

2022

HENRY STARK

PLAN COMPARISONS

<u>COVERED ITEM</u>	<u>BLUE CROSS</u>	<u>BLUE CROSS</u>	<u>BLUE CROSS</u>	<u>BLUE CROSS</u>
	NPPE3K36	MPEQ1Z07	NPP93326	MPSE3X05
PPO	Blue Cross	Blue Cross	Blue Cross	Blue Cross
Network	www.bcbsil.com	www.bcbsil.com	www.bcbsil.com	www.bcbsil.com
Deductible				
Individual	\$3,500 / \$7,000	\$2,800 / \$5,200	\$1,500 / \$3,000	\$3,500 / \$7,000
Family	\$10,500 / \$21,000	\$5,600 / \$10,400	\$4,500 / \$9,000	\$6,850 / \$14,000
Coinsurance Reimbursement	80 / 60 Next \$10,000 / \$10,000	100 / 80 Next N/A / \$26,000	80 / 60 Next \$5,000 / \$5,000	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	\$30 Co-Pay	Deductible – 100%	\$20 Co-Pay	Deductible-80%
Specialist Co-Pay	\$50 Co-Pay	Deductible – 100%	\$40 Co-Pay	Deductible-80%
Urgent Co-Pay	Deductible – 80%	Deductible – 100%	Deductible – 80%	Deductible-80%
Rx Card	\$1,000 OPM X 3		\$1,000 OPM X 3	
Generic	\$10 Co-Pay	Deductible – 100%	\$10 Co-Pay	Deductible-80%
Preferred Brand	\$40 Co-Pay	Deductible – 100%	\$40 Co-Pay	Deductible-80%
Non-Preferred Brand	\$60 Co-Pay	Deductible – 100%	\$60 Co-Pay	Deductible-80%
	Includes	Embedded	Includes	Aggregate
Out of Pocket	Co-Pay & Deductible	Includes Deductible	Co-Pay & Deductible	Includes Deductible
Individual	\$5,500 / \$11,000	\$2,800 / \$10,400	\$2,500 / \$5,000	\$5,800 / \$11,600
Family	\$10,200 / \$20,400	\$5,600 / \$20,800	\$7,500 / \$15,000	\$6,850 / \$23,200
Employee Payroll Deduction	2022 Bronze Renewal Monthly	2022 Silver Renewal Monthly	2022 Gold Renewal Monthly	2022 Family Plan Renewal Monthly
Employee Only	\$648.15	\$614.23	\$712.52	\$556.86
Employee / Spouse	\$1,432.35	\$1,357.39	\$1,574.62	\$1,230.61
Employee / Child	\$1,313.87	\$1,245.11	\$1,444.37	\$1,128.82
Family	\$2,098.08	\$1,988.27	\$2,306.48	\$1,802.57