



## Need Help?

### Your Agent

Steven Tucker **1-866-724-7123**  
 www.sbisvcs.com Small Business Insurance  
 Services Inc. 887 East Palatine, IL 60047

### Enrollment

**1-866-724-7123**  
 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 PPO<sup>SM</sup> 006

| Plan Features   |                                   |
|---|-----------------------------------|
| Benefit Level   | Bronze                            |
| Network   | Blue Choice                       |
| Individual Deductible   | \$6000.00                         |
| Family Deductible   | \$12700.00                        |
| Coinsurance   | 100%                              |
| Individual Out-of-Pocket Maximum  | \$6000.00                         |
| Lifetime Benefit  | No Limit                          |
| Well-Adult Care   | 100%                              |
| Well-Child Care   | 100%                              |
| Medical Coverage Details  |                                   |
| Preventive Care   | 100%                              |
| Maternity Coverage  | 100% Coinsurance after Deductible |
| Outpatient Physician Medical Services   | 100% Coinsurance after Deductible |
| Outpatient Physician Surgical Services  | 100% Coinsurance after Deductible |
| Inpatient Physician Medical/Surgical Services   | 100% Coinsurance after Deductible |
| Outpatient Hospital Services including Surgery  | 100% Coinsurance after Deductible |
| Outpatient Hospital Diagnostic Testing  | 100% Coinsurance after Deductible |
| Inpatient Hospital Services Medical/Surgical Services                                   | 100% Coinsurance after Deductible |
| Outpatient Emergency Care (Physician and Hospital)                                      | 100% Coinsurance after Deductible |
| Mental Illness Treatment and Substance Abuse Rehab - Outpatient Hospital/Physician Care | 100% Coinsurance after Deductible |
| Mental Illness Treatment and Substance Abuse Rehab - Inpatient Hospital Care            | 100% Coinsurance after Deductible |
| Mental Illness Treatment and Substance Abuse Rehab - Inpatient Physician Care           | 100% Coinsurance after Deductible |
| Outpatient Prescription Drug Details  |                                   |
| Preferred Generics  | 100% Coinsurance after Deductible |
| Non Preferred Generics  | 100% Coinsurance after Deductible |
| Preferred Formulary   | 100% Coinsurance after Deductible |
| Non Preferred Formulary   | 100% Coinsurance after Deductible |
| Specialty   | 100% Coinsurance after Deductible |
| Cost Reductions   |                                   |

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