

# Your Benefits at a Glance



## Sisters of Charity of Cincinnati

Effective January 1, 2026



Hello humankindness®

## ***Benefits that work for you!***

CommonSpirit Health works with an extensive network of doctors, hospitals and pharmacies across the country to make comprehensive medical and prescription drug coverage readily available to you.

This guide is for locations that participate in the CommonSpirit Health Medical Plan managed by Blue Cross Blue Shield of Illinois. Use this guide to better understand the benefits available to you and your family.

### Ohio

- Sisters of Charity of Cincinnati

You can learn about and manage the various aspects of your benefits at [chibenefitplans.net](https://chibenefitplans.net), or call your local Human Resource office.

## ***The CommonSpirit Health Medical Plan Overview***

**You have three levels of coverage based on the provider you choose for services:**

- **CommonSpirit Health National Network (Enhanced):** The enhanced network includes CommonSpirit providers, all contracted Clinically Integrated Network Providers and all CommonSpirit Health facilities. The CommonSpirit Health National Network will also include select professional providers within the BlueCross BlueShield (BCBS) National PPO network and Blue Distinction Center facilities. You receive the highest level of benefits when you go to one of these providers or facilities in our enhanced network level.
- **In-network:** You will receive the in-network benefit level if you see a medical provider from the Blue Cross Blue Shield National PPO network not included in the above enhanced list. By using in-network providers, you receive discounted coverage, but not as discounted as the enhanced network.
- **Out-of-network:** Providers who are not in our networks are considered out-of-network providers. You may see an out-of-network provider, but you may pay more out of pocket because there is no contracted rate for these providers.

To find a CommonSpirit Health National Network physician near you, check the Blue Cross Blue Shield of Illinois website at [bcbsil.com/csh](https://bcbsil.com/csh) and search the phrase “CommonSpirit Health National Network (CHNN)” or or call the CommonSpirit Health Medical Plan Customer Service Team toll-free at (866) 776-4244. When making an appointment with your physician, you should verify that your physician is still part of the Blue Cross Blue Shield CommonSpirit Health National Network (CHNN) or PPO network.

## **Your Costs**

The employee payroll deduction amounts for our plan are listed on a separate document in your benefit materials. To determine your share of the cost when receiving medical care, refer to the benefit option comparison chart that starts on page 3 of this booklet.

## ***Information Is Just a Click Away — Blue Access for Members***

You can access up-to-date, confidential information about your health care information 24 hours a day, seven days a week.

Log on to the Blue Cross Blue Shield of Illinois website at [bcbsil.com/csh](https://bcbsil.com/csh) to:

- Review your claims status and claims history
- Receive emails when claims are finalized
- Locate a physician or hospital in the Blue Cross Blue Shield CommonSpirit Health National Network (CHNN) or the PPO network
- Confirm who is covered under your plan
- View and print your explanation of benefits statements
- Opt out of receiving paper explanation of benefits statements
- Get information about the cost of medical services

Blue Cross Blue Shield of Illinois protects the privacy of your personal information. When you enter Blue Access for the first time, you will be prompted to set up your password. The password will give you immediate, secure access to your personal information.

## ***Some Services Require Pre-Certification***

To receive the greatest benefits, you must pre-certify the following types of care:

- Inpatient hospital stays (emergency and elective)
- Maternity stays
- Skilled nursing facility/extended care facility stays
- Residential treatment facility
- Home health care
- Mental health/chemical dependency care (inpatient and partial hospitalization)
- Private duty nursing

The following services must be pre-certified within two business days of admission:

- Emergency inpatient hospital stays
- Maternity stays

Call the CommonSpirit Health Medical Plan Customer Service Team at (866) 776-4244 at least one business day prior to service to pre-certify care. For emergency or maternity admissions, call within two business days after admission. If you fail to pre-certify, benefits may be reduced by \$500.

Administered By:  
Blue Cross Blue Shield of Illinois  
[bcbsil.com/csh](http://bcbsil.com/csh)  
(866) 766-4244

	STANDARD HEALTH PLAN		STANDARD HDHP	
The amounts listed in this chart are the amounts you will pay when receiving services. For Out-of-Network benefits see the Summary Plan Description (SPD)	CommonSpirit Health National Network (Enhanced)	In-Network	CommonSpirit Health National Network (Enhanced)	In-Network
Deductible – The amount you pay for certain covered services before the plan begins to pay its share				
Annual Deductible				
Individual	\$500	\$1,750	\$3,400	
Family	\$1,000	\$3,500	\$6,800	
Out-of-Pocket Maximum – The most you pay for covered expenses in a year, including deductibles, copays and coinsurance				
Calendar Year Out-of-Pocket Maximum				
Individual	\$3,750		\$4,500	
Family	\$7,500		\$9,000	
Preventive Care Services	100% covered		100% covered	
Copay – A fixed dollar amount you pay each time you receive certain covered services				
Coinsurance – The percentage of the cost that you pay for other covered services				
Office Visit – Primary Care	15% coinsurance (no deductible)	25% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Office Visit – Specialist	20% coinsurance (no deductible)	30% coinsurance (no deductible)	20% coinsurance (after deductible)	25% coinsurance (after deductible)
Emergency Room Visit (waived if admitted)	\$200 copay (no deductible)		\$200 copay (after deductible)	
Urgent Care Visit	\$75 copay (no deductible)		\$75 copay (after deductible)	
Ambulance** (medically necessary)	100% covered (no deductible)		100% covered (after deductible)	

	STANDARD HEALTH PLAN		STANDARD HDHP	
The amounts listed in this chart are the amounts you will pay when receiving services. For Out-of-Network benefits see the Summary Plan Description (SPD)	CommonSpirit Health National Network (Enhanced)	In-Network	CommonSpirit Health National Network (Enhanced)	In-Network
<b>Inpatient and Outpatient Care/Services</b>	15% coinsurance (after deductible)	30% coinsurance (after deductible)	15% coinsurance (after deductible)	25% coinsurance (after deductible)
<b>Chiropractor (20 visit limit per person per year)</b>				
<b>Therapy — Physical, Occupational and Speech</b> (30 visit limit per person per year, does not apply to enhanced network)				
<b>Mental and Nervous</b>	15% coinsurance (no deductible)	25% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Office Visit		30% coinsurance (no deductible)		25% coinsurance (after deductible)
Inpatient and Outpatient Facility				
<b>Other Covered Services</b>	15% coinsurance (after deductible)	30% coinsurance (after deductible)	15% coinsurance (after deductible)	25% coinsurance (after deductible)
**Most ambulance services are out of network. You may be billed for amounts over the allowed charges.				

PHARMACY			
<b>Plan Administered By:</b>		<b>Website:</b>	<b>Phone Number:</b>
Capital Rx		<a href="https://enrollment.cap-rx.com/chi">https://enrollment.cap-rx.com/chi</a>	(844) 306-6254
<b>Specialty Pharmacy Administered By:</b>		<b>Website:</b>	<b>Phone Number:</b>
CommonSpirit Health Specialty Pharmacy		<a href="https://dignityhealth.org/arizona/locations/stjosephs/services/pharmacy">dignityhealth.org/arizona/locations/stjosephs/services/pharmacy</a>	(888) 294-8348
<b>Both medical options have the same prescription drug copays and coinsurance.</b>			
<b>They differ in how the deductible works for pharmacy.</b>			
<ul style="list-style-type: none"><li>• If you have the <b>Standard Health Plan</b>, you will pay the copays and coinsurance even if you have not met your medical plan deductible.</li><li>• If you have the <b>Standard HDHP Plan</b>, you will pay the full cost of prescription drugs until you meet the medical plan deductible. The cost of your prescriptions applies to the deductible.</li></ul>			
<b>All copays and coinsurance apply to the medical plan in-network out-of-pocket maximum.</b>			
<b>Remember, you may receive up to a 50% discount on copays and coinsurance when you fill your prescription at a CommonSpirit Health Pharmacy.</b>			
	<b>Prescription Levels</b>		
<b>The amounts listed in this chart are the amounts you will pay for prescriptions.</b>	<b>Generic</b>	<b>Preferred Brand Formulary</b>	<b>Non-Preferred Brand Non-Formulary</b>
<b>Note:</b> The medical plan deductible is the amount you pay for certain covered services before the plan begins to pay its share. If you have the <b>Standard HDHP plan, you will pay the full cost of your prescription drugs until you meet the medical plan deductible.</b>			
<b>CommonSpirit Health Pharmacy (if available)</b>			
<b>Retail 30-day Prescription</b>	\$5 copay	15% coinsurance (\$20 min/\$55 max)	25% coinsurance (\$32.50 min/\$80 max)
<b>Home Delivery 90-day Prescription</b>	\$12.50 copay	15% coinsurance (\$50 min/\$87.50 max)	25% coinsurance (\$80 min/\$162.50 max)
<b>Capital Rx Pharmacy Network</b>			
<b>Retail 30-day Prescription</b>	\$10 copay	30% coinsurance (\$40 min/\$110 max)	50% coinsurance (\$65 min/\$160 max)
<b>Home Delivery 90-day Prescription</b>	\$25 copay	30% coinsurance (\$100 min/\$175 max)	50% coinsurance (\$160 min/\$325 max)
<b>Please note:</b>			
<ul style="list-style-type: none"><li>• If you fill a brand-name prescription when there is a generic equivalent available, you will pay the brand-name prescription coinsurance plus the difference between the generic and brand-name amount.</li><li>• Maintenance prescriptions, such as blood pressure medication, must be filled using the home delivery pharmacy or a CommonSpirit Health Pharmacy. You can fill a new maintenance medication prescription up to three times at a retail pharmacy before you are required to use home delivery or a CommonSpirit Health Pharmacy.</li></ul>			

## ***Prescription Drug Management Programs for Your Safety***

### **Prior Authorization (PA)**

Our medical plan provides coverage for the following drugs only if they are prescribed for certain uses. A drug may be subject to prior authorization if it has the potential for misuse, abuse or adverse side effects. To obtain prior authorization, your pharmacist or physician may initiate the review process by calling Capital Rx at (844) 306-6254. If prior authorization is not obtained, the prescription will be rejected at the point of sale.

Drugs that require prior authorization\*:

- GLP-1 (diabetic agents) - Mounjaro, Ozempic
- Rheumatoid Arthritis - Enbrel, Adalimumab (Humira biosimilar)
- Migraine - Nurtec, Ubrovelvy

\*Drugs included in the list above are only examples and are not all inclusive. Check with Capital Rx for more detail.

### **Quantity Limitations (QL)**

Some medications are covered only in certain quantities. In addition, the covered quantity may be limited to certain time periods. The limits on these medications are based on treatment guidelines that are considered reasonable, safe and effective.

In cases where your prescription exceeds the quantity limit and you and your physician feel that additional quantities are medically necessary, your physician can call Capital Rx at (844) 306-6254. Your physician will be asked to provide additional information to determine whether your particular circumstances meet the criteria for additional quantities.

### **Step Therapy (ST)**

Step therapy requires that you try one or more of the preferred drugs before coverage for a more expensive alternative is approved. It works to make sure you get the safest, most effective and reasonably-priced drug available.

Drugs that require Step Therapy\*:

- Hypnotics (sleep agents) — Belsomra
- Continuous Glucose Monitors - Dexcom G5, G6, G7
- Behavioral Health - Trintellix, Vraylar

\*Drugs included in the list above are only examples and are not all inclusive. Contact Capital Rx for more detail.

## ***Exclusions***

Some medical treatments and prescription drugs are excluded under our medical plan. For detailed information, please refer to the summary plan description or call Capital Rx at 844.306.6254.

## Help for Managing Diabetes

### Livongo Diabetes Care Program

- Free to you as part of the Medical Plan
- Livongo advanced blood glucose meter
- Unlimited strips and lancets
- One-on-one coaching about nutrition or lifestyle changes

To get started, visit [start.livongo.com](https://start.livongo.com) or call the Livongo Team at (800) 945-4355.

Use registration code: CHI

## We Can Help You

Refer to the information below to contact an experienced team of customer service professionals with questions about:

### CommonSpirit Health Medical Plan Customer Service Team

BCBSIL  
(866) 776-4244  
[bcbsil.com/csh](https://bcbsil.com/csh)

- CommonSpirit Health National Network
- Blue Cross Blue Shield's PPO network
- Claims payment
- Any aspect of our medical plan

### CommonSpirit Health Pharmacy Plan

Capital Rx  
(844) 3066254

<https://enrolment.cap-rx.com/chi>

- Pharmacy network
- The Capital Rx prescription drug mail order service
- List of drugs on the formulary
- Prescription drug management programs
- Claims payment