

2019

HENRY-STARK SPECIAL EDUCATION BCBS of ILLINOIS PLAN COMPARISONS

| COVERED ITEM | GOLD PLAN | SILVER PLAN | BRONZE PLAN | FAMILY PLAN |
|----------------------------|--|--|--|--|
| Plan | NPP93326 | MPEQ1Z07 | NPPE3K36 | MPSE3X05 |
| PPO | Blue Cross | Blue Cross | Blue Cross | Blue Cross |
| Network | www.bcbsil.com | www.bcbsil.com | www.bcbsil.com | www.bcbsil.com |
| Annual Deductible | | | *Eligible for HSCSED Reimbursement | Aggregate |
| Individual | \$1,500 / \$3,000 | \$2,700 / \$5,200 | \$3,500 / \$7,000 | \$3,500 / \$7,000 |
| Family | \$4,500 / \$9,000 | \$5,400 / \$10,400 | \$10,500 / \$21,000 | \$6,850 / \$14,000 |
| Coinsurance Reimbursement | 80 / 60 Next \$5,000 / \$5,000 | 100 / 80 Next N/A / \$25,000 | 80 / 60 Next \$10,000 / \$10,000 | 80 / 60 Next \$11,500 / \$11,500 |
| Plan Maximum | Unlimited Per Person | Unlimited Per Person | Unlimited Per Person | Unlimited Per Person |
| Emergency | \$150 Co-Pay | Deductible – 100% | \$150 Co-Pay | Deductible-90% |
| Wellness Care | 100% No Deductible | 100% No Deductible | 100% No Deductible | 100% No Deductible |
| Physician Co-Pay | \$20 Co-Pay | Deductible – 100% | \$30 Co-Pay | Deductible-80% |
| MDLIVE | Included | Included | Included | Included |
| Specialist Co-Pay | \$40 Co-Pay | Deductible – 100% | \$50 Co-Pay | Deductible-80% |
| Urgent Care | Deductible – 80% | Deductible – 100% | Deductible – 80% | Deductible-80% |
| Rx Card | Rx Card | Rx Card | Rx Card | Rx Card |
| Out of Pocket Max. | Out of Pocket Max. | Out of Pocket Max. | Out of Pocket Max. | Out of Pocket Max. |
| Individual | \$1,000 Per Year | | \$1,000 Per Year | |
| Family | \$3,000 Per Year | | \$3,000 Per Year | |
| Generic | \$10 CoPay | Deductible – 100% | \$10 CoPay | Deductible-80% |
| Preferred Brand | \$40 CoPay | Deductible – 100% | \$40 CoPay | Deductible-80% |
| Non-Preferred Brand | \$60 CoPay | Deductible – 100% | \$60 CoPay | Deductible-80% |
| Mail Rx | 3 For Price of 2 | Deductible – 100% | 3 For Price of 2 | Deductible-80% |
| Out of Pocket | | | | Aggregate Includes Deductible |
| Individual | \$2,500 / \$5,000 | \$2,700 / \$10,400 | \$5,500 / \$11,000 | \$5,800 / \$11,600 |
| Family | \$7,500 / \$15,000 | \$5,400 / \$20,800 | \$10,500 / \$21,000 | \$6,850 / \$23,200 |
| Employee Payroll Deduction | 2019 Gold Monthly | 2019 Silver Monthly | 2019 Bronze Monthly | 2019 Family Monthly |
| Employee Only | \$631.27 | \$547.74 | \$570.41 | \$501.20 |
| Employee / Spouse | \$1,650.01 | \$1,431.66 | \$1,490.92 | \$1,310.02 |
| Employee / Child | \$1,197.35 | \$1,038.90 | \$1,081.90 | \$950.64 |
| Family | \$2,216.08 | \$1,922.83 | \$2,002.42 | \$1,759.46 |