# DEO4ME

## Health Plan Highlights

- Blue Cross Blue Shield of IL PPO network (network available across the U.S.A)
- \$1,000 individual deductible
- 20% co-insurance
- \$3,500 individual maximum out-of-pocket
- Tele-doc co-pay \$0
- Primary care co-pay \$25
- Specialist co-pay \$50
- Preventative care covered at 100%
- No Underwriting

\*see SBC for full details

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#### How to find a Doctor

## Monthly Rates:

Employee - \$696.00

Employee & Spouse - \$1,429.00

All rates effective until 12/31/2024

Employee & Children - \$1,091.00

Family - \$1,558.00

(Same rates apply across the U.S.A)

Find Care then Find a Doctor or Hospital	Search as Guest	Participating Provider Organization (PPO)	your zip code or your location	Search In -Network Providers
Click on	Under "Not a Member Yet?" Click on	Select your network	Input	Click on
	To find a provi	ider go to: <u>www</u>	<u>.bcbsil.com</u>	

## **Vision and Dental Plan Highlights**

Monthly Rates:	
Employee - \$55.03 Employee & Spouse - \$112.20 Employee & Children - \$132.93 Family - \$199.44	
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Monthly Rates:	
Employee - \$10.28 Employee & Spouse - \$20.39 Employee & Children - \$21.86 Family - \$34.28	