

# BlueCross BlueShield of IL - Health Plan Comparison

	<b>PPO-1 Plan</b>	<b>PPO-2 Plan</b>
<b>Plan Description</b>	Hospital and Physician PPO	Hospital and Physician PPO
<b>Access</b>	Non-Gatekeeper	Non-Gatekeeper
<b>Network</b>	<b><u>www.bcbsil.com</u></b> <i>PPO Network</i>	<b><u>www.bcbsil.com</u></b> <i>PPO Network</i>
<b>Local Hospitals</b>	OSF, UP Methodist, Proctor & Pekin	OSF, UP Methodist, Proctor & Pekin

## Network Benefits

<b>Individual Deductible</b>	<b>\$0</b>	<b>\$500</b>
<b>Network PCP Physician</b>	\$25 Copay/100%	\$10 Copay/100%
<b>Network Specialist Physician</b>	\$40 Copay/100%	\$25 Copay/100%
<b>Coinsurance Percentage</b>	70%	90%
<b>Hospital Inpatient</b>	70%	90% after Deductible
<b>Hospital Outpatient</b>	70%	90% after Deductible
<b>Hospital Emergency Room</b>	\$100 Copay	\$150 Copay
<b>Urgent Care</b>	\$40 Copay	\$25 Copay
<b>Individual Out-of-Pocket</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>Prescription</b>	\$10/\$30/\$45	\$10/\$30/\$45
<b>Mail Order</b>	2.0 x Retail Copay	2.0 x Retail Copay

## Non Network Benefits

<b>Individual Deductible</b>	\$400	\$1,000
<b>Coinsurance Percentage</b>	50%	70%
<b>Individual Out-of-Pocket</b>	\$2,000	\$3,000

### Employee Portion - per check - 24 pays per year

Employee	\$61.80	\$58.70
Employee + Spouse	\$247.33	\$223.70
Employee + Child(ren)	\$233.76	\$211.89
Family	\$326.70	\$310.29

## QUESTIONS

Contact Matt Schellenberg (District 108 Insurance Broker)

Phone 309-676-8007

Email [benefits@ameritech.net](mailto:benefits@ameritech.net)