



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 and Coverage or visit bcbsil.com for more specific information.

| Silver | Blue Precision Silver HMO SM | Blue Choice Preferred Silver PPO SM | | Blue FocusCare Silver SM | BlueCare Direct Silver SM in Collaboration with Advocate Health Care [*] |
|---|---|--|---|---|---|
| | 206 | 203 | 102 ² | 210 ³ | 212 |
| Individual Deductible⁴ | \$2,250 | \$1,450 | \$3,750 | \$3,750 | \$2,250 |
| Coinsurance | 50% | 50% | 30% | 30% | 50% |
| Out-of-Pocket Maximum (includes deductible)⁴ | \$7,350 | \$7,350 | \$7,350 | \$7,350 | \$7,350 |
| Primary Care Office Visit | \$30 copay | \$10 copay | \$30 copay | \$30 copay | \$30 copay |
| Specialist Office Visit | \$65 copay | 50% | \$60 copay | \$60 copay | \$65 copay |
| Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit | \$30 copay | 50% | \$30 copay | \$30 copay | \$30 copay |
| Emergency Room | \$1,000 per occurrence deductible, then 50% | \$1,000 per occurrence deductible, then 50% | \$1,000 per occurrence deductible, then 30% | \$1,000 per occurrence deductible, then 30% | \$1,000 per occurrence deductible, then 50% |
| Urgent Care | \$65 copay | \$15 copay | \$60 copay | \$60 copay | \$65 copay |
| Inpatient Hospital Services⁵ | \$500 per occurrence deductible, then 50% | \$850 per occurrence deductible, then 50% | \$500 per occurrence deductible, then 30% | \$750 copay per day | \$500 per occurrence deductible, then 50% |
| Outpatient Surgery⁵ | 50% | \$600 per occurrence deductible, then 50% | \$300 per occurrence deductible, then 50% | \$300 per occurrence deductible, then 50% | 50% |
| X-Rays and Diagnostic Imaging⁵ | \$20 | 50% | 50% | \$100 | \$20 |
| Imaging (CT/PET Scans/MRIs)⁵ | \$250 | 50% | 50% | \$500 | \$250 |
| Network | Blue Precision HMO SM | Blue Choice Preferred PPO SM | Blue Choice Preferred PPO SM | Blue FocusCare SM | Blue FocusCare SM |
| HSA Eligible⁶ | No | No | No | No | No |
| Outpatient Prescription Drugs - Preferred Pharmacy⁷ | 0%/10%/20%/30%/40%/50% ⁸ | \$5/\$15/30%/35%/45%/50% ⁸ | \$0/\$10/\$50/\$100/30% ⁹ | 10%/15%/20%/30%/40%/50% ⁸ | 0%/10%/20%/30%/40%/50% ⁸ |
| Outpatient Prescription Drugs - Non-Preferred Pharmacy⁷ | 0%/10%/20%/30%/40%/50% ⁸ | \$10/\$25/35%/40%/45%/50% ⁸ | \$10/\$20/\$70/\$120/30% ⁹ | 10%/15%/20%/30%/40%/50% ⁸ | 0%/10%/20%/30%/40%/50% ⁸ |
| Prescription Drug Utilization Benefit Management Programs¹⁰ | <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 meet certain criteria or try more 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 may not be covered when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
 2 This plan is not available on Get Covered Illinois®, the Official Health Marketplace.
 3 Blue FocusCareSM plans are available only in Rating Area 1. Please see your benefit booklet for more information.
 4 The standard per person deductible and out-of-pocket maximum for this plan are shown. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Note that copays apply whether or not you have met the deductible.
 5 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.
 6 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.
 7 Prescription benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescriptions with a lower possible copay amount.
 8 Six prescription drug payment level tiers: Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty.
 9 Five prescription drug payment level tiers: Preferred Generics/ Non-Preferred Generics/ Preferred Brand/ Non-Preferred Brand/ Specialty.
 10 Mail order is not available for Preferred or Non-Preferred Specialty tier drugs. These tiers are limited to a 30-day supply. Coverage limitations may apply to certain medications.

* Advocate Health Care is an independently contracted provider.