

Base Health Plan (PPO)

Your medical benefits, provided by Blue Cross Blue Shield of Illinois, offer broad, comprehensive coverage for you and your eligible dependents. You have your choice of a Traditional PPO Copay plan and a PPO High Deductible Health Plan (HDHP). This allows you to choose the plan that best fits your healthcare needs.

Plan Feature	Base Health Plan
Annual Deductible (Single / Family)	\$0 / \$0
Coinsurance	Member Pays 10%
OOP Maximum (Single / Family)	\$1,000 / \$3,000
Preventative Care	Paid at 100%
PCP / Specialist Office Visit	\$20 / \$40
Inpatient Hospitalization	10% Coinsurance after Deductible
Emergency Room Services	\$150 Copay
Urgent Care	10% Coinsurance after Deductible
MRI, CT Scans (Advanced Imaging)	10% Coinsurance after Deductible
Prescription Drugs—Retail	Preferred / Non-Preferred Pharmacy
Tier I	\$0 / \$10 Copay
Tier II	\$10 / \$20 Copay
Tier III	\$50 / \$70 Copay
Tier IV	\$100 / \$120 Copay
Tier V	\$150 Copay
Tier VI	\$250 Copay
Out-of-Network Benefits	
Deductible (Single / Family)	\$0 / \$0
Coinsurance	Member Pays 30%
OOP Maximum (Single / Family)	\$3,000 / \$9,000

