



**BlueCross BlueShield
of Illinois**

Blue Cross Effective 7/1/2023

Carrier Plan Type	Blue Cross Group PPO	Blue Cross Group PPO	Blue Cross Group PPO	Blue Cross Group PPO	Blue Cross Group HMO
Plan Name	G506OPT	G532PPO	G532BCE	G533BCE	P506PSN
Network Name	Blue Options	Blue PPO	Blue Choice Preferred	Blue Choice Preferred	Blue Precision
Metallic Level	Gold	Gold	Gold	Gold	Platinum
HSA Qualified	No	No	No	YES	No
Network Size	Hybrid-Small & Large In Small/In Large/Out	Large In/Out	Small In/Out	Small In/Out	HMO In/Out
Individual Ded.	\$750 / \$2,000 / \$4,000	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$0
Family Ded.	\$2,250 / \$6,000 / \$12,000	\$3,000/\$6,000	\$3,000/\$6,000	\$9,000/\$18,000	\$0
Coinsurance	80%/60% / 50%	80%/50%	80%/50%	90%60%	100%
Individual Out-of-Pocket	\$6,750 / \$8,500 / Unlimited	\$6,250/Unlimited	\$6,250/Unlimited	\$3,600/Unlimited	\$1,500
Family Out-of-Pocket	\$17,300 / \$18,200 / Unlimi	\$12,500/Unlimited	\$12,500/Unlimited	\$10,800/Unlimited	\$4,500
Office Visit Copay	\$40 / \$60 / 50%	\$40	\$40	90%60%	\$10
Specialist Visit Copay	\$60 / \$100 / 50%	\$60	\$60	90%60%	\$45
Rx card	\$10/20/50/75/100/250	\$5/15/50/100/250/350	\$5/15/50/100/250/350	10%/10%/20%/30%/40%/50%	\$0/10/50/100/150/250
Inpatient Hospital	\$250 / \$500 / \$600	\$200/300	\$200/300	90%60%	\$150
Outpatient Surgery	\$200 / \$400 / \$500	\$150/250	\$150/250	90%60%	\$100
Urgent Care	\$75 / \$75 / 50%	\$75	\$75	90%60%	\$45
ER	\$600	\$400	\$400	90%60%	\$300
Cost Per Paycheck (24x per year)					
Employee Only	\$105.61	\$160.20	\$84.37	\$76.53	\$89.60
Employee + Spouse	\$361.22	\$470.40	\$637.48	\$606.10	\$329.19
Employee + Child(reb)	\$322.88	\$423.87	\$283.59	\$269.07	\$293.25
Family	\$578.49	\$734.07	\$517.96	\$495.60	\$532.85

