Health Insurance Plan Options 1/1/2026 - 12/31/2026

	Blue Cross Blue Shield of Illinois		Blue Cross Blue Shield of Illinois		Blue Cross Blue Shield of Illinois	
Plan Name	Blueprint MIBPP1125		Blue Choice MIBCO5015		High Deductible HP MIEEE3073	
Network	PPO		BCO (Blue Choice/PPO)		PPO	
HSA Eligible	No		No		QHDHP	
Deductible (Ind. / Fam.) In	$3,000 / $9,000 EMB		$3,000/$4500 / $9,000/$18000		$5,000 / $10,000 EMB	
OOP Max. (Ind. / Fam.) In	$6,500 / $18,400		$5,500/$6500 / $9,000/$18000		$7,000 / $14,000	
Deductible (Ind. / Fam.) Out	$6000 / $18,000		$9,000 / $36,000		$10,000 / $20,000 EMB	
OOP Max. (Ind. / Fam.) Out	$19,500 / $55,200		$13,000 / $39,000		$21,000 / $42,000	
Schedule of Benefits	**In Network**		**In Network**		**In Network**	
Primary Care Visit	$35		$40/$65		20% AD	
Specialist Visit	$60		$65/$130		20% AD	
Preventative Care	$0		$0		$0	
Diag. (X-Ray, Blood Work)	$35 - $60		$65 - $130		20% AD	
Imaging (CT/PET Scans, MRIs)	20% AD		20%/40% AD		20% AD	
Outpatient Surgery	20% AD		$200+20%/$400+40% AD		20% AD	
Emergency Room	$150		$500 + 20% AD		$0 + 20% AD	
Urgent Care	20% AD		$75		20% AD	
Inpatient Hospital	20% AD		$250+20%/$500+40% AD		20% AD	
Prescription Drugs	**In Network**		**In Network**		**In Network**	
Tier 1	$5		$5 - $15		10% AD	
Tier 2	$15		$15 - $25		10% AD	
Tier 3	$60		$45 - $65		20% AD	
Tier 4	$110		$85 - $105		30% AD	
Tier 5	$250 - $350		$250 - $350		40%-50%	
Coverage Level	**Per Pay Cost**		**Per Pay Cost**		**Per Pay Cost**	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	$144.24	$158.67	$136.23	$149.85	$76.77	$84.44
Employee + Spouse	$343.44	$377.78	$324.36	$356.80	$179.48	$197.43
Employee + Child(ren)	$369.77	$406.75	$349.23	$384.15	$183.80	$202.18
Employee + Family	$435.01	$478.51	$410.85	$451.93	$227.36	$250.09