$6,450 / \$12,900	No Max
Primary Care Physician	20%	50%	30%	50%	40%	50%
Specialist Visit	20%	50%	30%	50%	40%	50%
ER	20%	20%	30%	30%	40%	40%
Urgent Care	20%	50%	30%	50%	40%	50%
Inpatient Hospital Stay⁴	20%	50%	30%	50%	40%	50%
Outpatient Hospital Services⁵	20%	50%	30%	50%	40%	50%
X-Rays & Labs	20%	50%	30%	50%	40%	50%
Physical, Occupational & Speech Therapy	20%	50%	30%	50%	40%	50%
Chiropractic	20%	50%	30%	50%	40%	50%
Generic RX	20%	50%	30%	50%	40%	50%
Preferred Brand RX	20%	50%	30%	50%	40%	50%
Non-Preferred Brand RX	20%	50%	30%	50%	40%	50%
Specialty RX	20%	50%	30%	50%	40%	50%

- Copays are not subject to deductible.** Coinsurances are subject to deductible. The deductible for the Preferred Partner Network and Land of Lincoln Health In-Network Providers is integrated, meaning qualified payments made within either of those networks apply to that single deductible.
 - Coinsurance is the percentage paid by member after meeting the deductible.** Percentages shown within this table represent coinsurance amounts and are always subject to the deductible. Land of Lincoln Health is responsible for the remainder of the covered services.
 - Out-of-pocket maximum is the most you will ever have to pay in the plan year for covered services under a specific plan.** Deductibles, coinsurance and copays in either the Preferred Partner Network or with Land of Lincoln Health In-Network Providers all apply to your out-of-pocket maximum.
 - Includes room and board and some other additional charges.** After the first three days of copays, Land of Lincoln Health pays 100% of covered services for that hospital stay. Includes services provided for mental/behavioral health and substance use disorders.
 - May include an outpatient clinic or same-day surgery center.** Also includes services provided for mental/behavioral health and substance use disorders. All Prescription Drug Benefits listed are for a 34-day supply. Copay for 90-day mail order prescriptions is 2½ times the 34-day retail copay. Coinsurance for mail order is the same as retail. To help you save money, mail order is mandatory after the first three retail fills.
- Land of Lincoln Mutual Health Insurance Company ("Land of Lincoln Health") is offering individual and family health insurance plans described herein. This brochure is distributed for marketing purposes and is not your certificate of insurance coverage. Some health care services will require precertification. If there is any difference between this brochure and the certificate of coverage, the provisions of the certificate of coverage will control. For more information on Land of Lincoln Health, call 844-674-3834 or visit LLHealth.org. All Small Business and Individual Plans sold through the Marketplace are considered QHPs (Qualified Health Plans) as determined by the Affordable Care Act.



GET STARTED

Questions? Here are three tips to help you get started with Land of Lincoln Health.

- 1** See if you qualify for help paying your monthly premium.

Visit LLHealth.org/Subsidy

- 2** How do I find the right plan?

Our website is the easiest way to get started. You can shop by zip code, coverage type, monthly costs and more.

Visit LLHealth.org/Plans or you can call us at 844-674-3834

- 3** How do I enroll?

Once you find your plan, enrollment is easy. Just call or visit us online.

Visit LLHealth.org/Enroll or call us at 844-674-3834

Still have **Questions?** ▶

You'll find the answers you need online or by contacting an enrollment specialist.

Visit: **LLHealth.org** or call and talk to an expert: **844-674-3834**

We've dropped our prices up to 30%¹

Questions? Call One of Our Experts Today: ▶ **844-674-3834**

Visit Our **Website** for More Information: ▶ **LLHealth.org**

Like Our **Facebook** Page and Stay Connected:  **Facebook.com/LandofLincolnHealth**

Join Us on **Twitter** and Get the Latest Updates:  **Twitter.com/LLHInsured**



¹ Based on a comparison between equivalent 2014 and 2015 Land of Lincoln Health Plans.