



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.

Silver	Blue Choice Preferred Silver PPO SM			Blue Precision Silver HMO SM		BlueCare Direct Silver SM in Collaboration with Advocate Health Care*	
	102	103-Three \$0 PCP Visits	109 - Standardized	102	106	102 ²	104 ²
Individual Deductible³	\$3,000	\$3,250	\$3,500	\$2,600	\$5,500	\$2,600	\$5,500
Coinsurance	30%	20%	20%	20%	30%	20%	30%
Out-of-Pocket Maximum (includes deductible)³	\$7,150	\$6,850	\$7,150	\$7,150	\$7,150	\$7,150	\$7,150
Primary Care Office Visit	\$40	First 3 visits \$0, then 20%	\$30	\$30	\$25	\$30	\$25
Specialist Office Visit	\$60	20%	\$65	\$50	\$50	\$50	\$50
Mental Illness Treatment and Substance Abuse Rehab Office Visit	\$40	\$0	\$30	\$30	\$25	\$30	\$25
Emergency Room	\$600 per occurrence copay, then 30%	\$600 per occurrence copay, then 20%	\$400 copay after deductible	\$1,000 per occurrence copay, then 20%	\$700 per occurrence copay, then 30%	\$1,000 per occurrence copay, then 20%	\$700 per occurrence copay, then 30%
Urgent Care	\$40	\$20	\$75	\$50	\$50	\$50	\$50
Inpatient Hospital Services	\$500 per occurrence copay, then 30%	\$400 per occurrence copay, then 20%	20%	\$750 per day	\$500 per occurrence copay, then 30%	\$750 per day	\$500 per occurrence copay, then 30%
Outpatient Surgery⁴	\$300 per occurrence copay, then 50%	\$300 per occurrence copay, then 40%	20%	\$500 per occurrence copay, then 40%	\$400 per occurrence copay, then 50%	\$500 per occurrence copay, then 40%	\$400 per occurrence copay, then 50%
Outpatient X-Rays and Diagnostic Imaging⁴	50%	40%	20%	\$250	\$80	\$250	\$80
Outpatient Imaging (CT/PET Scans/MRIs)⁴	50%	40%	20%	\$750	\$350	\$750	\$350
Network	Blue Choice Preferred PPO SM			Blue Precision HMO SM		BlueCare Direct SM	
HSA Eligible⁵	No	No	No	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy^{6,7}	\$0/\$10/\$50/\$100/30%	\$0/\$10/\$50/\$100/30%	\$15/\$15/\$50/\$100/40% ⁹	\$0/20%/20%/30%/40%	\$0/10%/20%/30%/40%	\$0/20%/20%/30%/40%	\$0/10%/20%/30%/40%
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{6,7}	\$5/\$15/\$60/\$110/30%	\$5/\$15/\$60/\$110/30%	\$15/\$15/\$50/\$100/60% ⁹	\$0/20%/20%/30%/40%	\$0/10%/20%/30%/40%	\$0/20%/20%/30%/40%	\$0/10%/20%/30%/40%
Prescription Drug Utilization Benefit 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 choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: 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>Mail-Order Program: You may receive up to a 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 These plans are only available in rating areas 1-4. Please see your benefit booklet for more information.

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. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.

4 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.

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 benefit coverage starts after annual medical deductible has been met.

7 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty

8 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

9 Specialty drug tier not subject to deductible.

* Advocate Health Care is an independently contracted provider.