



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

SILVER + CSR

## Blue Choice Preferred Silver PPO<sup>SM</sup> 801 - PPO

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an *especially* good value.

- Cheaper doctor visits**
- Cheaper hospital visits**
- Cheaper prescriptions**
- Lower deductibles**
- Lower out-of-pocket max**



### Plan costs



Click the down arrow to learn more about each of these.

Monthly premium	\$1.00 per month <small>was \$853.77</small>	▼
Deductible (Health + Rx)	\$200 per person	▼
Out-of-pocket max	\$900 per person	▼
Network type	PPO	▼
Metal tier	Silver	▼
Overall rating	4	▼
Official documents	<a href="#">Summary of benefits and coverages (PDF)</a> <a href="#">Drug formulary</a> <a href="#">Provider list</a> <a href="#">Plan brochure</a>	



### Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

#### Tier Selector

In network 1



Before deductible is met

After deductible is met

Primary care visit

No charge

No  
charge



Specialist visit	\$10	\$10
Preventive care visit	No charge	No charge



## Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
Generic	\$10	\$10
Brand	Full price	30%
Non-preferred Brand	Full price	35%
Specialty	Full price	45%



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
X-rays	Full price	10%
Imaging (CT/PET/MRI)	Full price	10%
Blood work	Full price	10%



## Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

### Tier Selector

In network 1



	Before deductible is met	After deductible is met
<b>Urgent care</b>	\$10	\$10
<b>Emergency room</b>	Full price	30%
<b>Ambulance</b>	Full price	30%
<b>Hospital stay (facility)</b>	Full price	30%
<b>Hospital stay (physician)</b>	Full price	30%
<b>Outpatient procedure (facility)</b>	Full price	10%
<b>Outpatient procedure (physician)</b>	Full price	30%
<b>Physical rehabilitation</b>	Full price	30%



## Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

### Tier Selector

In network 1



	Before deductible is met	After deductible is met
<b>Outpatient services</b>	No charge	No charge
<b>Psychiatric hospital stay</b>	Full price	30%



## Pregnancy & birth

Every plan covers services provided before and after your child is born.

**Tier Selector**

In network 1

**Before deductible is met****After deductible is met**

Well baby care	No charge	No charge
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Labor, delivery, hospital stay	Full price	30%
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**Free preventive care**

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening



Alcohol misuse screening and counseling



Aspirin use



Blood pressure screening



Cholesterol screening



Colorectal cancer screening



Depression screening



Diabetes screening



Diet counseling



Falls prevention



Hepatitis B screening



Hepatitis C screening



HIV screening



Immunization vaccines



Lung cancer screening



Obesity screening and counseling



Sexually transmitted infection (STI) prevention counseling



Statin preventive medication



Syphilis screening





## Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$376, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **4th lowest** annual out-of-pocket estimate of all 74 plans available to you.

### Estimate breakdown

This does not limit what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$12
2	Doctor visits	\$10
1	Labs or tests	\$276
7	Prescriptions	\$78
<b>Annual estimate</b>		<b>\$376</b>
Monthly estimate (on average)		\$31 per month