BlueCross BlueShield of Illinois

2020

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

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.

Gold	Blue Precision Gold HMO℠	Blue Choice Preferred Gold PPO℠	Blue FocusCare Gold℠	BlueCare Direct Gold℠ in Collaboration with Advocate Health Care*
	207	204	211[2]	409
Individual Deductible[3]	$750	$750	$750	$750
Coinsurance	30%	30%	30%	30%
Out-of-Pocket Maximum (includes deductible)[3]	$8,150	$8,150	$8,150	$8,150
Primary Care Office Visit	$20 copay	$15 copay	$20 copay	$20 copay
Specialist Office Visit	$40 copay	$50 copay	$40 copay	$40 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	$20 copay	$15 copay	$20 copay	$20 copay
Emergency Room	$1,000 per occurrence deductible, then 30%	$1,000 per occurrence deductible, then 30%	$1,000 per occurrence deductible, then 30%	$1,000 per occurrence deductible, then 30%
Urgent Care	$40 copay	$50 copay	$40 copay	$40 copay
Inpatient Hospital Services	$750 per day copay	$850 per occurrence deductible, then 30%	$750 per day copay	$750 per day copay
Outpatient Surgery[4]	$300 per occurrence deductible, then 50%	30%	$300 per occurrence deductible, then 50%	$300 per occurrence deductible, then 50%
X-Rays and Diagnostic Imaging[4]	$40 copay	30%	$40 copay	$40 copay
Imaging (CT/PET Scans/MRIs)[4]	$500 copay	30%	$500 copay	$500 copay
Network	Blue Precision HMO℠	Blue Choice Preferred PPO℠	Blue FocusCare℠	BlueCare Direct℠
HSA Eligible[5]	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[6,7]	10%/15%/20%/30%/40%/50%	$0/$10/20%/35%/45%/50%	10%/15%/20%/30%/40%/50%	10%/15%/20%/30%/40%/50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[6,7]	10%/15%/20%/30%/40%/50%	$10/$20/30%/40%/45%/50%	10%/15%/20%/30%/40%/50%	10%/15%/20%/30%/40%/50%
Prescription Drug Benefit Utilization Management Programs[8]	**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 you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost. **Prior Authorization/Step Therapy Requirements:** Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first. **90-Day Supply:** You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.			

1 Benefits reduced when out-of-network providers are used. This is a summary of benefit highlights only.
2 Blue FocusCare℠ plans are available only in Ratings Area 1. Please see your Benefit Book for more information.
3 The standard deductible and out-of-pocket maximum for this plan are shown. 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.
4 Members may have lower out-of-pocket costs for some services provided by freestanding non-emergency 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.
5 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.
6 Prescription drug benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescription drugs with a lower possible member cost share amount. Preferred Pharmacies are not available with HMO plans.
7 Six prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty
8 Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.

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2020

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

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Silver	Blue Precision Silver HMO℠		Blue Choice Preferred Silver PPO℠		Blue FocusCare Silver℠	BlueCare Direct Silver℠ in Collaboration with Advocate Health Care*
	206	306[2]	203	303[2]	210[3]	212
Individual Deductible[4]	$2,800	$2,800	$2,200	$2,200	$4,150	$2,800
Coinsurance	50%	50%	50%	50%	30%	50%
Out-of-Pocket Maximum (includes deductible)[4]	$8,150	$8,150	$8,150	$8,150	$8,150	$8,150
Primary Care Office Visit	$30 copay	$10 copay	$10 copay	$10 copay	$30 copay	$30 copay
Specialist Office Visit	$65 copay	$20 copay	50%	50%	$60 copay	$65 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	$30 copay	$10 copay	50%	50%	$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 50%	$1,000 per occurrence deductible, then 50%	$1,000 per occurrence deductible, then 30%	$1,000 per occurrence deductible, then 50%
Urgent Care	$65 copay	$20 copay	$15 copay	$15 copay	$60 copay	$65 copay
Inpatient Hospital Services	$500 per occurrence deductible, then 50%	$850 per occurrence deductible, then 50%	$850 per occurrence deductible, then 50%	$850 per occurrence deductible, then 50%	$750 per day copay	$500 per occurrence deductible, then 50%
Outpatient Hospital Services[5]	50%	$600 per occurrence deductible, then 50%	$600 per occurrence dedutible, then 50%	$600 per occurrence deductible, then 50%	$300 per occurrence deductible, then 50%	50%
Outpatient X-Rays and Diagnostic Imaging[5]	$20 copay	$20 copay	50%	50%	$100 copay	$20 copay
Outpatient Imaging (CT/PET Scans/MRIs)[5]	$250 copay	$250 copay	50%	50%	$500 copay	$250 copay
Network	Blue Precision HMO℠	Blue Precision HMO℠	Blue Choice Preferred PPO℠	Blue Choice Preferred PPO℠	Blue FocusCare℠	BlueCare Direct℠
HSA Eligible[6]	No	No	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[7][8]	0%/10%/20%/30%/40%/50%	$5/$15/30%/35%/45%/50%	$5/$15/30%/35%/45%/50%	$5/$15/30%/35%/45%/50%	10%/15%/20%/30%/40%/50%	0%/10%/20%/30%/40%/50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[7][8]	0%/10%/20%/30%/40%/50%	$5/$15/30%/35%/45%/50%	$10/$25/35%/40%/45%/50%	$10/$25/35%/40%/45%/50%	10%/15%/20%/30%/40%/50%	0%/10%/20%/30%/40%/50%
Prescription Drug Benefit Utilization Management Programs[9]	**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 you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost. **Prior Authorization/Step Therapy Requirements:** Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first. **90-Day Supply:** You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.					

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7 Prescription drug benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescription drugs with a lower possible member cost share amount. Preferred Pharmacies are not available with HMO plans.
8 Six prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty
9 Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.

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Bronze	Blue Precision Bronze HMO℠	Blue Choice Preferred Bronze PPO℠			Blue FocusCare Bronze℠	BlueCare Direct Bronze℠ in Collaboration with Advocate Health Care*
	205	201 - Two $40 PCP Visits	202	302[2]	209[3]	401
Individual Deductible[4]	$7,400	$6,000	$3,500	$6,000	$7,400	$7,400
Coinsurance	40%	50%	40%	40%	40%	40%
Out-of-Pocket Maximum (includes deductible)[4]	$8,150	$8,150	$6,750	$6,650	$8,150	$8,150
Primary Care Office Visit	$50 copay	$40 for first two visits, then 50%	40%	40%	$50 copay	$50 copay
Specialist Office Visit	$85 copay	50%	40%	40%	$85 copay	$85 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	$50 copay	50%	40%	40%	$50 copay	$50 copay
Emergency Room	$1,000 per occurrence deductible, then 40%	$1,000 per occurrence deductible, then 50%	$1,000 per occurrence deductible, then 40%	$1,000 per occurrence deductible, then 40%	$1,000 per occurrence deductible, then 40%	$1,000 per occurrence deductible, then 40%
Urgent Care	$85 copay	$60 copay	40%	40%	$85 copay	$85 copay
Inpatient Hospital Services	$850 copay per day	$850 per occurrence deductible, then 50%	$850 per occurrence deductible, then 40%	$850 per occurrence deductible, then 40%	$850 copay per day	$850 copay per day
Outpatient Hospital Services[5]	$300 per occurrence deductible, then 50%	$600 per occurrence deductible, then 50%	$600 per occurrence deductible, then 40%	$600 per occurrence deductible, then 40%	$300 per occurrence deductible, then 50%	$300 per occurrence deductible, then 50%
Outpatient X-Rays and Diagnostic Imaging[5]	$200 copay	50%	40%	40%	$200 copay	$200 copay
Outpatient Imaging (CT/PET Scans/MRIs)[5]	$600 copay	50%	40%	40%	$600 copay	$600 copay
Network	Blue Precision HMO℠	Blue Choice Preferred PPO℠	Blue Choice Preferred PPO℠	Blue Choice Preferred PPO℠	Blue FocusCare℠	BlueCare Direct℠
HSA Eligible[6]	No	No	Yes	Yes	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[7][8]	10%/15%/20%/30%/40%/50%	$10/$20/30%/35%/45%/50%	20%/25%/30%/35%/45%/50%	20%/25%/30%/35%/45%/50%	10%/15%/20%/30%/40%/50%	10%/15%/20%/30%/40%/50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[7][8]	10%/15%/20%/30%/40%/50%	$20/$30/35%/40%/45%/50%	25%/30%/35%/40%/45%/50%	25%/30%/35%/40%/45%/50%	10%/15%/20%/30%/40%/50%	10%/15%/20%/30%/40%/50%
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