

# 2021 Illinois Large Group Standard Plans



# Benefit Information

Plan Type	Deductible	Out-of-Pocket Max	Coinsurance	PCP	SPC	ER
HMO	\$0	\$1,500	10%	\$25 per visit	\$50 per visit	Deductible, 10%
HMO	\$0	\$1,500	20%	\$25 per visit	\$50 per visit	Deductible, 20%
HMO, POS, PPO	\$500	\$1,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
POSC+	\$500	\$2,500	0%	\$25 per visit	\$50 per visit	\$150 per visit
POSC+	\$500	\$2,500	0%	\$40 per visit	\$65 per visit	\$150 per visit
POSC+	\$500	\$2,500	20%	\$25 per visit	\$50 per visit	\$150 per visit
POSC+	\$500	\$2,500	20%	\$40 per visit	\$65 per visit	\$150 per visit
HMO, POS, PPO	\$1,000	\$2,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
POSC+	\$1,000	\$3,000	0%	\$10 per visit	\$25 per visit	\$200 per visit
POSC+	\$1,000	\$3,000	0%	\$25 per visit	\$50 per visit	\$200 per visit
POSC+	\$1,000	\$3,000	20%	\$10 per visit	\$25 per visit	\$200 per visit
POSC+	\$1,000	\$3,000	20%	\$25 per visit	\$50 per visit	\$200 per visit
HMO, POS, PPO	\$1,500	\$3,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS, PPO	\$1,500	\$3,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$1,500	\$3,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO*	\$1,500	\$1,500	0%	Deductible, 0%	Deductible, 0%	Deductible, 0%
HMO, POS, PPO*	\$1,500	\$3,000	20%	Deductible, 20%	Deductible, 20%	Deductible, 20%
HMO, POS, PPO	\$2,000	\$4,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS, PPO	\$2,000	\$4,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$2,000	\$4,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO	\$2,500	\$5,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS, PPO	\$2,500	\$5,000	20%	\$25 per visit	\$40 per visit	\$250 per visit

Standard pharmacy plan offerings are Rx230, Rx231, Rx232 and Rx233

\*HSA deductibles aggregate

\*\*HSA deductibles embedded

Plan Type	Deductible	Out-of-Pocket Max	Coinsurance	PCP	SPC	ER
HMO, POS, PPO	\$2,500	\$5,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO**	\$2,800	\$2,800	0%	Deductible, 0%	Deductible, 0%	Deductible, 0%
HMO, POS, PPO**	\$2,800	\$5,600	20%	Deductible, 20%	Deductible, 20%	Deductible, 20%
HMO, POS, PPO	\$3,000	\$6,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS, PPO	\$3,000	\$6,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$3,000	\$6,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO	\$3,500	\$7,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS, PPO	\$3,500	\$7,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$3,500	\$7,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO	\$4,000	\$8,150	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS, PPO	\$4,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$4,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO	\$5,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$5,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO**	\$5,000	\$5,000	0%	Deductible, 0%	Deductible, 0%	Deductible, 0%
HMO, POS, PPO**	\$5,000	\$6,750	20%	Deductible, 20%	Deductible, 20%	Deductible, 20%
HMO, POS, PPO	\$6,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$6,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO	\$7,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS, PPO	\$7,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS, PPO	\$8,150	\$8,150	0%	\$40 per visit	\$65 per visit	Deductible, 0%

Standard pharmacy plan offerings are Rx230, Rx231, Rx232 and Rx233

\*HSA deductibles aggregate

\*\*HSA deductibles embedded

# Rx230

Member Benefits	Member Responsibility	
Retail Drugs	Participating	Non-Participating
Preferred Generic - Tier 1	\$0	Deductible, 50%
Non-Preferred Generic - Tier 2	\$7	Deductible, 50%
Preferred Brand - Tier 3	\$35	Deductible, 50%
Non-Preferred Brand - Tier 4	\$70	Deductible, 50%
Preferred Specialty - Tier 5	\$140	Deductible, 50%
Non-Preferred Specialty - Tier 6	50%	Deductible, 50%

\*Not available with an HSA plan.

# Rx231

Member Benefits	Member Responsibility	
Retail Drugs	Participating	Non-Participating
Preferred Generic - Tier 1	\$0	Deductible, 50%
Non-Preferred Generic - Tier 2	\$10	Deductible, 50%
Preferred Brand - Tier 3	\$40	Deductible, 50%
Non-Preferred Brand - Tier 4	\$80	Deductible, 50%
Preferred Specialty - Tier 5	30%	Deductible, 50%
Non-Preferred Specialty - Tier 6	50%	Deductible, 50%

\*Not available with an HSA plan.

# Rx232

Member Benefits	Member Responsibility	
Retail Drugs	Participating	Non-Participating
Preferred Generic - Tier 1	Deductible, 0%	Deductible, 50%
Non-Preferred Generic - Tier 2	Deductible, 0%	Deductible, 50%
Preferred Brand - Tier 3	Deductible, 0%	Deductible, 50%
Non-Preferred Brand - Tier 4	Deductible, 0%	Deductible, 50%
Preferred Specialty - Tier 5	Deductible, 0%	Deductible, 50%
Non-Preferred Specialty - Tier 6	Deductible, 0%	Deductible, 50%

\*The RX 232 option only applies to HSA plans with a coinsurance of 0%.

# Rx233

Member Benefits	Member Responsibility	
Retail Drugs	Participating	Non-Participating
Preferred Generic - Tier 1	Deductible, 20%	Deductible, 50%
Non-Preferred Generic - Tier 2	Deductible, 20%	Deductible, 50%
Preferred Brand - Tier 3	Deductible, 20%	Deductible, 50%
Non-Preferred Brand - Tier 4	Deductible, 20%	Deductible, 50%
Preferred Specialty - Tier 5	Deductible, 20%	Deductible, 50%
Non-Preferred Specialty - Tier 6	Deductible, 20%	Deductible, 50%

\*The RX 233 option only applies to HSA plans with a coinsurance of 20%.