

2027 Blue Cross Blue Shield (BCBS) of IL PPO Plans and HDHP Benefit Comparison (PUBLIC WORKS UNION)

Medical Plan Type	PPO (\$300/\$900)	PPO (\$500/\$1500)	High Deductible Health Plan (HDHP)
Group Number	PB4397	PA4455	P21768
Single	\$171.75/mo	\$165.23/mo	\$111.67/mo
Single Discount (10%)*	\$154.58/mo	\$148.71/mo	\$100.50/mo
Single + 1 Dependent	\$365.38/mo	\$351.52/mo	\$231.38/mo
Single + 1 Dependent Discount (20%)*	\$292.30/mo	\$281.22/mo	\$185.10/mo
Family	\$474.03/mo	\$436.00/mo	\$298.55/mo
Family Discount (30%)*	\$331.82/mo	\$305.20/mo	\$208.99/mo
*Employees and spouses on the plan must complete an annual biometric screening to qualify for discount rate			
Coinurance			
In- Network	90%	90%	90%
Out-of-Network	70%	70%	0%
Deductible			
In Network	\$300 individual / \$900 family	\$500 individual / \$1500 family	\$1,000 individual / \$2,000 family
Out-of-Network			n/a
Out-of-Pocket			
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
Medical Copays			
Office Visit	\$25	\$25	\$25
Specialty Doctor	\$40	\$40	\$40
Hospital Emergency Services	\$75	\$75	\$75
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	\$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 for Designated types of Preventive Care	100%	100%	100%
Routine Health Screening - OUT-OF-NETWORK for Designated types of Preventive Care	70%	70%	0%
Current lists of recommended preventive care services can be found on the Healthcare.gov website at: https://www.healthcare.gov/coverage/preventive-care-benefits/			
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)	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.		