

| 2025 Blue Cross Blue Shield (BCBS) of IL PPO Plans and HDHP Benefit Comparison for All Benefit Eligible Employees                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| Medical Plan Type                                                                                                                                                                                                                                                                                                                                                                                                                | PPO (\$300/\$900)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPO (\$500/\$1500)                                   | High Deductible Health Plan (HDHP)                   |
| Group Number                                                                                                                                                                                                                                                                                                                                                                                                                     | PB4397                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA4455                                               | P21768                                               |
| Single                                                                                                                                                                                                                                                                                                                                                                                                                           | \$134.28/mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$129.19/mo                                          | \$87.30/mo                                           |
| Single Discount (10%)*                                                                                                                                                                                                                                                                                                                                                                                                           | \$120.85/mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$116.27/mo                                          | \$78.57/mo                                           |
| Single + 1 Dependent                                                                                                                                                                                                                                                                                                                                                                                                             | \$285.67/mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$274.83/mo                                          | \$180.90/mo                                          |
| Single + 1 Dependent Discount (20%)*                                                                                                                                                                                                                                                                                                                                                                                             | \$228.54/mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$219.87/mo                                          | \$144.72/mo                                          |
| Family                                                                                                                                                                                                                                                                                                                                                                                                                           | \$370.62/mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$356.55/mo                                          | \$233.42/mo                                          |
| Family Discount (30%)*                                                                                                                                                                                                                                                                                                                                                                                                           | \$259.43/mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$249.59/mo                                          | \$163.39/mo                                          |
| *Employees and spouses on the plan must complete an annual biometric screening to qualify for discount rate                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| <b>Coinsurance</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| In- Network                                                                                                                                                                                                                                                                                                                                                                                                                      | 90%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 90%                                                  | 90%                                                  |
| Out-of-Network                                                                                                                                                                                                                                                                                                                                                                                                                   | 70%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 70%                                                  | 0%                                                   |
| <b>Deductible</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| In Network                                                                                                                                                                                                                                                                                                                                                                                                                       | \$300 individual / \$900 family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$500 individual / \$1500 family                     | \$1,000 individual / \$2,000 family                  |
| Out-of-Network                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | n/a                                                  |
| <b>Out-of-Pocket</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| In-Network                                                                                                                                                                                                                                                                                                                                                                                                                       | Varies - by salary see attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Varies - by salary see attached                      | Varies - by salary see attached                      |
| Out-of-Network                                                                                                                                                                                                                                                                                                                                                                                                                   | Varies - by salary see attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Varies - by salary see attached                      | n/a                                                  |
| <b>Medical Copays</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| Office Visit                                                                                                                                                                                                                                                                                                                                                                                                                     | \$25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$25                                                 | \$25                                                 |
| Specialty Doctor                                                                                                                                                                                                                                                                                                                                                                                                                 | \$40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$40                                                 | \$40                                                 |
| Hospital Emergency Services                                                                                                                                                                                                                                                                                                                                                                                                      | \$75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$75                                                 | \$75                                                 |
| <b>Prescription Drugs, Retail (30-day Supply); ***Mail Order, CVS or Walgreens (90-day Supply)</b>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$20 generic<br>\$50 formulary<br>\$85 non-formulary                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$20 generic<br>\$50 formulary<br>\$85 non-formulary | \$20 generic<br>\$50 formulary<br>\$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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| <b>Routine Health Screening - IN NETWORK for Designated types of Preventive Care</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 100%                                                 | 100%                                                 |
| <b>Routine Health Screening - OUT-OF-NETWORK for Designated types of Preventive Care</b>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | 70%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 70%                                                  | 0%                                                   |
| Current lists of recommended preventive care services can be found on the Healthcare.gov website at: <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
| <b>Vision Care Discount Program through BCBS Medical (Note: for the Village's freestanding vision plan, VSP, please review the VSP Vision page on the Employee Intranet)</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | Blue Cross Blue Shield (BCBS) offers two (2) vision discount programs through Davis Vision and EyeMed for PPO participants. Through the Blue 365 program, both providers offer savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. For Davis Vision: Contact 888-897-9350 or visit davisvision.com, click member and enter Client Code 4513. For EyeMed: Contact 844-684-2254 or visit eyemedexchange.com/blue365, click Find a Provider Near You and begin your search. |                                                      |                                                      |