

Cooperative 90's Medical Plan 2020-2021

Plan Options Effective 6/1/20

Benefits	Blue Cross HMO IL		Coop 90's Self Funded PPO		Coop 90's Self Funded HDHP	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Network	HMO Illinois	NO COVERAGE	Blue Cross Blue Shield of Illinois	See Any Provider	Blue Cross Blue Shield of Illinois	See Any Provider
Primary Care Physician (PCP)	Yes	NO COVERAGE		N/A		N/A
Referrals Needed outside of PCP Care	Yes	NO COVERAGE		N/A		N/A
Deductible						
Single	N/A	NO COVERAGE		\$500	\$1,500	\$3,000
Family	N/A	NO COVERAGE		\$1,000	\$3,000	\$6,000
Coinsurance	100%	NO COVERAGE	90%/10%	70%/30%	80%/20%	60%/40%
Out of Pocket Maximum (incl.ded.)						
Single	\$1,500 Copay Limit	NO COVERAGE	\$2,500	\$3,500	\$3,000	\$6,000
Family	\$3,000 Copay Limit	NO COVERAGE	\$5,000	\$7,000	\$6,000	\$12,000
Office Visit	\$20	NO COVERAGE	\$20	Ded then 70%/30%	Deductible then 80%	Ded then 60%
Inpatient Hospital	100%	NO COVERAGE	Ded then 90%/10%	Ded then 70%/30%	Deductible then 80%	Ded then 60%
Emergency Room	\$150	NO COVERAGE	Ded then 90%/10%		Deductible then 80%/20%	
Prescription Copays	\$10/\$20/\$35/\$50 to RX Out of Pocket Max	NO COVERAGE	Retail: \$10 Generic/ \$40 Pref Brand/ \$60 Non-Pref Brand Mail (90 day): \$25 Generic/ \$100 Pref Brand/ \$150 Non-Pref Brand to RX Out of Pocket Max		Deductible then 80%/20%	
RX Out of Pocket Maximum	\$2500 Individual \$5000 Family	NO COVERAGE	\$2500 Individual \$5000 Family		Included in Medical Out of Pocket Maximum	
Rates	HMO IL		Coop 90's Self Funded PPO		Coop 90's Self Funded HDHP	
Employee	\$619.50		\$880.00		\$793.00	
EE/Spouse	\$1,197.44		\$2,408.00		\$2,169.00	
EE/Child(ren)	\$1,149.12		\$2,122.00		\$1,912.00	
Family	\$1,777.86		\$2,609.00		\$2,351.00	
Medicare - Single	\$619.50		\$880.00		\$793.00	
Medicare - Employee + Spouse	\$1,197.44		\$1,760.00		\$1,586.00	

5.5% Increase

15% Increase

15% Increase

This is a summary only.