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

Administrators, Teachers, Clerical, Cafeteria, Nurses & Non-Bargaining Employees

Hired before July 1, 2024

Use the table below to compare the plans that are 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	BLUE CROSS BLUE SHIELD OF ILLINOIS MEDICAL PPO PLAN		BLUE CROSS BLUE SHIELD OF ILLINOIS MEDICAL BCO PLAN		
	In-network only (requires PCP or medical group selection)	**In-network**	**Out-of-network**	**Tier 1: Preferred In-Network**	**Tier 2: Non-preferred In-network**	**Tier 3: Out-of-network**
NETWORK	**BlueAdvantage [ADV]**	**Participating Provider Organization [PPO]**		**Blue Choice Options [BCO]**	**Participating Provider Organization [PPO]**	**Out-of-Network**
Annual deductible (Jan. 1 – Dec. 31)	None	$750 individual; $2,250 family (combined in and out-of-network)		$500 individual; $1,500 family*	$1,000 individual; $3,000 family*	$2,000 individual; $6,000 family
Annual out-of-pocket maximum (Jan. 1 – Dec. 31)	$1,500 individual; $3,000 family	$1,500 individual; $4,500 family (combined in and out-of-network)		$1,500 individual; $4,500 family*	$3,000 individual; $9,000 family*	$6,000 individual; $18,000 family
				**Amounts applied to deductible and out-of-pocket maximum cross-accumulate between the Tier 1 BCO and Tier 2 PPO networks. (Credit is applied to both.)*		
Primary provider office visit	Plan pays 100%	Plan pays 80% after deductible	Plan pays 80% after deductible	$25 copay	$50 copay	Plan pays 50% after deductible
Specialist office visit	Plan pays 100%	Plan pays 80% after deductible	Plan pays 80% after deductible	$50 copay	$100 copay	Plan pays 50% after deductible
Virtual Visit (MDLive)	Not Available, ask your designated medical group about telehealth services	Plan pays 100%	Not Available	$25 copay	$25 copay	Not Available
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 50% after deductible
Diagnostic lab and X-ray	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Urgent care	Plan pays 100%	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Emergency room	$250 copay (copay waived if admitted)	$250 copay (copay waived if admitted)		Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Hospitalization	Plan pays 100% (referral required)	$250 copay per day for first 3 days	$250 copay per day for first 3 days, then Plan pays 80%	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Outpatient surgery	Plan pays 100% (referral required)	100% after deductible	80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
PRESCRIPTION DRUGS	(Pharmacy: 34 day supply; Mail Order: 90 day supply)					
Generic	**Pharmacy**: $10 copay **Mail order**: $20 copay	**Pharmacy**: $10 copay **Mail order**: $20 copay	**Pharmacy**: $10 copay, then Plan pays 75% **Mail order**: Not covered	**Pharmacy**: $10 copay **Mail order**: $20 copay	**Pharmacy**: $10 copay **Mail order**: $20 copay	**Pharmacy**: $10 copay, then Plan pays 75% **Mail order**: Not covered
Preferred brand	**Pharmacy**: $40 copay **Mail order**: $80 copay	**Pharmacy**: $40 copay **Mail order**: $80 copay	**Pharmacy**: $40 copay, then Plan pays 75% **Mail order**: Not covered	**Pharmacy**: $40 copay **Mail order**: $80 copay	**Pharmacy**: $40 copay **Mail order**: $80 copay	**Pharmacy**: $40 copay, then Plan pays 75% **Mail order**: Not covered
Non-preferred brand	**Pharmacy**: $60 copay **Mail order**: $120 copay	**Pharmacy**: $60 copay **Mail order**: $120 copay	**Pharmacy**: $60 copay, then Plan pays 75% **Mail order**: Not covered	**Pharmacy**: $60 copay **Mail order**: $120 copay	**Pharmacy**: $60 copay **Mail order**: $120 copay	**Pharmacy**: $60 copay, then Plan pays 75% **Mail order**: Not covered
Annual Prescription Drug Out-of-Pocket Maximum (Jan. 1 – Dec. 31)	$5,100 individual; $10,200 family	$5,350 individual; $9,450 family		N/A; Prescription drug payments are combined with total medical out-of-pocket maximum		
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.	**Not Covered under medical insurance.** For employee and dependent discounts, go to www.blue365deals.com/bcbsil.		**Not Covered under medical insurance.** For employee and dependent discounts, go to www.blue365deals.com/bcbsil.		

Choosing a medical plan

Choosing a new medical plan? Check out these tips first.

- ✓ CHECK THE NETWORK– Do you prefer specific doctors or hospitals? Visit the plan's website to find out if they are in-network. If not, you'll pay a bigger share of the cost.
- ✓ EVALUATE YOUR NEEDS– Do you... have frequent doctor or urgent care visits? ...get ongoing tests? ...take medications? ...have surgery planned? Compare these costs under each plan.
- ✓ THE BOTTOM LINE– How much is the premium? Is there a deductible? Each of these factors can affect your true cost of healthcare.

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.

Use this guide to compare the October 1, 2025 - September 30, 2026 medical plans offered by J. Sterling Morton High School, as well as important definitions and more tips on choosing the best plan for your needs.

Compare our medical plans

J. Sterling Morton High School offers 3 different medical plans for different needs and budgets. Here's an overview of how each type of 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.

PPO

Preferred Provider Option

- Blue Cross Blue Shield of Illinois Medical PPO
  - "Traditional" 2 network tiers
- Blue Cross Blue Shield of Illinois Medical BCO
  - 3 network tiers

A PPO gives you flexibility and choice, for a price. You can go to any doctor without a referral, but you will pay a larger share of the cost if they are not in the plan's network. You'll need to meet an annual deductible before the plan starts to pay.

We offer two types of PPO plans:

The "Medical PPO Plan" is considered "Traditional" with 2 network tiers: in-network vs. out-of-network.

The "Medical BCO Plan" has 3 network tiers:

Tier 1: Blue Choice Options [BCO] – Smaller network, and you pay the least out-of-pocket.
Tier 2: Participating Provider Organization [PPO] – Larger network, and you pay a little more than BCO.
Tier 3: Out-of-Network – You pay the highest out-of-pocket and may be subject to balance-billing.

DISTRICT 201
J. STERLING MORTON
HIGH SCHOOL