

ILLINOIS EASTERN COMMUNITY COLLEGES



| Plan Name / Plan Type Network Name Benefits | OPTION 1 BCO HDHP3 (HSA Eligible) | | | OPTION 2 Self-Only BCO HDHP4 (HSA Eligible) | | | OPTION 2 Family BCO HDHP4 (HSA Eligible) | | | OPTION 3 BCO Custom HSA (HSA Eligible) | | | OPTION 4 BCO PPO Plus (Non-HSA Eligible) | | |
|---|--|--|--------------------------|---|--|--------------------------|--|--|--------------------------|--|--|---|--|---|---|
| | BCBSIL Blue Choice Options | | | BCBSIL Blue Choice Options | | | BCBSIL Blue Choice Options | | | BCBSIL Blue Choice Options | | | BCBSIL Blue Choice Options | | |
| | Tier 1 BCO Provider In- Network | Tier 2 PPO Provider In-Network | Tier 3 Out-of-Network | Tier 1 BCO Provider In- Network | Tier 2 PPO Provider In-Network | Tier 3 Out-of-Network | Tier 1 BCO Provider In- Network | Tier 2 PPO Provider In-Network | Tier 3 Out-of-Network | Tier 1 BCO Provider In- Network | Tier 2 PPO Provider In-Network | Tier 3 Out-of-Network | Tier 1 BCO Provider In- Network | Tier 2 PPO Provider In-Network | Tier 3 Out-of-Network |
| Coinsurance | 80% | 60% | 50% | 80% | 60% | 50% | 80% | 60% | 50% | 100% | 80% | 60% | 80% | 60% | 50% |
| Deductible | | | | | | | | | | | | | | | |
| Individual / Family | \$6,500 / \$13,000 | \$6,500 / \$13,000 | \$14,000 / \$28,000 | \$3,000 (Self-Only) | \$3,000 (Self-Only) | \$6,000 (Self-Only) | \$3,400 / \$6,000 | \$3,400 / \$6,000 | \$6,000 / \$12,000 | \$2,000 / \$4,000 | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$1,000 / \$2,000 | \$1,000 / \$2,000 | \$2,000 / \$4,000 |
| Additional Deductible Information | Embedded Deductible | | | Aggregate Deductible (Self-Only) | | | Embedded Deductible | | | Aggregate Deductible | | | Embedded Deductible | | |
| Out-of-pocket max (Medical) | | | | | | | | | | | | | | | |
| Individual / Family | \$7,000 / \$14,000 | \$7,000 / \$14,000 | \$14,500 / \$29,000 | \$6,000 (Self-Only) | \$6,000 (Self-Only) | \$12,000 (Self-Only) | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$12,000 / \$24,000 | \$4,000 / \$8,000 | \$4,000 / \$8,000 | \$8,000 / \$16,000 | \$3,500 / \$7,000 | \$3,500 / \$7,000 | \$7,000 / \$14,000 |
| Out-of-pocket max (RX) | | | | | | | | | | | | | | | |
| Individual / Family | Included in Medical OPX | | | Included in Medical OPX | | | Included in Medical OPX | | | Included in Medical OPX | | | \$1,000 / \$3,000 | | |
| Physician Services | | | | | | | | | | | | | | | |
| Office visits - Primary / Specialist | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 100% after ded. | 80% after ded. | 60% after ded. | \$30 / \$50 copay | \$50 / \$100 copay | 50% after ded. |
| Preventive/Wellness Care | | | | | | | | | | | | | | | |
| | 100% | 50% after ded. | | 100% | 50% after ded. | | 100% | 50% after ded. | | 100% | 60% after ded. | | 100% | 50% after ded. | |
| Hospital Services - Inpatient | | | | | | | | | | | | | | | |
| | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 100% after ded. | 80% after ded. | \$300 ded. per admit, then 60% after ded. | 80% after ded. | 60% after ded. | \$250 ded. per admit, then 60% after ded. |
| Hospital Services - Outpatient | | | | | | | | | | | | | | | |
| | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 100% after ded. | 80% after ded. | 60% after ded. | 80% after ded. | 60% after ded. | 50% after ded. |
| Emergency Room | | | | | | | | | | | | | | | |
| | 80% after ded. | | | 80% after ded. | | | 80% after ded. | | | 90% after ded. | | | \$150 copay | | |
| Urgent Care | | | | | | | | | | | | | | | |
| | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 80% after ded. | 60% after ded. | 50% after ded. | 100% after ded. | 80% after ded. | 60% after ded. | 80% after ded. | 60% after ded. | 50% after ded. |
| Prescription Drugs - Retail | | | | | | | | | | | | | | | |
| | 80% after ded. | Member pays 25% additional charge after applicable ded. & coins. | | 80% after ded. | Member pays 25% additional charge after applicable ded. & coins. | | 80% after ded. | Member pays 25% additional charge after applicable ded. & coins. | | 80% after ded. | Member pays 25% additional charge after applicable ded. & coins. | | \$15 / \$25 / \$40 / \$175 | Member pays 25% additional charge after copay | |
| Prescription Drugs - Mail Order | | | | | | | | | | | | | | | |
| | 80% after ded. | Not Covered | | 80% after ded. | Not Covered | | 80% after ded. | Not Covered | | 80% after ded. | Not Covered | | 2x Retail | Not Covered | |
| Coverage Tier & Monthly Cost | <u>2026 Employee Contributions (Monthly)</u> | | | <u>2026 Employee Contributions (Monthly)</u> | | | <u>2026 Employee Contributions (Monthly)</u> | | | <u>2026 Employee Contributions (Monthly)</u> | | | <u>2026 Employee Contributions (Monthly)</u> | | |
| Employee Only | \$0.00 | | | \$0.00 | | | \$0.00 | | | \$84.55 | | | \$162.76 | | |
| Employee + Spouse | \$1,038.83 | | | \$1,209.89 | | | \$1,209.89 | | | \$1,392.06 | | | \$1,560.61 | | |
| Employee + Child(ren) | \$496.39 | | | \$622.95 | | | \$622.95 | | | \$757.79 | | | \$882.51 | | |
| Employee + Family | \$1,770.28 | | | \$2,001.29 | | | \$2,001.29 | | | \$2,247.32 | | | \$2,474.93 | | |