Medical Coverage - 5 Recommended Plans

Medical Employer Contribution
Employees 100% / Dependents 0%

	1	2	3	4
	UnitedHealthcare	BlueCross BlueShield of Illinois	BlueCross BlueShield of Illinois	BlueCross BlueShield of Illinois
	UnitedHealthcare Level Funded P1000i80LX22B Choice Plus	**BlueCross BlueShield of Illinois S507OPT Blue Options Silver PPO**	**BlueCross BlueShield of Illinois S506OPT Blue Options Silver PPO**	**BlueCross BlueShield of Illinois B535PPO Blue PPO Bronze**
	PPO Level Funding	S507OPT PPO Silver	S506OPT PPO Silver	B535PPO PPO Bronze
Doctor Visit	**$25; <19y & Virtual: $0**	**0% after ded BC/30% after ded PPO**	**$50/visit, ded waived BP/$70/visit, ded waived PPO**	**0% after ded**
Specialist Visit	**$75**	**0% after ded BC/30% after ded PPO**	**$70/visit, ded waived BP/$110/visit, ded waived PPO**	**0% after ded**
X-ray/Lab	**Ded Coins**	**0% after ded BC/30% after ded PPO**	**20% after ded BP/40% after ded PPO**	**0% after ded**
Imaging	**Ded Coins**	**0% after ded BC/30% after ded PPO**	**20% after ded BP/40% after ded PPO**	**0% after ded**
Urgent Care	**$50**	**0% after ded BC/30% after ded PPO**	**$75/visit, ded waived BC/$75/visit, ded waived PPO**	**0% after ded**
Emergency Room	**$300 Ded Coins**	**0% after ded BC/0% after ded PPO**	**$600/visit 20% after ded BC/$600/visit 20% after ded PPO**	**$250/visit plan ded**
Hospital Stay	**Ded Coins**	**0% after ded BC/30% after ded PPO**	**$250/visit 20% after ded BC/$500/visit 40% after ded PPO**	**0% after ded**
Coinsurance	**20%**	**0% BC / 30% PPO**	**20% BC / 40% PPO**	**0%**
Prescription Drugs	**$10/$35/$75/$250**	**0%**	**$20/$30/$70 $120/$250/$350**	**0%**
Deductible Indiv / Family	**$1,000 / $2,000**	**$4,800 / $14,000**	**$5,250 / $15,750**	**$7,200 / $14,400**
Out-of-Pocket Max Indiv / Family	**$3,000 / $6,000**	**$4,800 / $14,000**	**$8,150 / $18,200**	**$7,200 / $14,400**
Monthly Composite Rates		Monthly Age Banded Rates	Monthly Age Banded Rates	Monthly Age Banded Rates
Employee Only (2)	**$841.78**	Rate grid is available in the Employee by Employee Cost Details page	Rate grid is available in the Employee by Employee Cost Details page	Rate grid is available in the Employee by Employee Cost Details page
Employee & Spouse (0)	**$2,227.41**			
Employee & Children (0)	**$1,752.34**			
Employee & Family (0)	**$3,058.78**			
Monthly Premium	**$1,683.56**	**$1,890.16**	**$1,902.40**	**$2,085.92**
Employer Cost	$1,683.56	$1,890.16	$1,902.40	$2,085.92
Total Monthly Cost	Illustrative Quote $1,683.56	$1,890.16*	$1,902.40*	$2,085.92*
Employee Cost	$0.00	$0.00	$0.00	$0.00
Plan Summary	Stop Loss Limit: $15,000. Fee Agreement: $50.00 PEPM. Contract Type: Incurred12. Wellness Plans: Rally, Real Appeal			

Medical Coverage - 5 Recommended Plans

Medical Employer Contribution
Employees 100% / Dependents 0%

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BlueCross BlueShield of Illinois

BlueCross BlueShield of Illinois G506OPT Blue Options Gold PPO

G506OPT | PPO | Gold

Doctor Visit	$40/visit, ded waived BP/$60/visit, ded waived PPO
Specialist Visit	$60/visit, ded waived BP/$100/visit, ded waived PPO
X-ray/Lab	20% after ded BP/40% after ded PPO
Imaging	20% after ded BP/40% after ded PPO
Urgent Care	$75/visit, ded waived
Emergency Room	$600/visit 20% after ded BC/$600/visit 20% after ded PPO
Hospital Stay	$250/visit 20% after ded BC/$500/visit 40% after ded PPO
Coinsurance	20% BC / 40% PPO
Prescription Drugs	$20/$30/$70 $120/$250/$350
Deductible Indiv / Family	$750 / $2,250
Out-of-Pocket Max Indiv / Family	$6,750 / $17,300

Monthly Age Banded Rates

Rate grid is available in the Employee by Employee Cost Details page

Monthly Premium $2,199.01

Employer Cost	Total Monthly Cost	Employee Cost
$2,199.01	$2,199.01*	$0.00

Plan Summary