Plan Comparison Chart – Choose the plan that fits you best.

## Participating Provider Coverage Shown

<table>
<thead>
<tr>
<th>SelectBlue®</th>
<th>SelectBlue AdvantageSM</th>
<th>BlueChoiceSM</th>
<th>BlueValueSM</th>
<th>BlueValue AdvantageSM</th>
<th>BlueChoiceSM Value</th>
<th>BlueEdgeSM Individual HSA</th>
<th>BlueEdgeSM Individual HSA 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>$0, $250, $500, $1,000, $2,500 or $5,000</td>
<td>$250, $500, $1,000, $1,750, $2,500 or $5,000</td>
<td>$250, $500, $1,000, $1,750, $2,500 or $5,000</td>
<td>$250, $500, $1,000, $1,750, $2,500 or $5,000</td>
<td>$1,250, $1,750, $2,600 or $3,500</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Coinsurance (after deductible is met)</td>
<td>Choice of 100% or 80%</td>
<td>80%</td>
<td>Choice of 100% or 80%</td>
<td>80%</td>
<td>Choice of 100% or 80%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Office Visit Copayment</td>
<td>$20</td>
<td>$30</td>
<td>None—subject to deductible and coinsurance</td>
<td>None—subject to deductible and coinsurance</td>
<td>None—subject to deductible and coinsurance</td>
<td>Subject to deductible</td>
<td></td>
</tr>
<tr>
<td>Individual Out-of-Pocket Expense Limit</td>
<td>$1,000</td>
<td>$3,000</td>
<td>$1,000</td>
<td>$3,000</td>
<td>Annual deductible plus $3,000</td>
<td>Annual deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient Emergency Care (physician and hospital)</td>
<td>100%</td>
<td>80% after you pay $75 copayment</td>
<td>100%</td>
<td>80% after you pay $75 copayment</td>
<td>100% or 80%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Prescription Drugs

<table>
<thead>
<tr>
<th>Deductible Plans</th>
<th>$0, $250 and $500</th>
<th>$250 and $500 Deductible Plans</th>
<th>$1,000, $2,500 and $5,000 Deductible Plans ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>w/$10 copayment for generics. Brand Formulary 35% Brand Non-Formulary 50%</td>
<td>w/$10 copayment for generics. Brand Formulary 35% Brand Non-Formulary 50%</td>
<td>$1,000, $1,750, $2,500 and $5,000 Deductible Plans ONLY: 80% After deductible</td>
</tr>
</tbody>
</table>

### Dispensing Limits: Benefits include coverage limits on certain quantities of medications.

**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 Blue Cross and Blue Shield of Illinois (BCBSIL) and you may first need to try more clinically appropriate or cost effective drugs.

### Mental Illness Treatment and Substance Abuse Rehabilitation Treatment

- **Inpatient Hospital Care**
  - 60% first 14 days 50% thereafter
  - 100% or 80%

- **Inpatient Physician Care**
  - 60% first 14 days 50% thereafter
  - 80%

- **Outpatient Hospital/Physician Care**
  - 100%

### Preventive Care

- **Outpatient Physician Surgical Services, Hospital Services and Hospital Diagnostic Testing**
  - 100%

- **Inpatient Physician Medical/Surgical Services and Hospital Services and Diagnostic Testing**
  - 100% or 80%

1. Benefits reduced when non-participating providers are used. Please refer to the Outline of Coverage for each plan for additional details.

2. 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.

3. Dispensing limits: Benefits include coverage limits on certain quantities of medications. Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy Provider.

4. 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.

5. Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from Blue Cross and Blue Shield of Illinois (BCBSIL) and you may first need to try more clinically appropriate or cost effective drugs.

6. Benefits reduced when non-participating providers are used. Please refer to the Outline of Coverage for each plan for additional details.

7. 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.

8. Dispensing limits: Benefits include coverage limits on certain quantities of medications. Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy Provider.

9. 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.

10. Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from Blue Cross and Blue Shield of Illinois (BCBSIL) and you may first need to try more clinically appropriate or cost effective drugs.