



Need Help?

Your Agent

Steven Tucker **1-630-582-1043**
 www.sbisvcs.com Small Business Insurance
 Services Inc. 887 East Palatine, IL 60047

Enrollment

1-800-538-8833
 Monday - Friday 8 a.m. - 8 p.m. CT

Para información en español

(de lunes a viernes, de 8 a.m. a 5 p.m. Hora del Centro) **1-877-908-5593**

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Important Information about Quotes for Individual and Family Coverage and Medicare Supplement

Quoted prices are based on the criteria specified during your search. This illustration is subject to Blue Cross and Blue Shield of Illinois's rating or underwriting and approval, as appropriate, and does not guarantee rates, coverage or effective date. Furthermore, rates are subject to change if any of the information you have provided changes when and if a policy is approved. In addition, Blue Cross and Blue Shield of Illinois reserves the right to change rates from time to time.

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

This website provides you with information on Blue Cross and Blue Shield of Illinois's health insurance plans that are Qualified Health Plans offered through the Health Insurance Marketplace. There are other health insurance plans offered through the Marketplace from other insurers. [Go to the Marketplace](#)

Important Information

Blue Choice Bronze PPOSM 005

Plan Features	
Benefit Level	Bronze
Network	Blue Choice
Individual Deductible	\$5000.00
Family Deductible	\$12700.00
Coinsurance	80%
Individual Out-of-Pocket Maximum	\$6250.00
Lifetime Benefit	No Limit
Well-Adult Care	100%
Well-Child Care	100%
Medical Coverage Details	
Preventive Care	100%
Maternity Coverage	80% Coinsurance after Deductible
Outpatient Physician Medical Services	80% Coinsurance after Deductible
Outpatient Physician Surgical Services	80% Coinsurance after Deductible
Inpatient Physician Medical/Surgical Services	80% Coinsurance after Deductible
Outpatient Hospital Services including Surgery	100% Coinsurance after Deductible
Outpatient Hospital Diagnostic Testing	80% Coinsurance after Deductible
Inpatient Hospital Services Medical/Surgical Services	80% Coinsurance after Deductible
Outpatient Emergency Care (Physician and Hospital)	80% Coinsurance after Deductible
Mental Illness Treatment and Substance Abuse Rehab - Outpatient Hospital/Physician Care	80% Coinsurance after Deductible
Mental Illness Treatment and Substance Abuse Rehab - Inpatient Hospital Care	80% Coinsurance after Deductible
Mental Illness Treatment and Substance Abuse Rehab - Inpatient Physician Care	80% Coinsurance after Deductible
Outpatient Prescription Drug Details	
Preferred Generics	90% Coinsurance after Deductible
Non Preferred Generics	90% Coinsurance after Deductible
Preferred Formulary	80% Coinsurance after Deductible
Non Preferred Formulary	70% Coinsurance after Deductible
Specialty	60% Coinsurance after Deductible
Cost Reductions	

Tax Credit Eligible	Yes
Cost Sharing Eligible	No
Health Savings Account Eligible (HSA)	Yes