

2025 Blue Cross Blue Shield (BCBS) of IL HMO Plans Benefit Comparison for All Benefit Eligible Employees		
Medical Plan Type	HMO (\$25/\$75)	HMO (\$25/\$100)
Group Number	H00157	H00158
Single	\$97.56/mo	\$97.32/mo
Single Discount (10%)*	\$87.81/mo	\$87.59/mo
Single + 1 Dependent	\$207.82/mo	\$207.29/mo
Single + 1 Dependent Discount (20%)*	\$166.25/mo	\$165.83/mo
Family	\$301.03/mo	\$300.28/mo
Family Discount (30%)*	\$210.72/mo	\$210.19/mo
*Employees and spouses on the plan must complete an annual biometric screening to qualify for discount rate		
Medical Copays		
Office Visit	\$25	\$25
Specialty Doctor	\$50	\$50
Hospital Emergency Services	\$75	\$100
Prescription Drugs: Retail (30-day Supply); ***Mail Order, CVS or Walgreens (90-day Supply)	\$20 generic \$50 formulary \$85 non-formulary	\$20 generic \$50 formulary \$85 non-formulary
***NOTE: All long-term (maintenance) medications must be filled at a three-month (90 day) supply through Express Scripts mail order, CVS or Walgreens. 90 day supplies ordered through Express Scripts mail order, CVS or Walgreens are the equivalent to the cost of two (2) times the typical thirty (30) day supply. Mail order specialty drug has a \$350.00 flat co-pay and requires pre-authorization prior to dispensing.		
Routine Health Screening - IN NETWORK	\$0	\$0
Routine Health Screening - OUT OF NETWORK	N/A	N/A
Vision Care Benefits through BCBS Medical <i>(Note: for the Village's freestanding vision plan, VSP, please review the VSP Vision page on the Employee Intranet)</i>		
	Vision Care benefits are through EyeMed Vision Care. To find a vision provider for HMO Members (EyeMed) go to eyemedvision.com/bcbsil . Click on provider and enter your provider's zip code. If you would like to check on your vision benefits, check claims, etc. online, then an account would need to be created at eyemedvisioncare.com/bcbsil . (Note: this login is different from your Blue Access for Members (BAM) account that is used for your HMO medical plan).	