BlueCross BlueShield of Illinois

State of Illinois
College Insurance Program*

For more information, call Customer Service at **855-810-6537**, Monday - Friday, 8 a.m. to 6 p.m. CT.

Blue Choice Options℠ – Open Access Plan Tiers I, II & III

Tier I: Receive the highest level of benefits by using a participating provider in the Blue Choice Options – OAP Tier I network

Tier II: Receive care from a provider within the PPO network (BlueCard® PPO claims are treated as Tier 1)

Tier III: Receive care from an out-of-network provider

The benefits described below represent coverage with each plan.

Benefit	Tier I	Tier II	Tier III
Plan year out-of-pocket maximum	$6,600 per individual (includes eligible charges from Tier I and Tier II combined) $13,200 per family (includes eligible charges from Tier I and Tier II combined)		Not applicable
Plan year deductible (must be satisfied for all services)	$0	$300 per enrollee**	$400 per enrollee**
Hospital Services (percentages listed represent how much is covered by the plan)			
Emergency room services	$200 copayment per visit	$200 copayment per visit	$200 copayment per visit
Inpatient hospitalization	$250 copayment per admission	80% of network charges after $300 copayment per admission**	60% of allowable charges after $400 copayment per admission**
Inpatient alcohol and substance use	$250 copayment per admission	80% of network charges after $300 copayment per admission**	60% of allowable charges after $400 copayment per admission**
Inpatient psychiatric admission	$250 copayment per admission	80% of network charges after $300 copayment per admission**	60% of allowable charges after $400 copayment per admission**
Outpatient surgery	$200 copayment per visit	80% of network charges after $200 copayment**	60% of allowable charges after $200 copayment**
Skilled nursing facility	100% covered	80% of network charges**	Not covered
Diagnostic lab and X-ray	100% covered	80% of network charges**	60% of allowable charges**
Transplant Services			
Organ and tissue transplants	**Tier I**: 100% covered. **Tier II**: 80% of network charges.** **Tier III**: Not covered. To assure coverage, the transplant candidate must contact the plan provider prior to beginning evaluation services.		
Professional and Other Services			
Preventive care/well-baby/ immunizations	100% covered	100% covered	Not covered
Physician office visits	$30 copayment	80% of network charges**	60% of allowable charges**
Specialist office visits	$30 copayment	80% of network charges**	60% of allowable charges**
Telemedicine	$30 copayment	Not covered	Not covered
Outpatient psychiatric and substance use	$30 copayment	80% of network charges**	60% of allowable charges**
Durable medical equipment	80% of network charges	80% of network charges**	60% of allowable charges**
Home health care	$30 copayment	80% of network charges**	Not covered
Prescription drugs	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager

* Effective 7/1/24 to 6/30/25

** A plan year deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year basis.

bcbsil.com/stateofillinois