



Plan Comparison Chart

(Participating Provider Coverage Shown¹)

Which Plan Fits **You** Best?



	SelectBlue [®]	SelectBlue Advantage SM	BlueChoice SM Select	BlueValue SM	BlueValue Advantage SM	BlueChoice SM Value	BlueEdge SM Individual HSA ²	BlueEdge SM Individual HSA 5000 ²
Individual Deductible	\$0, \$250, \$500, \$1,000, \$2,500 or \$5,000	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000		\$250, \$500, \$1,000, \$2,500 or \$5,000	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000		\$1,200, \$1,750, \$2,600 or \$3,500	\$5,000
Coinsurance (after deductible is met)	Choice of 100% or 80%	80%		Choice of 100% or 80%	80%		Choice of 100% or 80%	100%
Office Visit Copayment	\$20 ³	\$30 ³	\$30 ³	None—subject to deductible and coinsurance	None—subject to deductible and coinsurance	None—subject to deductible and coinsurance	Subject to deductible	Subject to deductible
Individual Out-of-Pocket Expense Limit	\$1,000	\$3,000		\$1,000	\$3,000		Annual deductible plus \$3,000 ⁴	Annual deductible
Outpatient Emergency Care (physician and hospital)	100%	80% after you pay \$75 copayment		100%	80% after you pay \$75 copayment		100% or 80%	100%
Participating Providers	PPO network, including 90% of Illinois doctors plus more than 200 participating hospitals		BlueChoice [®] Network ⁵	PPO network, including 90% of Illinois doctors plus more than 200 participating hospitals		BlueChoice [®] Network ⁵	PPO network, including 90% of Illinois doctors plus more than 200 participating hospitals, or BlueChoice [®] Network ⁵	
Outpatient Prescription Drugs	\$0, \$250 and \$500 Deductible:	w/\$10 copayment for generics. Brand Formulary 35% Brand Non-Formulary 50%	\$250 and \$500 Deductible Plans: w/\$10 copayment for generics. Brand Formulary 35% Brand Non-Formulary 50%	80% After deductible			100% or 80% After deductible	100% After deductible
	\$1,000, \$2,500 and \$5,000 Deductible Plans ONLY:	80% after Deductible	\$1,000, \$1,750, \$2,500 and \$5,000 Deductible Plans ONLY: 80%					
Prescription Drug Utilization Benefit Management Programs	<p>Dispensing Limits: Benefits include coverage limits on certain quantities of medications.</p> <p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy Provider.</p> <p>Member Pay the Difference: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSIL and you may first need to try more clinically appropriate or cost effective drugs.</p>							
Mental Illness Treatment and Substance Abuse Rehabilitation Treatment								
• Inpatient Hospital Care	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter	100%
• Inpatient Physician Care	100% or 80%	80%	80%	100% or 80%	80%	80%	100% or 80%	
• Outpatient Hospital/Physician Care	50%	50%	50%	50%	50%	50%	50%	
Optional Maternity Coverage <small>When elected, maternity benefits will begin 365 days after the effective date of the maternity coverage.</small>	100% or 80%	80%	80%	100% or 80%	80%	80%	100% or 80%	100%
Preventive Care	100%	100%	100%	100%	100%	100%	100%	100%
Outpatient Physician Surgical Services, Hospital Services and Hospital Diagnostic Testing	100% or 80%	80%	80%	100% or 80%	80%	80%	100% or 80%	100%
Inpatient Physician Medical/Surgical Services and Hospital Services and Diagnostic Testing								

¹ Benefits reduced when non-participating providers are used. This is a summary of highlights only. Please refer to the Outline of Coverage for each plan for additional details.

² As a reminder, Health Savings Accounts (HSA) have 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 advisor regarding tax consequences of specific health insurance plans or products.

³ Does not apply to out-of-pocket expense limit. Not subject to Deductible.

⁴ The individual out-of-pocket expense plus individual deductible cannot exceed \$5,000.

⁵ BlueChoice provides you with access to contracting providers.