2017

BlueCross BlueShield of Illinois

Individual Plan Comparison Charts

All Blue Cross and Blue Shield of Illinois plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

228343.0816

BlueCross BlueShield of Illinois

2017

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

Bronze	Blue Choice Preferred Bronze PPO℠				Blue Precision Bronze HMO℠	BlueCare Direct Bronze℠ in Collaboration with Advocate Health Care*
	105	106	107-One $0 PCP Visit	108[2]	103	103[2]
Individual Deductible[3]	$5,000	$6,500	$6,750	$7,000	$7,100	$7,100
Coinsurance	40%	No charge[3]	20%	40%	50%	50%
Out-of-Pocket Maximum (includes deductible)[3]	$6,550	$6,500	$7,150	$7,150	$7,150	$7,150
Primary Care Office Visit	40%	No charge[4]	First visit $0, then 20%	40%	$50	$50
Specialist Office Visit	40%	No charge[4]	20%	40%	$100	$100
Mental Illness Treatment and Substance Abuse - Rehab Office Visit	40%	No charge[4]	$0	40%	$50	$50
Emergency Room	40%	No charge[4]	$1,000 per occurrence copay, then 20%	$950 per occurrence copay, then 40%	$1000 per occurrence copay, then 50%	$1000 per occurrence copay, then 50%
Urgent Care	40%	No charge[4]	$20	40%	$100	$100
Inpatient Hospital Services	40%	No charge[4]	$750 per occurrence copay, then 20%	$750 per occurrence copay, then 40%	$750 per day	$750 per day
Outpatient Surgery[5]	50%	No charge[4]	$400 per occurrence copay, then 40%	$500 per occurrence copay, then 50%	$500 per occurrence copay, then 50%	$500 per occurrence copay, then 50%
Outpatient X-Rays and Diagnostic Imaging[5]	50%	No charge[4]	$700 per occurrence copay, then 40%	50%	$300	$300
Outpatient Imaging (CT/PET Scans/MRIs)[5]	50%	No charge[4]	$80 per occurrence copay, then 40%	50%	$800	$800
Network	Blue Choice Preferred PPO℠				Blue Precision HMO℠	BlueCare Direct℠
HSA Eligible[6]	Yes	Yes	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[7][8]	30%/30%/40%/50%/50%	No charge[4]	$15/20%/30%/40%/50%	20%/20%/30%/40%/50%	$5/20%/20%/30%/40%	$5/20%/20%/30%/40%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[7][8]	35%/35%/50%/50%/50%	No charge[4]	$20/25%/40%/50%/50%	25%/25%/40%/50%/50%	$5/20%/20%/30%/40%	$5/20%/20%/30%/40%
Prescription Drug Utilization Benefit Management Programs[9]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference**: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior Authorization/Step Therapy Requirements**: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL, and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive up to 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.					

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
2 This plan is only offered in rating areas 1- 4.
3 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use.
4 Annual deductible and, if applicable, coinsurance still apply.
5 Members may have lower out-of-pocket costs for services provided by freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See benefit booklet for additional details.
6 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.
7 Prescription benefit coverage starts after annual medical deductible has been met.
8 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty
9 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

* Advocate Health Care is an independently contracted provider.

BlueCross BlueShield of Illinois

2017

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

Silver	Blue Choice Preferred Silver PPO℠			Blue Precision Silver HMO℠		BlueCare Direct Silver℠ in Collaboration with Advocate Health Care*	
	102	103-Three $0 PCP Visits	109 - Standardized	102	106	102[2]	104[2]
Individual Deductible[3]	$3,000	$3,250	$3,500	$2,600	$5,500	$2,600	$5,500
Coinsurance	30%	20%	20%	20%	30%	20%	30%
Out-of-Pocket Maximum (includes deductible)[3]	$7,150	$6,850	$7,150	$7,150	$7,150	$7,150	$7,150
Primary Care Office Visit	$40	First 3 visits $0, then 20%	$30	$30	$25	$30	$25
Specialist Office Visit	$60	20%	$65	$50	$50	$50	$50
Mental Illness Treatment and Substance Abuse Rehab Office Visit	$40	$0	$30	$30	$25	$30	$25
Emergency Room	$600 per occurrence copay, then 30%	$600 per occurrence copay, then 20%	$400 copay after deductible	$1,000 per occurrence copay, then 20%	$700 per occurrence copay, then 30%	$1,000 per occurrence copay, then 20%	$700 per occurrence copay, then 30%
Urgent Care	$40	$20	$75	$50	$50	$50	$50
Inpatient Hospital Services	$500 per occurrence copay, then 30%	$400 per occurrence copay, then 20%	20%	$750 per day	$500 per occurrence copay, then 30%	$750 per day	$500 per occurrence copay, then 30%
Outpatient Surgery[4]	$300 per occurrence copay, then 50%	$300 per occurrence copay, then 40%	20%	$500 per occurrence copay, then 40%	$400 per occurrence copay, then 50%	$500 per occurrence copay, then 40%	$400 per occurrence copay, then 50%
Outpatient X-Rays and Diagnostic Imaging[4]	50%	40%	20%	$250	$80	$250	$80
Outpatient Imaging (CT/PET Scans/MRIs)[4]	50%	40%	20%	$750	$350	$750	$350
Network	Blue Choice Preferred PPO℠			Blue Precision HMO℠		BlueCare Direct℠	
HSA Eligible[5]	No	No	No	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[6 7]	$0/$10/$50/$100/30%	$0/$10/$50/$100/30%	$15/$15/$50/$100/40%[9]	$0/20%/20%/30%/40%	$0/10%/20%/30%/40%	$0/20%/20%/30%/40%	$0/10%/20%/30%/40%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[6 7]	$5/$15/$60/$110/30%	$5/$15/$60/$110/30%	$15/$15/$50/$100/60%[9]	$0/20%/20%/30%/40%	$0/10%/20%/30%/40%	$0/20%/20%/30%/40%	$0/10%/20%/30%/40%
Prescription Drug Utilization Benefit Management Programs[8]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference**: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior Authorization/Step Therapy Requirements**: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL, and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive up to a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.						

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
2 These plans are only available in rating areas 1-4. Please see your benefit booklet for more information.
3 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.
4 Members may have lower out-of-pocket costs for services provided by freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See benefit booklet for additional details.
5 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.
6 Prescription benefit coverage starts after annual medical deductible has been met.
7 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty
8 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.
9 Specialty drug tier not subject to deductible.

* Advocate Health Care is an independently contracted provider.

BlueCross BlueShield of Illinois

2017

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

Gold	Blue Precision Gold HMO℠	BlueCare Direct Gold℠ in Collaboration with Advocate Health Care*
	101	101[2]
Individual Deductible[3]	$1,750	$1,750
Coinsurance	20%	20%
Out-of-Pocket Maximum (includes deductible)[3]	$3,500	$3,500
Primary Care Office Visit	$25	$25
Specialist Office Visit	$50	$50
Mental Illness Treatment and Substance Abuse Rehab Office Visit	$25	$25
Emergency Room	$600 per occurrence copay, then 20%	$600 per occurrence copay, then 20%
Urgent Care	$50	$50
Inpatient Hospital Services	$400 per day	$400 per day
Outpatient Surgery[4]	$200 per occurrence copay, then 40%	$200 per occurrence copay, then 40%
Outpatient X-Rays and Diagnostic Imaging[4]	$50	$50
Outpatient Imaging (CT/PET Scans/MRIs)[4]	$250	$250
Network	Blue Precision HMO℠	BlueCare Direct℠
HSA Eligible[5]	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[6 7]	$0/20%/20%/30%/40%	$0/20%/20%/30%/40%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[6 7]	$0/20%/20%/30%/40%	$0/20%/20%/30%/40%
Prescription Drug Utilization Benefit Management Programs[8]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference**: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior Authorization/Step Therapy Requirements**: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive up to a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.	

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
2 This plan is only available in rating areas 1-4. See your plan booklet for more information.
3 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use.
4 Members may have lower out-of-pocket costs for services provided by freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See benefit booklet for additional details.
5 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.
6 Prescription benefit coverage starts after annual medical deductible has been met.
7 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty
8 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

* Advocate Health Care is an independently contracted provider.

BlueCross BlueShield of Illinois

2017

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

Platinum	Blue Precision Platinum HMO℠
	104*
Individual Deductible[2]	$250
Coinsurance	10%
Out-of-Pocket Maximum (includes deductible)[2]	$3,000
Primary Care Office Visit	$25
Specialist Office Visit	$55
Mental Illness Treatment and Substance Abuse Rehab Office Visit	$0
Emergency Room	$600 per occurrence copay, then 10%
Urgent Care	$55
Inpatient Hospital Services	$400 per occurrence copay, then 10%
Outpatient Surgery[4]	$200 per occurrence copay, then 30%
Outpatient X-Rays and Diagnostic Imaging[4]	$0
Outpatient Imaging (CT/PET Scans/MRIs)[4]	$0
Network	Blue Precision HMO℠
HSA Eligible[5]	No
Outpatient Prescription Drugs - Preferred Pharmacy[6 7]	$0/$10/$50/$100/30%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[6 7]	$0/$10/$50/$100/30%
Prescription Drug Utilization Benefit Management Programs[8]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference**: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior-Authorization/Step Therapy Requirements**: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive up to a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
2 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use.
3 Annual deductible and, if applicable, coinsurance still apply.
4 Members may have lower out-of-pocket costs for services provided by freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See benefit booklet for additional details.
5 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.
6 Prescription benefit coverage starts after annual medical deductible has been met.
7 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty
8 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

*** This plan is not available on Get Covered Illinois®, the Official Health Marketplace.**

BlueCross BlueShield of Illinois

2017

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

Blue FocusCare℠ *	Blue FocusCare Bronze℠	Blue FocusCare Silver℠		Blue FocusCare Gold℠
	104	102	103	101
Individual Deductible[2]	$7,100	$5,500	$2,600	$1,750
Coinsurance	50%	30%	20%	20%
Out-of-Pocket Maximum (includes deductible)[2]	$7,150	$7,150	$7,150	$3,500
Primary Care Office Visit	$50	$25	$30	$25
Specialist Office Visit	$100	$50	$50	$50
Mental Illness Treatment and Substance Abuse Rehab Office Visit	$50	$25	$30	$25
Emergency Room	$1,000 per occurrence copay, then 50%	$700 per occurrence copay, then 30%	$1,000 per occurrence copay, then 20%	$600 per occurrence copay, then 20%
Urgent Care	$100	$50	$50	$50
Inpatient Hospital Services	$750 per day	$500 per occurrence copay, then 30%	$750 per day	$400
Outpatient Surgery[3]	$500 per occurrence copay, then 50%	$400 per occurrence copay, then 50%	$500 per occurrence copay, then 40%	$200 per occurrence copay, then 40%
Outpatient X-Rays and Diagnostic Imaging[3]	$300	$80	$250	$50
Outpatient Imaging (CT/PET Scans/MRIs)[3]	$800	$350	$750	$250
Network	Blue FocusCare℠	Blue FocusCare℠		Blue FocusCare℠
HSA Eligible[4]	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[5][6]	$5/20%/20%/30%/40%	$0/10%/20%/30%/40%	$5/20%/20%/30%/40%	$5/20%/20%/30%/40%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[5][6]	$5/20%/20%/30%/40%	$0/10%/20%/30%/40%	$5/20%/20%/30%/40%	$5/20%/20%/30%/40%
Prescription Drug Utilization Benefit Management Programs[7]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference**: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior Authorization/Step Therapy Requirements**: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive up to a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.			

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

2 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.

3 Members may have lower out-of-pocket costs for services provided by freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See benefit booklet for additional details.

4 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.

5 Prescription benefit coverage starts after annual medical deductible has been met.

6 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty

7 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

* Blue FocusCare plans are available only in Ratings Area 1. Please see your benefit booklet for more information

BlueCross BlueShield of Illinois

2017

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit **bcbsil.com** for more specific information.

Multi-State Plans	Blue Cross Blue Shield Premier 101℠, a Multi-State Plan	Blue Cross Blue Shield Solution 102℠, a Multi-State Plan	Blue Cross Blue Shield Basic 103℠, a Multi-State Plan
Individual Deductible[2]	$1,750	$3,750	$6,250
Coinsurance	20%	20%	30%
Out-of-Pocket Maximum (includes deductible)[2]	$3,300	$6,500	$7,150
Primary Care Office Visit	First 3 visits $0, then 20%	First 2 visits $0, then 20%	First visit $0, then 30%
Specialist Office Visit	20%	20%	30%
Mental Illness Treatment and Substance Abuse Rehab Office Visit	$0	$0	$0
Emergency Room	$750 per occurrence copay, then 20%	$750 per occurrence copay, then 20%	$1,000 per occurrence copay, then 30%
Urgent Care	$20	$20	$20
Inpatient Hospital Services	$300 per occurrence copay, then 20%	$400 per occurrence copay, then 20%	$750 per occurrence copay, then 30%
Outpatient Surgery	$200 per occurrence copay, then 40%	$300 per occurrence copay, then 40%	$400 per occurrence copay, then 50%
Outpatient X-Rays and Diagnostic Imaging	40%	40%	50%
Outpatient Imaging (CT/PET Scans/MRIs)	40%	40%	$500 per occurrence copay, then 50%
Network	Blue Choice Preferred PPO℠		
HSA Eligible[3]	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[4][5]	$0/$10/$50/$100/30%	$0/$10/$50/$100/30%	20%/20%/30%/40%/50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[4][5]	$5/$15/$60/$110/30%	$5/$15/$60/$110/30%	25%/25%/40%/50%/50%
Prescription Drug Utilization Benefit Management Programs[6]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference**: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior Authorization/Step Therapy Requirements**: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive up to a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.		

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

2 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.

3 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.

4 Prescription benefit coverage starts after annual medical deductible has been met.

5 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty

6 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.