



ILLINOIS EASTERN COMMUNITY COLLEGES

Plan Name / Plan Type	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)		
Network Name	BCBSIL Blue Choice Options			BCBSIL Blue Choice Options			BCBSIL Blue Choice Options			BCBSIL Blue Choice Options			BCBSIL Blue Choice Options		
Benefits	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	2026 Employee Contributions (Monthly)			2026 Employee Contributions (Monthly)			2026 Employee Contributions (Monthly)			2026 Employee Contributions (Monthly)			2026 Employee Contributions (Monthly)		
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		