



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 or visit bcbsil.com for more specific information.

Gold	Blue Choice Preferred Gold PPO SM		Blue Precision Gold HMO SM		BlueCare Direct Gold SM in Collaboration with Advocate [*]	
	101		101		101	
	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays
Individual Deductible	\$0	\$500	\$0	\$1,750	\$0	\$1,750
Coinsurance	70%	30%	80%	20%	80%	20%
Out-of-Pocket Maximum (includes deductible)	\$5,250		\$3,500		\$3,500	
Office Visit (PCP / Specialist)	100% after copay	\$20 / \$40	100% after copay	\$25 / \$50	100% after copay	\$25 / \$50
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	70% ²	\$500 per occurrence deductible ²	80% ²	\$600 per occurrence deductible ²	80% ²	\$600 per occurrence deductible ²
Urgent Care	100%	\$75 copay	100%	\$50	100%	\$50
Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)	70% ²	\$300 / \$200 per occurrence deductible ²	80% ²	\$400 copay per day / \$200 per occurrence deductible ^{2,4}	80% ²	\$400 copay per day / \$200 per occurrence deductible ^{2,4}
Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient)	70% ²	\$300 / \$200 per occurrence deductible ²	80% ²	\$400 copay per day / \$200 per occurrence deductible ^{2,4}	80% ²	\$400 copay per day / \$200 per occurrence deductible ^{2,4}
Network	Blue Choice Preferred PPO SM		Blue Precision HMO SM		BlueCare Direct SM	
HSA Eligible³	No		No		No	
Outpatient Prescription Drugs - Preferred Pharmacy^{5,6}	100% / 100% / 100% / 100% / 70% ²	\$0 / \$10 / \$50 / \$100 / 30% ²	100% / 80% / 80% / 70% / 60% ²	\$0 / 20% / 20% / 30% / 40% ²	100% / 80% / 80% / 70% / 60% ²	\$0 / 20% / 20% / 30% / 40% ²
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{5,6}	100% / 100% / 100% / 100% / 70% ²	\$5 / \$15 / \$60 / \$110 / 30% ²	100% / 80% / 80% / 70% / 60% ²	\$0 / 20% / 20% / 30% / 40% ²	100% / 80% / 80% / 70% / 60% ²	\$0 / 20% / 20% / 30% / 40% ²
Prescription Drug Utilization Benefit Management Programs⁷	<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 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-preferred providers are used. This is a summary of benefit highlights only.

2 Annual deductible and, if applicable, coinsurance still apply.

3 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.

4 Copay applies for certain diagnostic testing and physician surgical services. See booklet for additional details.

5 Prescription benefit coverage starts after annual medical deductible has been met for all tiers where a coinsurance amount is displayed.

6 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty

7 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

* Advocate Health Care is an independently contracted provider.