

MEDICAL & PRESCRIPTION DRUG BENEFITS

Your medical benefits, provided by Blue Cross Blue Shield of Illinois, offer broad, comprehensive coverage for you and your eligible dependents. You have your choice of a Traditional PPO Copay plan and a PPO High Deductible Health Plan (HDHP). This allows you to choose the plan that best fits your healthcare needs.

BASE HEALTH PLAN PPO

Key Features	PPO Plan
Calendar Year Deductible Individual / Family	\$500 / \$1,500
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$1,500 / \$4,500
Coinsurance (portion you pay)	10%
Preventive Care	Covered 100%
Physician Services Office Visit / Specialist Visit	\$20 / \$40
Urgent Care Copay	10% Coinsurance after Deductible
Emergency Room Copay (waived if admitted)	\$150 Copay
Inpatient Hospital (per admission)	10% Coinsurance after Deductible
Lab and X-Ray Services	10% Coinsurance after Deductible
RETAIL PRESCRIPTIONS (30-DAY SUPPLY) – Preferred / Non-preferred	
Tier I	\$0 / \$10 Copay
Tier II	\$10 / \$20 Copay
Tier III	\$50 / \$70 Copay
Tier IV	\$100 / \$120 Copay
Tier V	\$150 Copay
Tier VI	\$250 Copay
Mail Order	\$0 / \$20 / \$100 / \$200
OUT-OF-NETWORK BENEFITS	
Calendar Year Deductible Individual / Family	\$1,000 / \$3,000
Coinsurance (portion you pay)	30%
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$4,500 / \$13,500