



Health Plan Highlights

Rates effective 1/1/25-12/31/25

- Blue Cross Blue Shield of IL PPO network (network available across the U.S.A)
- \$1,000 individual deductible
- 20% co-insurance
- \$3,800 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

Monthly Rates:

Employee - \$731.00

Employee & Spouse - \$1,500.00

Employee & Children - \$1,146.00

Family - \$1,636.00

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

How to find a Doctor

To find a provider go to: www.bcbsil.com

Click on

Find Care then Find a Doctor or Hospital

Under "Not a Member Yet?" Click on

Search as Guest

Select your network

Participating Provider Organization (PPO)

Input

your zip code or your location

Click on

Search In-Network Providers

Vision and Dental Plan Highlights

Dental

- \$50 in/out of network deductible for both major and basic
- Basic 80% co-insurance
- Major 50% co-insurance
- \$2000 per year maximum
- Preventative \$0

* see SBC for full details

Find a dentist at: www.principal.com/find-dentist

Monthly Rates:

Employee - \$65.00

Employee & Spouse - \$130.00

Employee & Children - \$130.00

Family - \$190.00

Vision

- Exams every 12 months with \$10 copay
- Lenses \$25 copay - 1 pair covered every 12 months
- Frames covered up to \$250 every 24 months (20% off amount over allowance)
- Elective contacts covered up to \$250 per every 12 months. (Contacts can be chosen *instead of* glasses)

*see SBC for full details

Find a vision provider at: www.vsp.com/eye-doctor

Monthly Rates:

Employee - \$10.00

Employee & Spouse - \$22.00

Employee & Children - \$22.00

Family - \$35.00

For full details on tax deductions and admin fees please visit: www.peo4me.com/resources