

BCBSIL PLAN DESIGN - Effective January 1, 2018		
Prairie Central CUSD #8		
Option #3 - PPO H.S.A. \$5,000		
	In Network	Out of Network
<b>Calendar Year Deductible</b>		
Embedded		
Individual	\$5,000	\$10,000
Family	\$10,000	\$30,000
Deductible Includes Rx	Y	Y
<b>Out-of-Pocket Maximum</b>		
Individual	\$6,250	\$12,500
Family	\$12,500	\$37,500
<b>Hospital Services</b>		
Inpatient	80% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible
Per Admission Deductible	\$0	\$0
Urgent Care	80% after deductible	50% after deductible
Emergency Room	80% after deductible	25% copay
<b>Outpatient</b>		
Surgery	80% after deductible	50% after deductible
Diagnostic	80% after deductible	50% after deductible
PT/ST/OT limits	60 visits per condition per CY	60 visits per condition per CY
<b>Physician Office Visits</b>		
Primary Care	80% after deductible	50% after deductible
Specialist	80% after deductible	50% after deductible
Vision Exam	80% after deductible	50% after deductible
<b>Wellness/Preventive</b>	100% no deductible	50% after deductible
<b>Durable Medical Equipment</b>	80% after deductible	50% after deductible
<b>Prescription Drugs</b>		
Rx Network	Traditional Select	
Rx Formulary	Basic	
Separate Rx Deductible	Plan deductible applies	
Separate Rx Out of Pocket	Plan deductible applies	
Retail		
Tier 1	80% after deductible	50% after deductible
Tier 2	80% after deductible	50% after deductible
Tier 3	80% after deductible	50% after deductible
Tier 4	80% after deductible	50% after deductible
Tier 5		
Tier 6		

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document.

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