



Medical Plan Comparison

| | PPO 750 | | PPO 1200 | | HDHP — PPO 1600 ⁵ | | HMO 20 | BA HMO 30 |
|--|--|-----------------------|--|-----------------------|--|-----------------------|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | HMO Illinois Network | Blue Advantage HMO Network |
| DEDUCTIBLE ¹ | | | | | | | | |
| Individual | \$750 | \$1,500 | \$1,200 | \$2,400 | \$1,600 ⁵ | | N/A | N/A |
| Family | \$1,500 | \$3,000 | \$2,400 | \$4,800 | \$3,200 ^{3,5} | | N/A | N/A |
| COINSURANCE | 80% | 60% | 80% | 60% | 90% | 70% | 100% | 100% |
| OUT-OF-POCKET LIMIT ¹ | | | | | | | | |
| Individual | \$3,800 | \$6,800 | \$4,250 | \$7,700 | \$6,350 ⁵ | | \$1,500 | \$1,500 |
| Family | \$7,600 | \$13,600 | \$8,500 | \$15,400 | \$12,700 ^{4,5} | | \$3,000 | \$3,000 |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | | Unlimited | Unlimited |
| HOSPITAL SERVICES | | | | | | | | |
| Hospital Inpatient Admission (annual 5 visit limit) | \$150 copay then 80%* | \$150 copay then 60%* | \$150 copay then 80%* | \$150 copay then 60%* | 90%* | 70%* | 100% | 100% |
| Inpatient Services | 80%* | 60%* | 80%* | 60%* | 90%* (\$125 on average) | 70%* | 100% | 100% |
| Outpatient Services | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | 100% | 100% |
| Emergency Room | \$150 copay then 90%*; inpatient copay applies if admitted | | \$150 copay, then 90%*; inpatient copay applies if admitted | | 90%* | | \$150 copay; copay waived if admitted | \$150 copay; copay waived if admitted |
| PHYSICIAN SERVICES | | | | | | | | |
| Inpatient Surgery | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | 100% | 100% |
| Outpatient Surgery | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | 100% | 100% |
| Primary Care Office Visits | \$20 copay | 60%* | \$20 copay | 60%* | 90%* | 70%* | \$20 copay | \$30 copay |
| Specialist Office Visits | \$40 copay | 60%* | \$40 copay | 60%* | 90%* | 70%* | \$40 copay | \$50 copay |
| Preventive Service** | 100%* | 60%* | 100% | 60%* | 100% | 70%* | 100% | 100% |
| Virtual Visits | \$10 copay | N/A | \$10 copay | N/A | \$44 on average then 90%* | N/A | Check with your Medical Group | Check with your Medical Group |
| OTHER | | | | | | | | |
| X-ray and Lab | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | 100% | 100% |
| Chiropractic ¹ (annual 35 visit limit for PPO and HDHP) | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | Only if referred through PCP, then copay | Only if referred through PCP, then copay |
| Ambulance | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | 100% | 100% |
| Therapy: Occupational, Physical or Speech ¹ (annual 60 visit limit for PPO and HDHP) | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | Only if referred through PCP, then copay | Only if referred through PCP, then copay |
| Acupuncture ¹ (\$3,000 annual benefit for PPO and HDHP) | 80%* | 60%* | 80%* | 60%* | 90%* | 70%* | Only if referred through PCP, then copay | Only if referred through PCP, then copay |
| PRESCRIPTION DRUGS | Express Scripts | | Express Scripts | | Express Scripts | | Prime Therapeutics | Prime Therapeutics |
| Retail Pharmacy (30-day supply) | \$10 Generic; \$25 Formulary Brand; \$50 Non-Formulary Brand | | \$10 Generic; \$25 Formulary Brand; \$50 Non-Formulary Brand | | 80%* | | \$20 Generic \$40 Formulary Brand \$70 Non-Formulary Brand \$70 Self-Injectables | \$20 Generic \$40 Formulary Brand \$70 Non-Formulary Brand \$70 Self-Injectables |
| Mail Order (90-day supply) | \$20 Generic; \$50 Formulary Brand; \$100 Non-Formulary Brand | | \$20 Generic; \$50 Formulary Brand; \$100 Non-Formulary Brand | | 80%* | | \$40 generic \$80 Formulary Brand \$140 Non-Formulary Brand \$70 Self-Injectables | \$40 Generic \$80 Formulary Brand \$140 Non-Formulary Brand \$70 Self-Injectables |
| Prescription Out-of-Pocket Limits (Individual/Family) | \$2,750 / \$5,500 | | \$2,750 / \$5,500 | | Integrated with Medical | | \$1,000 / \$2,000 | \$1,000 / \$2,000 |
| VISION | VSP | | VSP | | VSP | | EyeMed | EyeMed |
| Annual Vision Exam | \$10 copay | Reimbursed up to \$45 | \$10 copay | Reimbursed up to \$45 | 100% after \$10 copay | Reimbursed up to \$45 | 100% | 100% |
| Hearing Benefit | Adults: 90%*; device up to \$2,500/ear every 24 months Children: device \$0 cost to member, every 24 months | | Adults: 90%*; device up to \$2,500/ear every 24 months Children: device \$0 cost to member, every 24 months | | Adults: 90%*; device up to \$2,500/ear every 24 months Children: device \$0 cost to member, every 24 months | | Adults: device up to \$2,500/ear every 24 months Children: device \$0 cost to member, every 24 months | Adults: device up to \$2,500/ear every 24 months Children: device \$0 cost to member, every 24 months |

¹Subject to deductible.

²As directed by the U.S. preventive task force”

³Deductible, Out-of-Pocket, Chiropractic, Acupuncture, and therapy limits are based on a calendar year.

⁴Chiropractic care that is medically necessary is covered, maintenance care is not covered.

⁵If you are covering dependents and enrolled in the HDHP plan you must meet the family deductible prior to coinsurance.

⁶If you are covering dependents and enrolled in the HDHP plan, please note: once a family member meets the individual out-of-pocket limit, coinsurance benefits begin for that individual. No individual will contribute more than the individual out-of-pocket amount to the family out-of-pocket amount.

⁷Annually, The Department of Health and Human Services (HHS) establishes annual out-of-pocket or cost-sharing limits under the ACA for essential health benefits covered under an ACA-compliant plan.