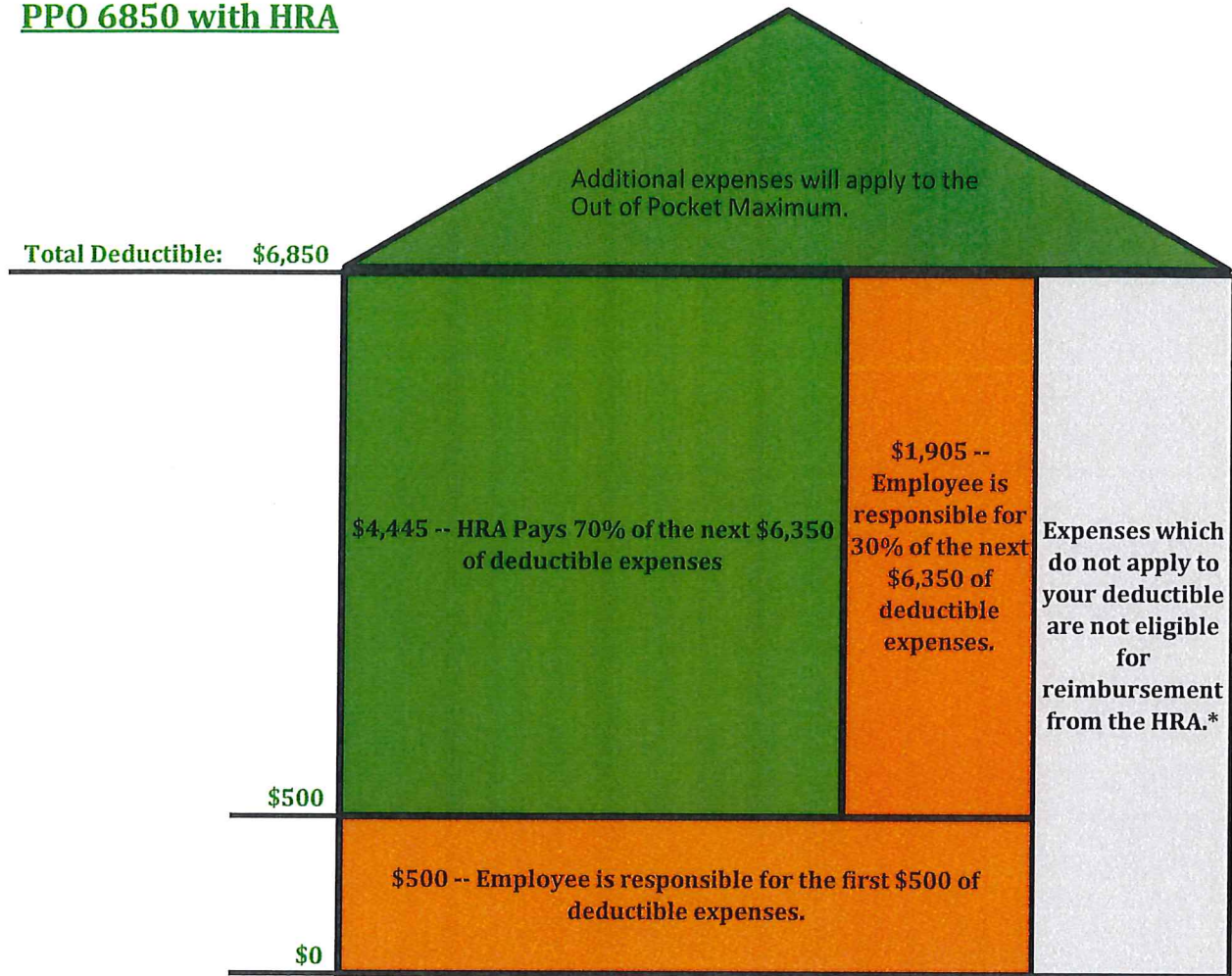


## PPO 6850 with HRA



Available HRA Payment:	\$4,445
Potential Deductible Out-of-Pocket:	\$2,405
Overall Out-of-Pocket:	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

# BlueCross BlueShield of Illinois

## Danville Community Consolidated School Dist. #118

Effective 1/1/19

	In Network	Out of Network
<b>Calendar Year Deductible</b>		
Individual	\$6,850	\$15,000
Family	\$13,700	\$45,000
Deductible Includes Rx	N	N
<b>Out-of-Pocket Maximum</b>		
Individual	\$7,350	\$45,000
Family	\$14,700	\$120,000
Out of Pocket Includes Rx	Y	Y
<b>Hospital Services</b>		
Inpatient	100% after deductible	50% after deductible
Outpatient	100% after deductible	50% after deductible
Per 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)
<b>Outpatient</b>		
Urgent Care	\$50 copay (no deductible)	50% after deductible
Diagnostic test (x-ray, blood work)	No charge	50% after deductible
Imaging (CT/PET scans, MRI's)	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
<b>Physician Office Visits</b>		
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
<b>Wellness/Preventive</b>	100% no deductible	50% after deductible
<b>Prescription Drugs</b>	<div> <div></div> <div>Preferred Pharmacy Network</div> <div>Performance Drug List</div> </div>	
Rx Network		
Rx Formulary		
Retail		
Tier 1	\$7 copay	
Tier 2	\$25 copay	
Tier 3	\$50 copay	
Tier 4	\$100 copay	
Tier 5	\$150 copay	
Tier 6	50%	
Mail Order		
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	50%	
Tier 6		
Eye Exam	Not included	Not included

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document.



## 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](http://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?"*