Looking for Health and Wellness Information? Try:

Blue Cross & Blue Shield of Illinois: www.bcbsil.com WebMD: www.mywebmd.com Mayo Clinic: www.mayoclinic.com Healthfinder: www.healthfinder.gov Women's Health: www.ivillage.com

Medical and Prescription Drugs Benefits are insured by:

Plan Effective Date:	Retiree PPO Under Age 65		Retiree PPO Age 65+	
January 1, 2024	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network
PCP Office Visit Specialist Office Visit	\$20 Copay \$40 Copay	60% after Deductible 60% after Deductible	80% after Deductible 80% after Deductible	60% after Dec 60% after Dec
Deductible Individual Family	\$500 \$1,000	\$1,500 \$3,000	\$500 \$1,000	\$1,500 \$3,000
Coinsurance	Plan Pays 80%	Plan Pays 60%	Plan Pays 80%	Plan Pays
Out-of-Pocket Maximum Individual (Includes Deductible) Family (Includes Deductible)	\$1,800 \$3,600	\$5,400 \$10,800	\$2,300 \$4,600	\$6,900 \$13,800
Retail Prescription Drugs Generic Formulary Brand Formulary Non-Formulary	30 Day Supply (100 un \$10 \$30 \$50	it maximum x 2 copays) \$10 plus 25% Coinsurance \$35 plus 25% Coinsurance \$50 plus 25% Coinsurance	<i>30 Day Supply</i> Preferred Generic \$0 / Generic \$5 Preferred Brand \$20 / Non-Preferred S Specialty \$55	
Mail Order Prescription Drugs Generic Formulary Brand Formulary Non-Formulary	90 Day \$10 \$30 \$50	Supply N/A N/A N/A	90 Day Supply Preferred Generic \$0 / Generic \$10 Preferred Brand \$40 / Non-Preferred S Specialty \$110	
Preventive Care (Includes): Health Ed/Counseling Services, Immunizations, Routine Bone Density Test, Routine Breast Exam, Routine Colonoscopy, Routine Colorectal Cancer Screening-Lab, Routine Digital Rectal Exam, Routine Gynecological Exam, Routine Lab Procedures, Routine Mammogram, Routine Pap Smear, Routine Physical Exam, Routine Prostate Test, Smoking Cessation Program	100%, no copay Benefit includes 1st mammogram per year regardless of diagnosis. Mammograms thereafter with a routine diagnosis, will be covered at 100%. Mammograms thereafter with a medical diagnosis, will be subject to normal deductibles and co-insurance levels.		100%, no copay Benefit includes 1st mammogram per year regard diagnosis. Mammograms thereafter with a rout diagnosis, will be covered at 100%. Mammograms thereafter with a medical diagno will be subject to normal deductibles and co-insurance levels.	
Diagnostic Lab and X-Ray	80% after Deductible	60% after Deductible	80% after Deductible	60% after Dec
Outpatient Surgery	80% after Deductible	60% after Deductible	80% after Deductible	60% after Dec
Hospital Services (In-Patient)	80% after Deductible (Pre-Cert required)	60% after Deductible	80% after Deductible (Pre-Cert required)	60% after Dec
Out-Patient Services	80% after Deductible	60% after Deductible	80% after Deductible	60% after Dec
Maternity Services	80% after Deductible	60% after Deductible	80% after Deductible	60% after Dec
Emergency Room Services	80% after Deductible	80% after Deductible	80% after Deductible	80% after Dec
Mental/Nervous/Sub. Abuse InPatient OutPatient	80% after Deductible 80% after Deductible	60% after Deductible 60% after Deductible	80% after Deductible 80% after Deductible	60% after Dec 60% after Dec
Chiropractic	80% after Deductible \$1000 ann max on manipulations Other Chiro services, no max.	60% after Deductible	80% after Deductible \$1000 ann max on manipulations Other Chiro services, no max.	60% after Dec

PHYSICIAN NETWORK ACCESS:

LOG ONTO: WWW.BCBSIL.COM

Click onto "Provider Finder". Under the "Group Products" choose "PPO (Participating Provider Option)". Search for Providers by your home zip code, provider specialty or provider name.



BlueCross BlueShield of Illinois

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Network Benefits	Non-Network Benefits			
80% after Deductible 80% after Deductible	60% after Deductible 60% after Deductible			
\$500 \$1,000	\$1,500 \$3,000			
Plan Pays 80%	Plan Pays 60%			
\$2,300 \$4,600	\$6,900 \$13,800			
30 Day Preferred Generic Preferred Brand \$20 Specia	c \$0 / Generic \$5 / Non-Preferred \$35			
90 Day Supply Preferred Generic \$0 / Generic \$10 Preferred Brand \$40 / Non-Preferred \$70 Specialty \$110				
 100%, no copay 60% after Deductible Benefit includes 1st mammogram per year regardless of diagnosis. Mammograms thereafter with a routine diagnosis, will be covered at 100%. Mammograms thereafter with a medical diagnosis, will be subject to normal deductibles and co-insurance levels. 				
 80% after Deductible 80% after Deductible 80% after Deductible (Pre-Cert required) 80% after Deductible 80% after Deductible 80% after Deductible 	60% after Deductible 60% after Deductible 60% after Deductible 60% after Deductible 60% after Deductible 80% after Deductible			
80% after Deductible 80% after Deductible 80% after Deductible \$1000 ann max on manipulations Other Chiro services, no max.	60% after Deductible 60% after Deductible 60% after Deductible			

The Benefit guide only highlights the benefits available. For a more complete description, see the Summary Plan Descriptions. If any conflict should arise between this summary and the Summary Plan Description, the Summary Plan Description will govern in all cases.