BlueCross BlueShield of Illinois

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Illinois 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 PPO Gold℠			Blue Choice Gold PPO℠			Blue Precision Gold HMO℠
	001	002	012	001	002	007	001
Individual Deductible	$3,250	$1,500	$1,000	$3,250	$1,500	$1,000	$2,000
Coinsurance	100%	80%	80%	100%	80%	80%	80%
Out of Pocket Maximum (includes deductible)	$3,250	$3,500	$3,000	$3,250	$3,500	$3,000	$5,000
Office Visit Copay (PCP / Specialist)	$30 / $50	$10 / $60	$30 / $50	$30 / $50	$10 / $60	$30 / $50	$30 / $50
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	$400	$400	$400	$400	$400	$400	$400
Deductible for Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient/ Outpatient Surgery)	$200 / $150	$200 / $150	$200 / $150	$200 / $150	$200 / $150	$200 / $150	$200 / $150
Deductible for Mental Illness Treatment and Substance Abuse Rehab (Inpatient/Outpatient Surgery)	$200 / $150	$200 / $150	$200 / $150	$200 / $150	$200 / $150	$200 / $150	$200 / $150
Network	PPO			Blue Choice PPO℠			Blue Precision HMO℠
HSA Eligible[2]	No	No	No	No	No	No	No
Outpatient Prescription Drugs[3]	$0 / $10 / $35 $75 / $150	$0 / $10 / $35 $75 / $150	$0 / $10 / $50 $100 / $150	$0 / $10 / $35 $75 / $150	$0 / $10 / $35 $75 / $150	$0 / $10 / $50 $100 / $150	$0 / $10 / $50 $100 / $150
Prescription Drug Formulary	Standard	Standard	Standard	Generics Plus	Generics Plus	Generics Plus	Generics Plus
Mail-Order Program/90 – Day Retail Benefit[4]	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Drug Utilization Benefit Management Programs[5]	**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.						

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.
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. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot beused 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.
3 Preferred Generics / Non Preferred Generics / Preferred Formulary / Non Preferred Formulary / Specialty
4 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30 day supply.
5 Coverage limitations may apply to certain medications.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

32764.0613