

## Traditional Plans

Plan Description	Doctor Visit Chiropractic Care Exam	Adult Eye	Preventive Care <i>** (Refer to the list of Preventive Care Services)**</i>	Deductible	Coinsurance	Hospitalization	Out-of-Pocket Maximum	Emergency Room Visit	Prescription Drugs
<b>ILPTV05 Traditional Platinum 500</b>	Individual pays: <b>\$30/specialty</b> Routine Eye Exams/ Tests (Members 19 years of age or older)	<b>\$10/primary</b> <b>\$30 for</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$500 Individual</b> <b>\$1,000 Family</b>	90/10 (Plan pays 90%; Individual pays 10%)	10% of total cost after deductible	The most an Individual would pay per year: \$1,500 Individual \$3,000 Family	<b>\$400</b>	Individual pays:  <b>Tier 1 - \$20</b> <b>Tier 2 - \$60</b> <b>Tier 3 - \$100</b> <b>Specialty - \$150</b>
<b>ILPTV06 Traditional Platinum 750</b>	Individual pays: <b>\$15/primary</b> <b>\$35 for Routine Eye Exams/ Tests (Members 19 years of age or older)</b>	<b>\$35/specialty</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$750 Individual</b> <b>\$1,500 Family</b>	90/10 (Plan pays 90%; Individual pays 10%)	10% of total cost after deductible	The most an Individual would pay per year: \$1,500 Individual \$3,000 Family	<b>\$250</b>	Individual pays:  <b>Tier 1 - \$15</b> <b>Tier 2 - \$45</b> <b>Tier 3 - \$70</b> <b>Specialty - \$100</b>
<b>ILPTV07 Traditional Platinum 1500</b>	Individual pays: <b>\$20/specialty</b> <b>\$20 for Routine Eye Exams/ Tests (Members 19 years of age or older)</b>	<b>\$5/primary</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$1,500 Individual</b> <b>\$3,000 Family</b>	90/10 (Plan pays 90%; Individual pays 10%)	10% of total cost after deductible	The most an Individual would pay per year: \$3,000 Individual \$6,000 Family	<b>\$250</b>	Individual pays:  <b>Tier 1 - \$5</b> <b>Tier 2 - \$20</b> <b>Tier 3 - \$40</b> <b>Specialty - \$75</b>
<b>ILGTV06 Traditional Gold 2500</b>	Individual pays: <b>\$20/primary</b> <b>\$60 for Routine Eye Exams/ Tests (Members 19 years of age or older)</b>	<b>\$60/specialty</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$2,500 Individual</b> <b>\$5,000 Family</b>	75/25 (Plan pays 75%; Individual pays 25%)	25% of total cost after deductible	The most an Individual would pay per year: \$7,350 Individual \$14,700 Family	<b>\$400</b>	Individual pays:  <b>Tier 1 - \$30</b> <b>Tier 2 - \$60</b> <b>Tier 3 - \$100</b> <b>Specialty - \$150</b>
<b>ILGTV07 Traditional Gold 2000</b>	Individual pays: <b>\$35/primary</b> <b>\$70/specialty</b> <b>\$70 for Routine Eye Exams/ Tests (Members 19 years of age or older)</b>		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$2,000 Individual</b> <b>\$4,000 Family</b>	80/20 (Plan pays 80%; Individual pays 20%)	20% of total cost after deductible	The most an Individual would pay per year: \$5,500 Individual \$11,000 Family	<b>\$750</b>	Individual pays:  <b>Tier 1 - \$50</b> <b>Tier 2 - \$100</b> <b>Tier 3 - \$150</b> <b>Specialty - \$250</b>
<b>ILGTV08 Traditional Gold 3500</b>	Individual pays: <b>\$25/primary</b> <b>\$60 for Routine Eye Exams/ Tests (Members 19 years of age or older)</b>	<b>\$60/specialty</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$3,500 Individual</b> <b>\$7,000 Family</b>	70/30 (Plan pays 70%; Individual pays 30%)	30% of total cost after deductible	The most an Individual would pay per year: \$8,150 Individual \$16,300 Family	<b>\$250</b>	Individual pays:  <b>Tier 1 - \$10</b> <b>Tier 2 - \$60</b> <b>Tier 3 - \$100</b> <b>Specialty - \$150</b>
<b>ILGTV09 Traditional Gold 4000</b>	Individual pays: <b>\$75/specialty</b> <b>\$75 for Routine Eye Exams/ Tests (Members 19 years of age or older)</b>	<b>\$35/primary</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$4,000 Individual</b> <b>\$8,000 Family</b>	80/20 (Plan pays 80%; Individual pays 20%)	20% of total cost after deductible	The most an Individual would pay per year: \$7,000 Individual \$14,000 Family	<b>\$500</b>	Individual pays:  <b>Tier 1 - \$10</b> <b>Tier 2 - \$20</b> <b>Tier 3 - \$50</b> <b>Specialty - \$100</b>
<b>ILSTV003 Traditional Silver 6550</b>	Individual pays: <b>\$75/primary</b> <b>\$100/specialty</b> Routine Eye Exams/ Tests (Members 19 years of age or older)	<b>\$100 for</b>	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$6,550 Individual</b> <b>\$13,300 Family</b>	50/50 (Plan pays 50%; Individual pays 50%)	50% of total cost after deductible	The most an Individual would pay per year: \$8,150 Individual \$16,300 Family	<b>50% of total cost after deductible</b>	Individual pays:  <b>Tier 1 - \$50</b> <b>Tier 2 - \$100</b> <b>Tier 3 - \$150</b> <b>Specialty - \$300</b>

## Copay Plans

Plan Description	Doctor Visit Chiropractic Care exam	Adult eye	Preventive Care <i>to the list of Preventive Care Services)**</i>	Deductible	Coinsurance	Hospitalization	Out-of-Pocket Maximum	Emergency Room Visit	Prescription Drugs
ILPCV001 Copay Platinum	Individual pays: \$30/specialty \$30 for Routine Eye Exams/ Tests (Members 19 years of age or older)	\$10/primary	Individual pays: \$0 for medical services listed as a Preventive Care Service	Medical \$0 Individual \$0 Family	0% coinsurance	Inpatient: \$1,500 copay/visit Outpatient: \$750 copay/visit	The most an Individual would pay per year: \$1,500 Individual \$3,000 Family	\$1,000	Individual pays: Tier 1 - \$15 Tier 2 - \$45 Tier 3 - \$70 Specialty - \$100
ILGCV001 Copay Gold	Individual pays: \$70/specialty \$70 for Routine Eye Exams/ Tests (Members 19 years of age or older)	\$35/primary \$70 for	Individual pays: \$0 for medical services listed as a Preventive Care Service	Medical \$0 Individual \$0 Family	0% coinsurance	Inpatient: \$4,000 copay/visit Outpatient: \$1,500 copay/visit	The most an Individual would pay per year: \$4,000 Individual \$8,000 Family	\$2,000	Individual pays: Tier 1 - \$30 Tier 2 - \$75 Tier 3 - \$100 Specialty - \$150
ILSCV001 Copay Silver	Individual pays: \$100/specialty \$100 for Routine Eye Exams/ Tests (Members 19 years of age or older)	\$50/primary \$100 for	Individual pays: \$0 for medical services listed as a Preventive Care Service	Medical \$0 Individual \$0 Family	0% coinsurance	Inpatient: \$8,000 copay/visit Outpatient: \$2,000 copay/visit	The most an Individual would pay per year: \$8,000 Individual \$16,000 Family	\$4,000	Individual pays: Tier 1 - \$30 Tier 2 - \$60 Tier 3 - \$90 Specialty - \$150

## High Deductible Health Plans

Plan Description	Doctor Visit Adult Eye Exam	Chiropractic Care	Preventive Care <i>** (Refer to the list of Preventive Care Services)**</i>	Emergency Room Visits	Hospitalization	Deductible	Coinsurance	Out-of-Pocket Maximum	Individual pays:	Prescription Drugs
ILSH002 HDHP Silver 6000	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until they have spent \$6,000.  2. After that, Plan pays all covered expenses for the rest of the year.		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until they have spent \$6,000.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$6,000 Individual \$12,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$6,000 Individual \$12,000 Family		<b>Tier 1 - \$75 Tier 2 - \$150 Tier 3 - \$250 Specialty - \$400</b>
ILSH003 HDHP Silver with OV Copays	<b>Individual Pays:</b> \$100/primary \$200/specialty \$200 for for Routine Eye Exams/ Tests (Members 19 years of age or older) after deductible		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until they have spent \$7,000.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$7,000 Individual \$14,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$7,000 Individual \$14,000 Family		<b>Tier 1 - \$50 Tier 2 - \$100 Tier 3 - \$150 Specialty - \$300</b>
ILBH0001 HDHP Bronze 8150	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until they have spent \$8,150.  2. After that, Plan pays all covered expenses for the rest of the year.		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until \$8,150 has been spent.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical 8,150 Individual \$16,300 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$8,150 Individual \$16,300 Family		<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
ILBH0003 Bronze HDHP with Rx Copays	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until they have spent \$9,450.  2. After that, Plan pays all covered expenses for the rest of the year.		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until the \$9,450 has been spent.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$9,450 Individual \$18,900 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$9,450 Individual \$18,900 Family		<b>Tier 1 - \$150 Tier 2 - \$200 Tier 3 - \$250 Specialty - \$300</b>
ILBH0004 Bronze HDHP with Rx Copays	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until they have spent \$9,200.  2. After that, Plan pays all covered expenses for the rest of the year.		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual and/or employer pays for health care services until the \$9,200 has been spent.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$9,200 Individual \$18,400 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$9,200 Individual \$18,400 Family		<b>Tier 1 - \$200 Tier 2 - \$300 Tier 3 - \$400 Specialty - \$500</b>

## Qualified High Deductible Health Plans

Plan Description	Doctor Visit Adult Eye Exam	Chiropractic Care	Preventive Care to the list of Preventive Care Services)** <i>** (Refer to the list of Preventive Care Services)**</i>	Emergency Room Visits	Hospitalization	Deductible	Coinsurance	Out-of-Pocket Maximum	Individual pays:	Prescription Drugs
<b>ILGQ002 Qualified HDHP Gold 3500</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$3,500.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$3,500.	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$3,500.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$3,500 Individual \$7,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$3,500 Individual \$7,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
<b>ILSQ0005 Qualified Silver HDHP 3500</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$3,500.  2. After that, Plan pays 80%, Individual pays 20% for all covered expenses until the Out-of-Pocket Maximum is met, and then Plan pays all covered expenses at 100%.	1. An Individual first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$3,500.	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$3,500.  2. After that, Plan pays 80%, Individual pays 20% for all covered expenses until the Out-of-Pocket Maximum is met, and then Plan pays all covered expenses at 100%.		<b>Medical \$3,500 Individual \$7,000 Family</b>  Embedded Deductible	80/20 (Plan pays 80%; Individual pays 20%)	The most an Individual would pay per year: \$8,000 Individual \$16,000 Family	Individual pays:	<b>Tier 1 - 20% coinsurance after deductible Tier 2 - 20% coinsurance after deductible Tier 3 - 20% coinsurance after deductible Specialty - 20% coinsurance after deductible</b>
<b>ILSQ0004 Qualified Silver HDHP 6000</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$6,000.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$6,000.	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$6,000.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$3,500 Individual \$12,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$6,000 Individual \$12,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
<b>ILBQ0002 Qualified Bronze HDHP 7500</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$7,500.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$7,500.	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$7,500.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$7,500 Individual \$15,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$7,500 Individual \$15,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
<b>ILBQ0003 POS Qualified HDHP Bronze 7500 In-Network</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$7,500.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$7,500.	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$7,500.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$7,500 Individual \$15,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$7,500 Individual \$15,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
<b>ILBQ0003 POS Qualified HDHP Bronze 7500 Out-of-Network</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$15,000.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$15,000.	Individual pays: Preventive Care is not covered out of network	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$15,000.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$15,000 Individual \$30,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$15,000 Individual \$30,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
<b>ILSQ0006 POS Qualified HDHP Silver 6000 In-Network</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$6,000.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$6,000.	Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$6,000.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$6,000 Individual \$12,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$6,000 Individual \$12,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>
<b>ILSQ0006 POS Qualified HDHP Silver 6000 Out-of-Network</b>	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$12,000.  2. After that, Plan pays all covered expenses for the rest of the year.	1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$12,000.	Individual pays: Preventive Care is not covered out of network	<b>Individual Pays:</b> 1. An Individual first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$12,000.  2. After that, Plan pays all covered expenses for the rest of the year.		<b>Medical \$12,000 Individual \$24,000 Family</b>  Embedded Deductible	100/0 (Plan pays 100%; Individual pays 0%)	The most an Individual would pay per year: \$12,000 Individual \$24,000 Family	Individual pays:	<b>Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty - \$0 after deductible</b>

## Point of Service Plans

Plan Description	Doctor Visit Chiropractic Care Exam	Adult Eye	Preventive Care <i>** (Refer to the list of Preventive Care Services)**</i>	Deductible	Coinsurance	Hospitalization	Out-of-Pocket Maximum	Emergency Room Visit	Individual pays:	Prescription Drugs
<b>ILPTV08 POS Traditional Platinum 500 In-Network</b>	Individual pays: \$10/Primary \$30 for Routine Eye Exams/ Tests (Members 19 years of age or older)	\$30/Specialty	\$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$500 Individual</b> <b>\$1,000 Family</b>	90/10 (Plan pays 90%; Individual pays 10%)	10% of total cost after deductible	The most an Individual would pay per year: \$1,500 Individual \$3,000 Family	<b>\$400</b>	Individual pays:	<b>Tier 1 - \$20</b> <b>Tier 2 - \$60</b> <b>Tier 3 - \$100</b> <b>Specialty - \$150</b>
<b>ILPTV08 POS Traditional Platinum 500 Out-of-Network</b>	Individual pays: 30% for all medical services after deductible  adult eye exam is not covered		Individual pays: Preventive Care is not covered out of network	<b>Medical</b> <b>\$1,000 Individual</b> <b>\$2,000 Family</b>	70/30 (Plan pays 70%; Individual pays 30%)	30% of total cost after deductible	The most an Individual would pay per year: \$3,000 Individual \$6,000 Family	<b>\$400</b>	Individual pays:	<b>Tier 1 - \$20</b> <b>Tier 2 - \$60</b> <b>Tier 3 - \$100</b> <b>Specialty - \$150</b>
<b>ILGTV010 POS Traditional Gold 2000 In-Network</b>	Individual pays: \$35/primary \$70/specialty \$70 for Routine Eye Exams/ Tests (Members 19 years of age or older)		Individual pays: \$0 for medical services listed as a Preventive Care Service	<b>Medical</b> <b>\$2,000 Individual</b> <b>\$4,000 Family</b>	80/20 (Plan pays 80%; Individual pays 20%)	20% of total cost after deductible	The most an Individual would pay per year: \$5,500 Individual \$11,000 Family	<b>\$750</b>	Individual pays:	<b>Tier 1 - \$50</b> <b>Tier 2 - \$100</b> <b>Tier 3 - \$150</b> <b>Specialty - \$250</b>
<b>ILGTV010 POS Traditional Gold 2000 Out-of-Network</b>	Individual pays: 40% for all medical services after deductible  Routine Eye Exams/Tests (Members 19 Years of age or older) Not Covered		Individual pays: Preventive Care is not covered out of network	<b>Medical</b> <b>\$4,000 Individual</b> <b>\$8,000 Family</b>	60/40 (Plan pays 60%; Individual pays 40%)	40% of total cost after deductible	The most an Individual would pay per year: \$11,000 Individual \$22,000 Family	<b>\$750</b>	Individual pays:	<b>Tier 1 - \$50</b> <b>Tier 2 - \$100</b> <b>Tier 3 - \$150</b> <b>Specialty - \$250</b>

**\*\* See a list of covered Preventive Services at <https://www.healthcare.gov/coverage/preventive-care-benefits/> \*\***