



**BlueCross BlueShield
of Illinois**

Between jobs? COBRA too expensive? Need coverage temporarily?

Key SelectTEMP PPO plan features:

- ▶ Benefits for office visits, lab and X-ray services, emergency care, hospital stays, surgery, prescription drugs, and more
- ▶ No paperwork; simply show your card in most cases

Coverage options:

- ▶ Plans for individuals, children and families
- ▶ 5 deductible levels, from \$500 to \$5,000
- ▶ Choose the length of coverage you need — from one to eleven months

Eligibility:

Illinois residents who are:

- ▶ At least one year of age and under 65 years of age
- ▶ Not entitled to Medicare benefits



If you need
temporary insurance,
SelectTEMP PPO[®]
is the solution.

Now's the time to apply for a SelectTEMP PPO short-term policy for up to eleven months.

Our SelectTEMP PPO plans cover a majority of the most costly health care services, and give you access to one of the largest contracting networks of doctors and hospitals in Illinois.

For even faster service,
 apply online today!
 bcbsil.com

You can pay with a credit card, and be covered
 as early as tomorrow!*



Plan Benefits													
Basic Provisions	Participating / Non-Participating Provider Coverage												
Doctor Medical / Surgical Services Inpatient/Outpatient	80% / 60%												
Hospital Services (Inpatient/Outpatient) Includes surgery, pre-admission testing and services received in a skilled nursing facility, coordinated home care program and hospice	80% / 60%												
Hospital Diagnostic Testing X-ray and Laboratory (includes, but not limited to, X-rays, lab tests, EKGs, ECGs, pathology services, pulmonary function studies, radioisotope tests, and electromyograms)	80% / 60%												
Physical, Occupational, and Speech Therapist Services (\$1,000 maximum combined benefit)	80%** / 60%**												
Emergency Room Care (accident or illness) Hospital and Doctor	80%, after you pay \$75 Copayment***												
Additional Surgical Opinion Program Following a recommendation for elective surgery, provides additional consultations and related diagnostic service by a Physician, as needed	100%†												
Other Covered Services Ambulance services; private duty nursing service (\$1,000 per month maximum*); naprapathic services rendered by a Naprapath (\$500 maximum*); oxygen and its administration; blood plasma; surgical dressings; casts and splints	80%												
Prescription Drug Benefits (Outpatient)	80% after Deductible (\$500 maximum)												
Benefit Period Options	From 1 to 11 months												
Deductible Per individual (if two or more family members receive covered services as a result of injuries received in the same accident, only one Deductible will apply)	<table border="1"> <tr> <td>\$500**</td> <td>\$1,000**</td> </tr> <tr> <td>\$1,000**</td> <td>\$2,000**</td> </tr> <tr> <td>\$1,500**</td> <td>\$3,000**</td> </tr> <tr> <td>\$2,000**</td> <td>\$4,000**</td> </tr> <tr> <td>\$2,500**</td> <td>\$5,000**</td> </tr> <tr> <td>\$5,000**</td> <td>\$10,000**</td> </tr> </table>	\$500**	\$1,000**	\$1,000**	\$2,000**	\$1,500**	\$3,000**	\$2,000**	\$4,000**	\$2,500**	\$5,000**	\$5,000**	\$10,000**
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Coinsurance The level of coverage provided by the plan after the Deductible has been satisfied	80% / 60%												
Lifetime Maximum (per member)	\$5,000,000												

Benefits for covered services are provided at either the Eligible Charge or the Maximum Allowance. Consult the Policy for definitions and your financial responsibility. Durable Medical Equipment (DME) providers, Orthotic providers and Prosthetic providers are participating providers. Please refer to your Policy Book for details.

* Coverage is subject to eligibility requirements.

** Does not apply to out-of-pocket limit.

*** Emergency room visits within 48 hours of accident are subject to deductible, copay and coinsurance.

† Deductible does not apply.

Have Questions?

Call us toll-free at 1-800-477-2000
 or contact your local authorized
 independent agent.