



# Individual Plan Comparison Chart

Participating Provider Coverage Shown<sup>1</sup>

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](http://bcbsil.com) for more specific information.

Bronze	Blue Choice Preferred Bronze PPO <sup>SM</sup>				Blue Precision Bronze HMO <sup>SM</sup>	BlueCare Direct Bronze <sup>SM</sup> in Collaboration with Advocate Health Care*
	105	106	107-One \$0 PCP Visit	108 <sup>2</sup>	103	103 <sup>2</sup>
<b>Individual Deductible<sup>3</sup></b>	\$5,000	\$6,500	\$6,750	\$7,000	\$7,100	\$7,100
<b>Coinsurance</b>	40%	No charge <sup>3</sup>	20%	40%	50%	50%
<b>Out-of-Pocket Maximum (includes deductible)<sup>3</sup></b>	\$6,550	\$6,500	\$7,150	\$7,150	\$7,150	\$7,150
<b>Primary Care Office Visit</b>	40%	No charge <sup>4</sup>	First visit \$0, then 20%	40%	\$50	\$50
<b>Specialist Office Visit</b>	40%	No charge <sup>4</sup>	20%	40%	\$100	\$100
<b>Mental Illness Treatment and Substance Abuse - Rehab Office Visit</b>	40%	No charge <sup>4</sup>	\$0	40%	\$50	\$50
<b>Emergency Room</b>	40%	No charge <sup>4</sup>	\$1,000 per occurrence copay, then 20%	\$950 per occurrence copay, then 40%	\$1000 per occurrence copay, then 50%	\$1000 per occurrence copay, then 50%
<b>Urgent Care</b>	40%	No charge <sup>4</sup>	\$20	40%	\$100	\$100
<b>Inpatient Hospital Services</b>	40%	No charge <sup>4</sup>	\$750 per occurrence copay, then 20%	\$750 per occurrence copay, then 40%	\$750 per day	\$750 per day
<b>Outpatient Surgery<sup>5</sup></b>	50%	No charge <sup>4</sup>	\$400 per occurrence copay, then 40%	\$500 per occurrence copay, then 50%	\$500 per occurrence copay, then 50%	\$500 per occurrence copay, then 50%
<b>Outpatient X-Rays and Diagnostic Imaging<sup>5</sup></b>	50%	No charge <sup>4</sup>	\$700 per occurrence copay, then 40%	50%	\$300	\$300
<b>Outpatient Imaging (CT/PET Scans/MRIs)<sup>5</sup></b>	50%	No charge <sup>4</sup>	\$80 per occurrence copay, then 40%	50%	\$800	\$800
<b>Network</b>	Blue Choice Preferred PPO <sup>SM</sup>				Blue Precision HMO <sup>SM</sup>	BlueCare Direct <sup>SM</sup>
<b>HSA Eligible<sup>6</sup></b>	Yes	Yes	No	No	No	No
<b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>7,8</sup></b>	30%/30%/40%/50%/50%	No charge <sup>4</sup>	\$15/20%/30%/40%/50%	20%/20%/30%/40%/50%	\$5/20%/20%/30%/40%	\$5/20%/20%/30%/40%
<b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>7,8</sup></b>	35%/35%/50%/50%/50%	No charge <sup>4</sup>	\$20/25%/40%/50%/50%	25%/25%/40%/50%/50%	\$5/20%/20%/30%/40%	\$5/20%/20%/30%/40%
<b>Prescription Drug Utilization Benefit Management Programs<sup>9</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL, and you may first need to try more clinically appropriate or cost-effective drugs.</p> <p><b>Mail-Order Program:</b> You may receive up to 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.</p>					

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.  
 2 This plan is only offered in rating areas 1- 4.  
 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.  
 4 Annual deductible and, if applicable, coinsurance still apply.  
 5 Members may have lower out-of-pocket costs for services provided by freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See benefit booklet for additional details.

6 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.  
 7 Prescription benefit coverage starts after annual medical deductible has been met.  
 8 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty  
 9 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.