

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

All Teacher Aides

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	
	In-network only (requires PCP or medical group selection)	In-network	Out-of-network
NETWORK	BlueAdvantage [ADV]	Participating Provider Organization [PPO]	
Annual deductible (Jan. 1 – Dec. 31)	None	\$250 individual; \$750 family (combined in and out-of-network)	
Annual out-of-pocket maximum (Jan. 1 – Dec. 31)	\$1,500 individual; \$3,000 family	\$1,250 individual; \$3,750 family (combined in and out-of-network)	
Primary provider office visit	Plan pays 100%	Plan pays 80% after deductible	Plan pays 80% after deductible
Specialist office visit	Plan pays 100%	Plan pays 80% after deductible	Plan pays 80% after deductible
Virtual Visit (MDLive)	Not Available, ask your designated medical group about telehealth services	Plan pays 100%	Not Available
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible
Diagnostic lab and X-ray	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible
Urgent care	Plan pays 100%	Plan pays 100% after deductible	Plan pays 80% after deductible
Emergency room	\$100 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)	
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%
Outpatient surgery	Plan pays 100% (referral required)	100% after deductible	80% after deductible
PRESCRIPTION DRUGS			
Generic	Pharmacy: \$10 copay** Mail order: \$10 copay**	Pharmacy: \$10 copay*** Mail order: \$10 copay***	Pharmacy: \$10 copay, then Plan pays 75%*** Mail order: Not covered***
Preferred brand	Pharmacy: \$20 copay** Mail order: \$20 copay**	Pharmacy: \$20 copay*** Mail order: \$20 copay***	Pharmacy: \$20 copay, then Plan pays 75%*** Mail order: Not covered***
Non-preferred brand	Pharmacy: \$20 copay** Mail order: \$20 copay**	Pharmacy: \$20 copay*** Mail order: \$20 copay***	Pharmacy: \$20 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	
**34 day supply			
***90 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 .	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 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

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.