2019 HENRY-STARK SPECIAL EDUCATION BCBS of ILLINOIS PLAN COMPARISONS

COVERED	GOLD	SILVER	BRONZE	FAMILY
ITEM	PLAN	PLAN	PLAN	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
TICCIOIR	www.seesh.com	www.occon.com	*Eligible for	www.ocosn.com
Annual Deductible			HSCSED	Aggregate
			Reimbursement	
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	80 / 60 Next	100 / 80 Next	80 / 60 Next	80/ 60 Next
Reimbursement	\$5,000 / \$5,000	N/A / \$25,000	\$10,000 / \$10,000	\$11,500 / \$11,500
DI	TT 1' '- 1	TT 1' ', 1	TT 1' ', 1	TT 1' ', 1
Plan	Unlimited	Unlimited	Unlimited	Unlimited
Maximum	Per Person	Per Person	Per Person	Per Person
Emorganav	\$150 Ca Day	Deductible – 100%	\$150 Co-Pay	Deductible-90%
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
weilless Care	10076 No Deductible	100% No Deductible	10076 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%
Orgent Care	Deduction 0070	Deduction 10070	Deduction 0070	Deductible-0070
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	
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	\$10 CoPay	Deductible – 100%	\$10 CoPay	Deductible-80%
Generic	\$10 CoPay \$40 CoPay	Deductible – 100%	\$10 CoPay \$40 CoPay	Deductible-80%
Generic Preferred Brand	\$40 CoPay	Deductible – 100%	\$40 CoPay	Deductible-80%
Generic Preferred Brand Non-Preferred Brand	\$40 CoPay \$60 CoPay	Deductible – 100% Deductible – 100%	\$40 CoPay \$60 CoPay	Deductible-80% Deductible-80%
Generic Preferred Brand	\$40 CoPay	Deductible – 100%	\$40 CoPay	Deductible-80%
Generic Preferred Brand Non-Preferred Brand	\$40 CoPay \$60 CoPay	Deductible – 100% Deductible – 100%	\$40 CoPay \$60 CoPay	Deductible-80% Deductible-80%
Generic Preferred Brand Non-Preferred Brand	\$40 CoPay \$60 CoPay	Deductible – 100% Deductible – 100%	\$40 CoPay \$60 CoPay	Deductible-80% Deductible-80% Deductible-80%
Generic Preferred Brand Non-Preferred Brand	\$40 CoPay \$60 CoPay	Deductible – 100% Deductible – 100%	\$40 CoPay \$60 CoPay	Deductible-80% Deductible-80% Deductible-80% Aggregate
Generic Preferred Brand Non-Preferred Brand Mail Rx	\$40 CoPay \$60 CoPay	Deductible – 100% Deductible – 100%	\$40 CoPay \$60 CoPay	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket	\$40 CoPay \$60 CoPay 3 For Price of 2	Deductible – 100% Deductible – 100% Deductible – 100%	\$40 CoPay \$60 CoPay 3 For Price of 2	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible \$5,800 / \$11,600
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual Family	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000 \$7,500 / \$15,000	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200 2019 Family
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual Family Employee	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000 \$7,500 / \$15,000	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800 2019 Silver Monthly	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000 2019 Bronze Monthly	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual Family Employee Payroll Deduction Employee Only	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000 \$7,500 / \$15,000 2019 Gold Monthly \$631.27	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800 2019 Silver	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000 2019 Bronze Monthly \$570.41	Deductible-80% Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200 Z019 Family Monthly \$501.20
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual Family Employee Payroll Deduction Employee Only Employee / Spouse	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000 \$7,500 / \$15,000 2019 Gold Monthly \$631.27 \$1,650.01	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800 2019 Silver Monthly \$547.74 \$1,431.66	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000 2019 Bronze Monthly \$570.41 \$1,490.92	Deductible-80% Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200 2019 Family Monthly \$501.20 \$1,310.02
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual Family Employee Payroll Deduction Employee / Spouse Employee / Child	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000 \$7,500 / \$15,000 2019 Gold Monthly \$631.27 \$1,650.01 \$1,197.35	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800 2019 Silver Monthly \$547.74 \$1,431.66 \$1,038.90	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000 2019 Bronze Monthly \$570.41 \$1,490.92 \$1,081.90	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200 2019 Family Monthly \$501.20 \$1,310.02 \$950.64
Generic Preferred Brand Non-Preferred Brand Mail Rx Out of Pocket Individual Family Employee Payroll Deduction Employee Only Employee / Spouse	\$40 CoPay \$60 CoPay 3 For Price of 2 \$2,500 / \$5,000 \$7,500 / \$15,000 2019 Gold Monthly \$631.27 \$1,650.01	Deductible – 100% Deductible – 100% Deductible – 100% \$2,700 / \$10,400 \$5,400 / \$20,800 2019 Silver Monthly \$547.74 \$1,431.66	\$40 CoPay \$60 CoPay 3 For Price of 2 \$5,500 / \$11,000 \$10,500 / \$21,000 2019 Bronze Monthly \$570.41 \$1,490.92	Deductible-80% Deductible-80% Deductible-80% Aggregate Includes Deductible Includes Deductible \$5,800 / \$11,600 \$6,850 / \$23,200 2019 Family Monthly \$501.20 \$1,310.02