

BCBSIL PLAN DESIGN - Effective January 1, 2018		
Prairie Central CUSD #8		
Option #4 - PPO Traditional \$2,500		
	In Network	Out of Network
<b>Calendar Year Deductible</b>		
Embedded		
Individual	\$2,500	\$5,000
Family	\$7,500	\$15,000
Deductible Includes Rx	Y	Y
<b>Out-of-Pocket Maximum</b>		
Individual	\$2,500	\$20,000
Family	\$7,500	\$45,000
<b>Hospital Services</b>		
Inpatient	\$500 copay then 80%	50% after deductible
Outpatient	\$250 copay then 80%	50% after deductible
Per Admission Deductible	\$0	\$0
Urgent Care	\$80 copay per visit	50% after deductible
Emergency Room	\$250 copay per visit	\$250 copay per visit
<b>Outpatient</b>		
Surgery	\$500 copay then 80%	50% after deductible
Diagnostic	100% 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	\$40 copay per visit	50% after deductible
Specialist	\$65 copay per visit	50% after deductible
Vision Exam	\$40 copay 1 exam CY	50% after deductible
<b>Wellness/Preventive</b>	100% no deductible	50% after deductible
<b>Durable Medical Equipment</b>	100% 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		
Generic	\$20 copay	50% after deductible
Preferred Brand	\$40 copay	50% after deductible
Non-Preferred Brand	\$50 copay	50% after deductible
Specialty Medications	20%	50% after deductible

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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