

## Looking for Health and Wellness Information? Try:

Blue Cross & Blue Shield of Illinois: [www.bcbsil.com](http://www.bcbsil.com)

## PHYSICIAN NETWORK ACCESS:

LOG ONTO: [WWW.BCBSIL.COM](http://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.

Medical and Prescription Drugs Benefits are insured by:



Plan Effective Date: January 1, 2025	Retiree PPO Under Age 65		Retiree PPO Age 65+	
	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits
<b>PCP Office Visit</b>	\$20 Copay	60% after Deductible	80% after Deductible	60% after Deductible
<b>Specialist Office Visit</b>	\$40 Copay	60% after Deductible	80% after Deductible	60% after Deductible
<b>Deductible</b>				
Individual	\$1,000	\$3,000	\$500	\$1,500
Family	\$2,000	\$6,000	\$1,000	\$3,000
<b>Coinsurance</b>	Plan Pays 80%	Plan Pays 60%	Plan Pays 80%	Plan Pays 60%
<b>Out-of-Pocket Maximum</b>				
Individual (Includes Deductible)	\$4,000	\$12,000	\$2,300	\$6,900
Family (Includes Deductible)	\$8,000	\$24,000	\$4,600	\$13,800
<b>Retail Prescription Drugs</b>	<b>30 Day Supply (100 unit maximum x 2 copays)</b>		<b>30 Day Supply</b>	
Generic Formulary	\$10	\$10 plus 25% Coinsurance	Preferred Generic \$0 / Generic \$5	
Brand Formulary	\$30	\$35 plus 25% Coinsurance	Preferred Brand \$20 / Non-Preferred \$35	
Non-Formulary	\$50	\$50 plus 25% Coinsurance	Specialty \$55	
<b>Mail Order Prescription Drugs</b>	<b>90 Day Supply</b>		<b>90 Day Supply</b>	
Generic Formulary	\$10	N/A	Preferred Generic \$0 / Generic \$10	
Brand Formulary	\$30	N/A	Preferred Brand \$40 / Non-Preferred \$70	
Non-Formulary	\$50	N/A	Specialty \$110	
<b>Preventive Care (Includes):</b>	100%, no copay	60% after Deductible	100%, no copay	60% after Deductible
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	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.		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.	
<b>Diagnostic Lab and X-Ray</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
<b>Outpatient Surgery</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
<b>Hospital Services (In-Patient)</b>	80% after Deductible (Pre-Cert required)	60% after Deductible	80% after Deductible (Pre-Cert required)	60% after Deductible
<b>Out-Patient Services</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
<b>Maternity Services</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
<b>Emergency Room Services</b>	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
<b>Mental/Nervous/Sub. Abuse</b>				
InPatient	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
OutPatient	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
<b>Chiropractic</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible
	\$1000 ann max on manipulations Other Chiro services, no max.		\$1000 ann max on manipulations Other Chiro services, no max.	

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.