

Your October 1, 2025 - September 30, 2026 medical plan option

Security

Hired on or after July 1, 2024

Use the table below to view the plan that is available to you. Look beyond the deductible to the benefits and services you expect to use most frequently in the coming year, whether that will be office visits, surgery, or prescription drugs.

BLUE CROSS BLUE SHIELD OF ILLINOIS MEDICAL HMO PLAN	
In-network only (requires PCP or medical group selection)	
NETWORK	BlueAdvantage [ADV]
Annual deductible (Jan. 1 – Dec. 31)	None
Annual out-of-pocket maximum (Jan. 1 – Dec. 31)	\$1,500 individual; \$3,000 family
Primary provider office visit	Plan pays 100%
Specialist office visit	Plan pays 100%
Virtual Visit (MDLive)	Not Available, ask your designated medical group about telehealth services
Preventive Care	Plan pays 100%
Diagnostic lab and X-ray	Plan pays 100%
Urgent care	Plan pays 100%
Emergency room	\$100 copay (copay waived if admitted)
Hospitalization	Plan pays 100% (referral required)
Outpatient surgery	Plan pays 100% (referral required)
PRESCRIPTION DRUGS (Pharmacy: 34 day supply; Mail Order: 90 day supply)	
Generic	Pharmacy: \$10 copay** Mail order: \$10 copay**
Preferred brand	Pharmacy: \$20 copay** Mail order: \$20 copay**
Non-preferred brand	Pharmacy: \$20 copay** Mail order: \$20 copay**
Annual Prescription Drug Out-of-Pocket Maximum (Jan. 1 – Dec. 31)	\$5,100 individual; \$10,200 family
**34 day supply	
VISION BENEFITS	
Exam and Materials	Exam: One every 12 months, No Charge at participating providers (EyeMed network) for all covered members Materials: Not covered under insurance. For discounts, go to www.blue365deals.com/bcbsil .

Our medical plan

J. Sterling Morton High School offers an HMO Plan. Here's an overview of how this plan works.

HMO

Health Maintenance Organization

- Blue Cross Blue Shield of Illinois Medical HMO - BlueAdvantage

An HMO gives you more predictable costs but less flexibility. You pay a copay for most services, but all care must be received within the HMO network. Out-of-network care is not covered except in an emergency. You must choose a primary care physician (PCP) or medical group to manage routine care, referrals, and hospital stays.

WORDS TO KNOW



Understanding these terms will help you understand and compare plans

COPAY

A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.

OUT-OF-POCKET MAXIMUM

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.

COINSURANCE

After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.

DEDUCTIBLE

The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.

IN & OUT-OF-NETWORK

In-network services will always be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

BALANCE BILLING

In-network providers can't bill you more than the plan allows, but out-of-network providers can. For example, if the provider fee is \$100 but the plan allows only \$70, an out-of-network provider may bill YOU the extra \$30. This is called balance billing.



DISTRICT 201
J. STERLING MORTON
HIGH SCHOOL