

Manager Review & Company Association: HSA Plan

Coverage for: Individual / Family | Plan Type: HSA

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at





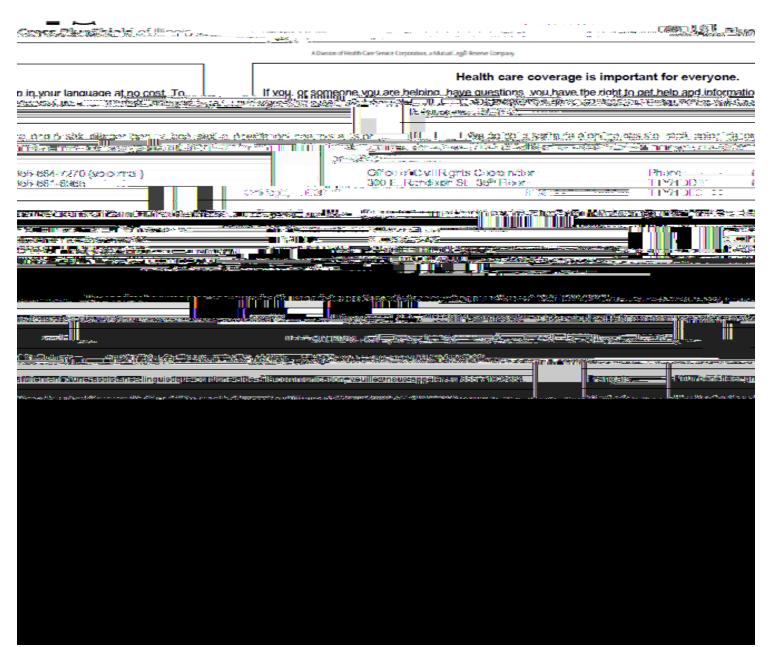
Common Medical Event	Services You May Need	What You Will Pay		Limitations Evantions & Other Important
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Importa Information
journavournospitai	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization required.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization may be required; see your benefit booklet* for details.  Virtual visio9r3122 24 417.m0 g0 G()]T#2 Tf1

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SBC IL Non-HMO LG ±2025







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