

Medical, Dental & Vision Plan Options



PREPARED FOR: University of Illinois

EFFECTIVE DATE: 1/1/26

VitalCare MEC + National Base



Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly	\$0	\$165	\$152	\$312
Medical Benefits		VitalCare + National Base		
Preventive / Wellness Services		Covered 100%		
Primary Care		\$25 Copay		
Specialist Visits		\$25 Copay		
Urgent Care		\$50 Copay		
Laboratory Services / X-Rays		\$50 Copay		
Prescription Drug Benefits				
Copay by Drug Tier		\$15 / \$30 / \$50 / \$75		
Virtual Health Program				
24/7 Virtual Urgent Care		\$0 Copay		
Virtual Behavioral Health		\$0 Copay		
Discount Companion Card				
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more		Discount Card		
Hospital Indemnity Benefits		National Base <i>(fixed reimbursements)</i>		
Hospital Admission		\$2,000 3x/year		
Hospital Confinement		\$50 per day 30x/year		
Inpatient Surgery		\$1,000 1x/year		
Outpatient Surgery (Hospital/Physician)		\$250/\$75 1x/year		
Emergency Room		\$500/ 1x per year		
Emergency Transportation (Ground/Air)		-		

Hospital Indemnity benefits can help pay for out-of-pocket costs associated with being hospitalized in addition to your medical coverage and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. **Payments are made directly to you, even if you did not actually incur any out-of-pocket expenses.**

Accessing Your Plan

Find a Provider:

- [Access Provider Lookup](#)

Access Prescriptions:

- [Member Portal](#)

Download Health Wallet Member App:

- Access Virtual Health Program (Recuro)
- View ID Card, EOBS, Benefit Information and more..



WELLNESS & PREVENTIVE SERVICES

100% COVERED SERVICES

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

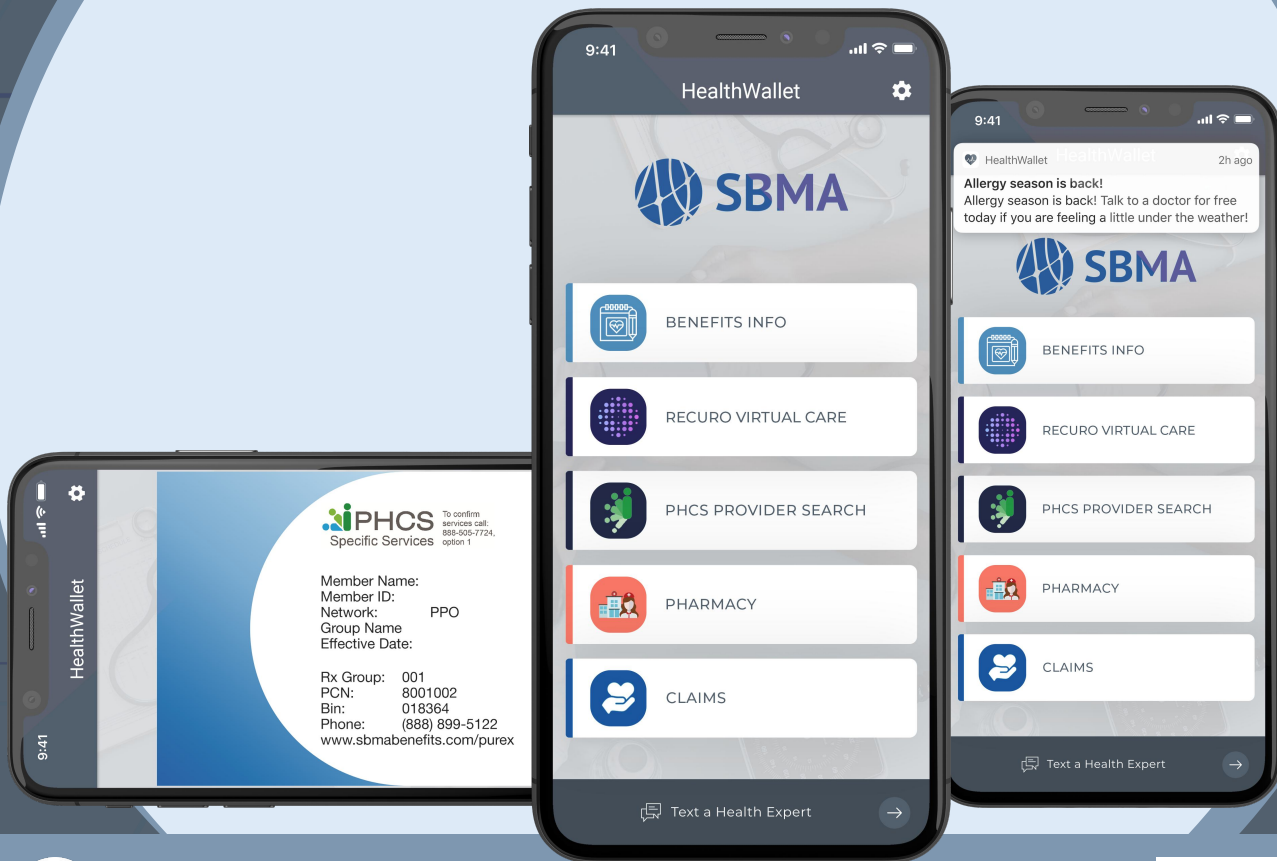
- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal; Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits



HealthWallet

HOW TO LOGIN TO HealthWallet



In HealthWallet you'll have access to

- Digital ID Cards
- Explanations of Benefits
- Provider Searches
- Prescription Benefits
- Virtual Care Options
- and more

- ♥ Type in get.thehealthwallet.com in your browser on your phone
- ♥ Download the app that the above web address brings you to
- ♥ Open "the Health Wallet App"
- ♥ To Login, Choose your login option instructed by your benefit plan.
- ♥ Access your Health Wallet Services & Features.

If you need assistance with the HealthWallet app please call us at
1-866-918-7735 or email us at support@thehealthwallet.com.

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Dental – save up to 50%

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.



Vision – save up to 50%

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.



MRI & Imaging – save up to 75%

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide.



Vitamins – save 5%

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.



Hearing – save up to 70%

Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.



Diabetic Care Services – save up to 70%

A full line of diabetes testing supplies are delivered directly to the member's home.



Lab – save up to 50%

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48–96 hours.



Daily Living Products – save up to 10%

A wide range of medical supplies, safety equipment, and health products are delivered directly to the member's home at discounted rates

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4. Fill out your information
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DISCOUNTS AT YOUR FINGERTIPS!

TELEMEDICINE



Our telemedicine benefit provides you and your family access to board certified physicians around the clock **(24/7/365)** via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000*. With this benefit, there is no cost to you or your family for a consultation.

COMMON CONDITIONS TREATED

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Headache
- Gastroenteritis
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

TALK TO A DOC TOR ANYTIME DAY OR NIGHT... FOR FREE.

BEHAVIORAL HEALTH



Our Behavioral Health Benefit makes it easy to receive therapy and counseling from the comfort and privacy of your own home or office. It can be difficult to wait days or weeks until your next appointment. Speak with one of our licensed psychiatrists or therapists online or by app.

We provide care for many of the most common behavioral health concerns with the added benefits of privacy and convenience.

COMMON CONDITIONS TREATED

- Abuse
- Codependency
- Domestic Violence
- OCD
- Addiction
- Conduct Disorder
- Eating Disorders
- Parenting Issues
- ADHD/ADD
- Cognitive Behavioral
- Grief & Loss
- Relationships
- Anger Management Therapy
- LGBT Issues
- Sexuality
- Anxiety & Stress
- Depression & Mood
- Med. Management
- Trauma & PTSD
- Bipolar Disorder
- Divorce
- Men's & Women's Issues
- And more

THERAPY & COUNSELING FROM HOME

ANCILLARY

DENTAL & VISION



Offered as an add-on to MEC or MV plan offerings.

Preventive Dental



Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly	\$22.38	\$42.42	\$39.87	\$66.51
Benefits		In Network	Out of Network	
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers		100%	100%	
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants		-	-	
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants		-	-	
Annual Maximum (per person)		\$1,000	\$1,000	
Annual Deductible Per Person Family Maximum		None None	None None	

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.



Provider Lookup

Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html> Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO Search by Current Location: No, Enter Zip Code | Find Dentists



Member Portal :

- Visit [DeltaDentalNJ.com](https://www.deltadental.com/us/en/member/find-a-dentist.html); click "Sign In or Register" on the top right corner of the homepage.
- Click "Register Now" and enter your contact information.



Customer Service:

- Call : 1-800-452-9310



Comprehensive Dental



Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly	\$49.89	\$99.67	\$94.32	\$152.54
Benefits		In Network	Out of Network	
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers		100%	100%	
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants		80%	50%	
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants		50%	50%	
Annual Maximum (per person)		\$1,500	\$1,500	
Annual Deductible Per Person Family Maximum		\$50 \$150	\$100 \$300	

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.



Provider Lookup

Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html> Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO Search by Current Location: No, Enter Zip Code | Find Dentists



Member Portal :

- Visit [DeltaDentalNJ.com](https://www.deltadental.com/us/en/member/find-a-dentist.html); click "Sign In or Register" on the top right corner of the homepage.
- Click "Register Now" and enter your contact information.



Customer Service:

- Call : 1-800-452-9310



Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly	\$9.95	\$19.90	\$20.90	\$34.85
Benefits		In Network		
Exam/lens/frame frequency (months)		12/12/24		
Contacts (in lieu of glasses)		12		
In Network Coverage				
Eye Exam Copay		\$10		
Materials Copay		\$25		
Frame allowance		\$130 \$70 Walmart/Sam’s Club/Costco frame allowance		
Elective contact lens allowance		\$130		
Necessary contact lenses		Covered in full after copay		
Contact lens fit/evaluation copay		\$60		
Both frames and contacts in same year		No; allows contacts in lieu of frames		
Out of Network Coverage				
Examination, up to:		\$45		
Single vision lenses, up to:		\$30		
Bifocal lenses, up to:		\$50		
Trifocal lenses, up to:		\$65		
Progressive lenses, up to:		\$50		
Lenticular lenses, up to:		\$100		
Frames, up to:		\$70		
Elective contact lenses, up to:		\$105		
Necessary contact lenses, up to:		\$210		
Lens Enhancements (Member Cost)*				
Anti-glare coating		\$41 single/\$41 multifocal		
Impact - resistant lenses - adult		\$31 single/\$35 multifocal (covered for children)		
Progressive lenses		Standard progressive lenses are covered		
Light-reactive lenses		\$75 single vision/\$75 multifocal		
Scratch resistant coating		\$17 single vision/\$17 multifocal		



Provider Lookup

Visit: <https://www.vsp.com/eye-doctor>

Search by Location, Office Name, or Doctor Name



Member Portal :

- Visit [DeltaDentalNJ.com](https://www.deltadentalnj.com); click "Sign In or Register" on the top right corner of the homepage.
- Click "Register Now" and enter your contact information.



Customer Service:

- Call : 1-800-877-7195



help^{RX}

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- ✓ Stimulates insulin release and reduces glucose production
- ✓ Slows digestion to help you feel full longer
- ✓ Reduces appetite and supports healthy weight loss

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