

Individual Plan Comparison Chart

Participating Provider Coverage Shown¹

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 SM			
	201	202	302 ²	502 ²
Individual Deductible³	\$6,100	\$4,500	\$6,350	\$5,000
Coinsurance	50%	40%	40%	50%
Out-of-Pocket Maximum (includes deductible)³	\$8,550	\$6,900	\$6,900	\$6,900
Primary Care Office Visit	\$40 copay	40%	40%	50%
Specialist Office Visit	50%	40%	40%	50%
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	50%	40%	40%	50%
Emergency Room	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 40%	\$1,000 per occurrence deductible, then 40%	\$1,000 per occurrence deductible, then 50%
Urgent Care	\$60 copay	40%	40%	50%
Inpatient Hospital Services	\$850 per occurrence deductible, then 50%	\$850 per occurrence deductible, then 40%	\$850 per occurrence deductible, then 40%	\$850 per occurrence deductible, then 50%
Outpatient Hospital Services⁴	\$600 per occurrence deductible, then 50%	\$600 per occurrence deductible, then 40%	\$600 per occurrence deductible, then 40%	\$600 per occurrence deductible, then 50%
Outpatient X-Rays and Diagnostic Imaging⁴	50%	40%	40%	50%
Outpatient Imaging (CT/PET Scans/MRIs)⁴	50%	40%	40%	50%
Network	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM
HSA Eligible⁵	No	Yes	Yes	Yes
Outpatient Prescription Drugs - Preferred Pharmacy^{6,7}	\$10 / \$20 / 30% / 35% / 45% / 50%	20% / 25% / 30% / 35% / 45% / 50%	20% / 25% / 30% / 35% / 45% / 50%	20% / 25% / 30% / 35% / 45% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{6,7}	\$20 / \$30 / 35% / 40% / 45% / 50%	25% / 30% / 35% / 40% / 45% / 50%	25% / 30% / 35% / 40% / 45% / 50%	25% / 30% / 35% / 40% / 45% / 50%
Prescription Drug Benefit Utilization Management Programs⁸	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p>90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>			

1 Benefits reduced when out-of-network providers are used. This is a summary of benefit highlights only. All benefits shown represent what the member would pay.
 2 This plan is not available on the Health Insurance Marketplace in Illinois.
 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. Note that copays apply whether or not you have met the deductible.
 4 Members may have lower out-of-pocket costs for some services provided by freestanding non-emergency outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage 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 drug benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescription drugs with a lower possible member cost share amount. Preferred pharmacy pricing is not available with HMO plans.
 7 Six prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty
 8 Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.



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Bronze	Blue Precision Bronze HMO SM	Blue FocusCare Bronze SM	BlueCare Direct Bronze SM in Collaboration with Advocate Health Care ^{***}
	205 [*]	209 ^{**}	401
Individual Deductible ³	\$7,400	\$7,400	\$7,400
Coinsurance	50%	50%	50%
Out-of-Pocket Maximum (includes deductible) ³	\$8,550	\$8,550	\$8,550
Primary Care Office Visit	\$60 copay	\$60 copay	\$60 copay
Specialist Office Visit	\$85 copay	\$85 copay	\$85 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	\$60 copay	\$60 copay	\$60 copay
Emergency Room	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%
Urgent Care	\$85 copay	\$85 copay	\$85 copay
Inpatient Hospital Services	\$850 copay per day	\$850 copay per day	\$850 copay per day
Outpatient Hospital Services ⁴	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%
Outpatient X-Rays and Diagnostic Imaging ⁴	\$150 copay	\$150 copay	\$150 copay
Outpatient Imaging (CT/PET Scans/MRIs) ⁴	\$300 copay	\$300 copay	\$300 copay
Network	Blue Precision HMO SM	Blue FocusCare SM	BlueCare Direct SM
HSA Eligible ⁵	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy ^{6,7}	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy ^{6,7}	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Prescription Drug Benefit Utilization Management Programs⁸	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p>90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>		

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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.
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 * Blue Precision HMOSM plans are only available in the Chicago, Peoria and Rockford metro areas.
 ** Blue FocusCareSM plans are available only in Cook County.
 ***Advocate Health Care is an independently contracted provider.