


BCBSIL PLAN DESIGN - Effective January 1, 2018		
Prairie Central CUSD #8		
Option #1 - PPO H.S.A. \$1,750		
	In Network	Out of Network
Calendar Year Deductible		
Aggregate		
Individual	\$1,750	\$3,500
Family	\$3,500	\$7,000
Deductible Includes Rx	Y	Y
Out-of-Pocket Maximum		
Individual	\$1,750	\$9,500
Family	\$3,500	\$19,000
Hospital Services		
Inpatient	100% after deductible	50% after deductible
Outpatient	100% after deductible	50% after deductible
Per Admission Deductible	\$0	\$0
Urgent Care	100% after deductible	50% after deductible
Emergency Room	100% after deductible	\$250 copay 
Outpatient		
Surgery	100% after deductible	50% after deductible
Diagnostic	100% after deductible	50% after deductible
PT/ST/OT limits	60 visits per condition per CY	60 visits per condition per CY
Physician Office Visits		
Primary Care	100% after deductible	50% after deductible
Specialist	100% after deductible	50% after deductible
Vision Exam	100% after deductible	50% after deductible
Wellness/Preventive	100% no deductible	50% after deductible
Durable Medical Equipment	100% after deductible	50% after deductible
Prescription Drugs		
Rx Network	Traditional Select	
Rx Formulary	Basic	
Separate Rx Deductible	Plan deductible applies	
Separate Rx Out of Pocket	Plan deductible applies	
Retail		
Tier 1	100% after deductible	50% after deductible
Tier 2	100% after deductible	50% after deductible
Tier 3	100% after deductible	50% after deductible
Tier 4	100% after deductible	50% after deductible
Tier 5		
Tier 6		

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document.