

HMO Comparison



BlueCross BlueShield of Illinois	HMO A Blue Advantage HMO Network	HMO C Blue Advantage HMO Network
In-Network Only	You Pay	You Pay
Annual Deductible	\$0	\$0
Coinsurance	Plan pays 100%	Plan pays 100%
Annual Out-of-Pocket Max (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Preventive Care	No charge	No charge
Primary Office Visit	\$0 copay	\$20 copay
Specialist Office Visit	\$0 copay	\$40 copay
Emergency Room Care	\$50 copay	\$150 copay
Inpatient Hospital (per admission)	\$100 copay	\$250 copay
Outpatient Surgery	No charge	No charge
Pharmacy – BCBS of IL (34-Day Supply)	You Pay	You Pay
Generic	\$10 copay	\$10 copay
Formulary	\$15 copay	\$40 copay
Non-Formulary	\$30 copay	\$60 copay

Notes:

The benefit period is July 1st – June 30th. As a result, OOPM's will reset on July 1st each year.

This benefits summary is not a legal document. Refer to SBC, certificate of coverage or call BCBS for full benefits, plan limitations and exclusions.

Blue Choice Options PPO



You PAY. . .	Tier 1 Providers	Tier 2 Providers	Out-of-Network
Deductible* - Individual Deductible* – Family	\$750 \$1,500	\$750 \$1,500	\$1,500 \$3,000
Member Coinsurance	20%	30%	50%
Out-of-pocket - Individual Out-of-pocket – Family	\$1,000 \$2,000	\$1,000 \$2,000	\$1,500 \$3,000
Preventive Care (Adult/Child)	Covered at 100%	Covered at 100%	50% after deductible
Physician office visit	20% after deductible	30% after deductible	50% after deductible
Inpatient hospital services	20% after deductible	30% after deductible	50% after deductible
Outpatient hospital services	20% after deductible	30% after deductible	50% after deductible
Emergency Room	\$75 Copay, then 10%		
Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Specialty)			
Retail (34-day Supply)	\$15 / \$25 / \$40		
Mail Order (90-day supply)	\$30 / \$50 / \$80		

• Tier 1 Key Providers

include:

- Advocate
- Northwestern (except Lurie Children's)
- Loyola
- Rush University Med Center
- Northwest Community
- Endeavor Health (formerly known as Northshore)

• Tier 2 Key Providers

include:

- University of Chicago
- Lurie Children's Hospital

- **Always check BCBS Provider Finder** for full listing of in-network Tier 1 and Tier 2 providers to ensure most current and up to date information

*This plan is based on an Embedded Deductible. With an embedded deductible, each member is only responsible for the individual deductible until the family deductible is met.

HDHP with HSA



BlueCross BlueShield of Illinois	High-Deductible PPO with HSA	
Members Pay	In-Network	Out-Of-Network
Annual Deductible		
Individual	\$1,700	\$3,200
Family	\$3,400	\$6,400
Coinsurance	20%	40%
Annual Out-of-Pocket Max		
Individual	\$3,400	\$6,400
Family	\$6,800	\$12,800
Preventive Care	No Charge	No Charge
Primary Care Office Visit	20%	40%
Specialty Care Office Visit	20%	40%
Virtual Visit (Galileo)	No Charge	N/A
Emergency Room Care	20%	20%
Inpatient Hospital	20%	40%
Outpatient Surgery	20%	40%
Pharmacy – CVS Caremark	High-Deductible PPO	
Retail (up to 34-day supply)		
Generic	Deductible then 20%	Deductible then 20%
Formulary Brand	Deductible then 20%	Deductible then 20%
Non-Formulary Brand	Deductible then 20%	Deductible then 20%

Notes:

*The benefit period is July 1st – June 30th. As a result, deductibles and OOPM's will reset on July 1st each year.

*Pharmacy benefits on the PPO and HDHP are through CVS Caremark.

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