

# 2021 MEDICAL PLAN SUMMARIES

## BLUE CROSS BLUE SHIELD OF ILLINOIS

# 2021 MEDICAL CONTRIBUTIONS

## BI-WEEKLY RATES

BENEFIT	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> Individual/ Family	\$2,500/ \$5,000 (Non-embedded*)	\$5,000/ \$10,000 (Non-embedded*)	\$1,000/ \$2,000	\$2,000/ \$4,000	\$5,000/ \$10,000	No coverage
<b>HSA Seed Match</b> Individual/ Family	<b>\$500/ \$1,000**</b>	N/A	N/A	N/A	N/A	N/A
<b>Out-of-Pocket Maximum</b> Individual/ Family	\$4,000/ \$8,000	\$10,000/ \$20,000	\$3,250/ \$6,500	\$6,000/ \$12,000	\$8,150/ \$16,300	No coverage
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited	
<b>Coinsurance</b>	Plan pays: 80%	Plan pays: 60%	Plan pays: 80%	Plan pays: 60%	Plan pays: 80%	No coverage
<b>Preventive Care</b>	Covered 100%	60% after Deductible	Covered 100%	60% after Deductible	Covered 100%	No coverage
<b>Primary Care Office Visit</b>	80% after Deductible	60% after Deductible	\$30 Copay	60% after Deductible	\$40 Copay	No coverage
<b>Specialist Office Visit</b>	80% after Deductible	60% after Deductible	\$50 Copay	60% after Deductible	\$80 Copay	No coverage
<b>Pregnancy – Maternity Services</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Emergency Room Visit</b>	80% after Deductible	80% after Deductible	\$100 Copay	\$100 Copay	\$200 Copay	\$200 Copay
<b>Hospital – Inpatient Care</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Lab,X-ray,CTScan, MRI – Outpatient</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Outpatient Surgery</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	N/A
<b>Physical Therapy</b>	80% after Deductible 100% at Athletico after Deductible	60% after Deductible	80% after Deductible \$0 Copay at Athletico, no Deductible	60% after Deductible	80% after Deductible \$0 Copay at Athletico, no Deductible	No coverage
<b>Mental Health</b> Inpatient & Outpatient	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Neurobiological Services</b> (Autism Spectrum Disorder) Inpatient & Outpatient	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage

\* A non-embedded deductible means the entire family deductible needs to be satisfied before co-insurance is paid. There are no individual deductibles unless you have Employee Only coverage.

\*\* Athletico will match contributions you make each payroll up to \$500 (annually) if you are enrolled in single coverage or up to \$1,000 (annually) for any other tier of coverage under the HSA plan. These contributions will be made on a quarterly basis. For a full listing of benefits for all medical plans offered, please refer to the Summary of Benefits and Coverage (SBCs) or the Summary Plan Description (SPDs) on MyADP.

### Employees Working 30+ Hours Per Week

	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User
<b>Employee Only</b>	\$56.82	\$26.82	\$102.41	\$72.41	\$8.04*	\$8.04*
<b>Employee + Spouse</b>	\$136.90	\$106.90	\$318.63	\$288.63	\$62.07	\$32.07
<b>Employee + Child(ren)</b>	\$124.29	\$94.29	\$284.58	\$254.58	\$58.29	\$28.29
<b>Family</b>	\$164.09	\$134.09	\$392.03	\$362.03	\$70.23	\$40.23

### Employees Working 24-29 Hours Per Week

	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User
<b>Employee Only</b>	\$152.75	\$122.75	\$176.57	\$146.57	\$8.04*	\$8.04*
<b>Employee + Spouse</b>	\$388.44	\$358.44	\$418.39	\$388.39	\$310.09	\$280.09
<b>Employee + Child(ren)</b>	\$353.21	\$323.21	\$381.40	\$351.40	\$281.05	\$251.05
<b>Family</b>	\$542.05	\$512.05	\$584.85	\$554.85	\$440.86	\$410.86

\* Due to the rules of the Affordable Care Act (ACA), this rate is standard throughout all levels of eligibility and is not impacted by tobacco usage.