



# Health Insurance Marketplace in Illinois Plan Comparison Chart

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

All Blue Cross and Blue Shield of Illinois plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits of Coverage or visit [bcbsil.com](http://bcbsil.com) for more specific information.

Multi-State Plans	Blue Cross Blue Shield Premier 1, a Multi-State Plan <sup>SM</sup>	Blue Cross Blue Shield Premier 2, a Multi-State Plan <sup>SM</sup>	Blue Cross Blue Shield Solution 3, a Multi-State Plan <sup>SM</sup>	Blue Cross Blue Shield Solution 4, a Multi-State Plan <sup>SM</sup>	Blue Cross Blue Shield Basic 5, a Multi-State Plan <sup>SM</sup>
	Gold	Gold	Silver	Silver	Bronze
Individual Deductible	\$1,000	\$500	\$4,500	\$6,250	\$3,750
Coinsurance	80%	80%	80%	100%	70%
Out of Pocket Maximum (includes deductible)	\$2,750	\$4,000	\$6,350	\$6,250	\$6,250
Office Visit Copay (PCP / Specialist)	\$25/\$50	\$30/\$60	\$30/\$50	\$40/\$70	N/A <sup>2</sup>
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	\$400	\$400	\$500	\$500	\$600
Urgent Care	\$75	\$75	\$75	\$75	\$75
Deductible for Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)	\$200/\$150	\$200/\$150	\$250/\$200	\$250/\$200	\$300/\$250
Deductible for Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient Surgery)	\$200/\$150	\$200/\$150	\$250/\$200	\$250/\$200	\$300/\$250
Network	PPO	PPO	PPO	PPO	PPO
HSA Eligible <sup>3</sup>	No	No	No	No	No
Outpatient Prescription Drugs <sup>4</sup>	\$0/\$10/\$50/\$100/\$150	\$0/\$10/\$50/\$100/\$150	\$0/\$10/\$35/\$75/\$150	\$0/\$10/\$50/\$100/\$150	70%/70%/70%/70%/70% <sup>5</sup>
Prescription Drug Formulary	Standard	Standard	Standard	Standard	Standard
Mail-Order Program / 90-Day Retail Benefit <sup>6</sup>	Yes	Yes	Yes	Yes	Yes

**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.

**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.

**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.

**Prescription Drug Utilization Benefit Management Programs<sup>7</sup>**

<sup>1</sup> Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only

<sup>2</sup> Deductible and coinsurance still apply

<sup>3</sup> As a reminder, Health Savings Accounts (HSA) have 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 advisor regarding tax consequences of specific health insurance plans or products

<sup>4</sup> Preferred Generics / Non-Preferred Generics / Preferred Formulary / Non-Preferred Formulary / Specialty

<sup>5</sup> Prescription benefit coverage starts after annual medical deductible has been met

<sup>6</sup> Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30-day supply

<sup>7</sup> Coverage limitations may apply to certain medications