



Champaign County BCBS Medical Plan - 1/1/2025

Member Benefits	BCBSIL BlueChoice Select Member Responsibility		In-Network Benefits AFTER HCA Payments
	In-Network	Out-of-Network	
Calendar Year Plan Deductible	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$2,000 Family: \$4,000
Calendar Year Out-of-Pocket Maximum	Single: \$5,000 Family: \$10,000 <i>Includes deductibles, coinsurance and copayments</i>	Single: \$10,000 Family: \$20,000 <i>Includes deductibles, coinsurance and copayments</i>	Single: \$2,000 Family: \$4,000 <i>Includes deductibles, coinsurance and some copayments / RX copayments are not covered by the HRA and will continue up to Single: \$5,000 Family \$10,000</i>
Preventive Services <i>Immunizations, adult and child annual physicals, mammograms, PAPs, cancer screenings and additional USPSTF items</i>	\$0 copayment <i>deductible does not apply</i>	Deductible first 20% coinsurance	\$0 copayment <i>deductible does not apply</i>
<i>Primary Care Visit</i>	\$25 copayment <i>deductible does not apply</i>	Deductible first 20% coinsurance	\$25 copayment <i>deductible does not apply</i>
<i>Specialist Office Visit</i>	\$50 copayment <i>deductible does not apply</i>	Deductible first 20% coinsurance	\$50 copayment <i>deductible does not apply</i>
<i>Outpatient and Diagnostic Testing X-ray, lab, MRI, CT scan etc</i>	Deductible first 0% coinsurance	Deductible first 20% coinsurance	Deductible first 0% coinsurance
<i>Facility Fee</i>	Deductible first 0% coinsurance	Deductible first 20% coinsurance	Deductible first 0% coinsurance
<i>Outpatient Surgery/Procedures</i>	Deductible first 0% coinsurance	Deductible first 20% coinsurance	Deductible first 0% coinsurance
<i>Inpatient Hospitalization</i>	Deductible first 0% coinsurance	Deductible first 20% coinsurance	Deductible first 0% coinsurance
<i>Urgent Care Visit</i>	Deductible first 0% coinsurance	Deductible first 20% coinsurance	Deductible first 0% coinsurance
<i>Emergency Department Visits</i>	\$200 copayment <i>deductible does not apply</i>	\$200 copayment <i>deductible does not apply</i>	\$200 copayment <i>deductible does not apply</i>
<i>Emergency Ambulance</i>	\$100 copayment <i>deductible does not apply</i>	\$100 copayment <i>deductible does not apply</i>	\$100 copayment <i>deductible does not apply</i>
<i>Mental Health, Behavioral Health or Substance Abuse Services</i>	Same as any other charge	Same as any other charge	Same as any other charge
<i>Outpatient Prescriptions Retails</i>	<i>deductible does not apply</i>	<i>deductible does not apply</i>	<i>deductible does not apply</i>
<i>Generic</i>	\$7 copayment	\$7 copayment + 25%	\$7 copayment
<i>Preferred Brand</i>	\$25 copayment	\$25 copayment + 25%	\$25 copayment
<i>Non-Preferred Brand</i>	\$50 copayment	\$50 copayment + 25%	\$50 copayment
<i>Specialty</i>	\$100 copayment	\$100 copayment + 25%	\$100 copayment
		CVS / Target / Schnucks NOT covered	
<i>Outpatient Prescriptions Mail-Order</i>	2 X co-pay for 90 day supply	Not Covered	2 X co-pay for 90 day supply

This is a brief summary of BCBS benefits for illustrative purposes only. It is not a contract and offers no contractual obligation on behalf of GBS. Please refer to the BCBS policy for detailed information regarding coverage