



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 Silver PPOSM 003

Plan Features	
Benefit Level	Silver
Network	Blue Choice
Individual Deductible	\$6000.00
Family Deductible	\$12700.00
Coinsurance	100%
Individual Out-of-Pocket Maximum	\$6000.00
Office Visit Copay	\$30.00
Lifetime Benefit	No Limit
Well-Adult Care	100%
Well-Child Care	100%
Medical Coverage Details	
Preventive Care	100%
Maternity Coverage	\$250 Copay then 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	\$200 Copay then 100% Coinsurance after Deductible
Outpatient Hospital Diagnostic Testing	100% Coinsurance after Deductible
Inpatient Hospital Services Medical/Surgical Services	\$250 Copay then 100% Coinsurance after Deductible
Outpatient Emergency Care (Physician and Hospital)	\$500 Copay then 100% Coinsurance after Deductible
Mental Illness Treatment and Substance Abuse Rehab - Outpatient Hospital/Physician Care	\$30 Copay
Mental Illness Treatment and Substance Abuse Rehab - Inpatient Hospital Care	\$250 Copay then 100% Coinsurance after Deductible
Mental Illness Treatment and Substance Abuse Rehab - Inpatient Physician Care	100% Coinsurance after Deductible
Outpatient Prescription Drug Details	
Preferred Generics	\$0.00
Non Preferred Generics	\$10.00
Preferred Formulary	\$50.00
Non Preferred Formulary	\$100.00
Specialty	\$150.00

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