

Available HRA Payment:	\$4,445	
Potential Deductible Out-of- Pocket:	\$2,405	
	Some expenses will not apply to your deductible, such as office visit and prescription copays. Those expenses will accumulate towards your overall Out-of-Pocket total. Your total Out-of-Pocket exposure is \$2,905 after any HRA reimbursements. Once the overall Out-of-Pocket maximum has been met, BCBS will begin to pay expenses at 100%.	



BlueCross BlueShield of Illinois

Danville Community Consolidated School Dist. #118

Effective 1/1/19

Calendar Year Deductible Individual		In Network	Out of Network
Family	Calendar Year Deductible		
Deductible Includes Rx	Individual	\$6,850	\$15,000
Dut-of-Pocket Maximum	Family	\$13,700	\$45,000
Individual \$7,350	Deductible Includes Rx	N	N
Family	Out-of-Pocket Maximum		
Out of Pocket Includes Rx Y Y Hospital Services Inpatient (Dutpatient) 100% after deductible 50% after deductible Fer Admission Deductible \$0 \$0 Emergency Room \$200 copay (no deductible) \$200 copay (no deductible) Emergency Room Transportation \$100 copay (no deductible) \$100 copay (no deductible) Outpatient W \$50 copay (no deductible) \$100 copay (no deductible) Urgent Care \$50 copay (no deductible) \$50% after deductible Diagnostic test (x-ray, blood work) No charge 50% after deductible Surgery 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible Prisity OT limits 30 days per CY 30 days per CY Physician Office Visits \$25 copay (1 copay per provider per day) 50% after deductible Specialist \$50 copay (1 copay per provider per day) 50% after deductible Chiropractic 50%, 10 visit maximum per year 50% after deductible Prescription Drugs <t< td=""><td>Individual</td><td>\$7,350</td><td>\$45,000</td></t<>	Individual	\$7,350	\$45,000
Out of Pocket Includes Rx Y Y Hospital Services Inpatient (Dutpatient) 100% after deductible 50% after deductible Fer Admission Deductible \$0 \$0 Emergency Room \$200 copay (no deductible) \$200 copay (no deductible) Emergency Room Transportation \$100 copay (no deductible) \$100 copay (no deductible) Outpatient W \$50 copay (no deductible) \$100 copay (no deductible) Urgent Care \$50 copay (no deductible) \$50% after deductible Diagnostic test (x-ray, blood work) No charge 50% after deductible Surgery 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible Prisity OT limits 30 days per CY 30 days per CY Physician Office Visits \$25 copay (1 copay per provider per day) 50% after deductible Specialist \$50 copay (1 copay per provider per day) 50% after deductible Chiropractic 50%, 10 visit maximum per year 50% after deductible Prescription Drugs <t< td=""><td>Family</td><td>\$14,700</td><td>\$120,000</td></t<>	Family	\$14,700	\$120,000
Inpatient	Out of Pocket Includes Rx		Y
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Outpatient 100% after deductible 50% after deductible Per Admission Deductible \$0 \$0 Emergency Room \$200 copay (no deductible) \$200 copay (no deductible) Dutpatient Urgent Care \$50 copay (no deductible) \$50% after deductible Diagnostic test (x-ray, blood work) No charge 50% after deductible Diagnostic test (x-ray, blood work) 100% after deductible 50% after deductible Surgery 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible PT/ST/OT limits 30 days per CY 30 days per CY Physician Office Visits Primary Care \$25 copay (1 copay per provider per day) 50% after deductible Specialist \$50 copay (1 copay per provider per day) 50% after deductible Chiropractic 50%, 10 visit maximum per year 50%, 10 visit maximum per year Wellness/Preventive 100% no deductible 50%, 10 visit maximum per year Preferred Pharmacy Network Rx Retail Tier 2 \$50 copay		100% after deductible	50% after deductible
Per Admission Deductible \$0 \$0 Emergency Room \$200 copay (no deductible) \$200 copay (no deductible) Emergency Room \$100 copay (no deductible) \$100 copay (no deductible) Outpatient Urgent Care \$50 copay (no deductible) 50% after deductible Diagnostic test (x-ray, blood work) No charge 50% after deductible Brugery 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible Diagnostic 100% after deductible 50% after deductible Prisor Office Visits 30 days per CY 30 days per CY Physician Office Visits \$25 copay (1 copay per provider per day) 50% after deductible Specialist \$50 copay (1 copay per provider per day) 50% after deductible Specialist \$50 copay (1 copay per provider per day) 50% after deductible Prescription Drugs Rx Network Preferred Pharmacy Network Rx Formulary Performance Drug List Retail 30 copay 30 copay Tier 1 \$7 copay Tier 5 \$50 copay		100% after deductible	50% after deductible
Emergency Room Transportation		\$0	\$0
Emergency Room Transportation	Emergency Room	\$200 copay (no deductible)	· ·
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Prescription Drugs Preferred Pharmacy Network Rx Network Performance Drug List Rx Formulary Performance Drug List Retail \$7 copay Tier 1 \$7 copay Tier 2 \$25 copay Tier 3 \$50 copay Tier 4 \$100 copay Tier 5 \$150 copay Tier 6 \$0% Mail Order \$14 copay - 90 day supply Tier 2 \$50 copay - 90 day supply Tier 3 \$100 copay - 90-day supply Tier 4 \$200 copay - 90-day supply Tier 5 50%			
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Tier 2 \$25 copay Tier 3 \$50 copay Tier 4 \$100 copay Tier 5 \$150 copay Tier 6 \$50% Mail Order \$14 copay - 90 day supply Tier 1 \$14 copay - 90 day supply Tier 2 \$50 copay - 90 day supply Tier 3 \$100 copay - 90-day supply Tier 4 \$200 copay - 90-day supply Tier 5 \$0%	Retail		
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Tier 2 \$50 copay - 90 day supply Tier 3 \$100 copay - 90-day supply Tier 4 \$200 copay - 90-day supply Tier 5 50%	Mail Order		
Tier 2 \$50 copay - 90 day supply Tier 3 \$100 copay - 90-day supply Tier 4 \$200 copay - 90-day supply Tier 5 50%	Tier 1	\$14 copay - 90 day supply	
Tier 3 \$100 copay - 90-day supply Tier 4 \$200 copay - 90-day supply Tier 5 50%	Tier 2		
Tier 4 \$200 copay - 90-day supply Tier 5 \$50%	Tier 3		
Tier 5 50%			
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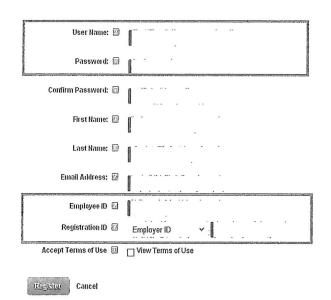
BPC Web Portal/Mobile App Registration Instructions For HRA Participants of Danville CUSD #118

Use the BPC web portal or mobile app (search "BPC Benefits" in your app store) to manage every aspect of your account on the go! Instructions below are designed for the online portal, but the same basic steps also apply if registering on the mobile app.

Step 1: Go to www.mywealthcareonline.com/bpcinc and click Register in the upper-right corner.



Step 2: Enter your personal information in the fields provided.



Your username must be unique, and may be an email address.

Your password must be at least 8 characters and include 3 of 4 character types.

- 1. Upper case letter
- 2. Lower case letter
- 3. Number
- 4. Special character (e.g. !, \$, *)

Your **Employee ID** will be your SSN (entered with no dashes)

Your Registration ID/Employer ID will be BPCDANCUSD.

Step 3: Follow the additional steps to create a set of personal questions and answers, which can be used for password retrieval in the future.

Step 4: Verify all of your information, and submit!

Forget something? – You can retrieve your username by clicking next to "Forgot Your Username" or your password by entering your username, hitting Continue, and then clicking "Forgot Your Password?"