2026 Intergovernmental Personnel Benefit Cooperative Retiree Plan Options

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2026 Plan Year	Premium	Premier	Choice	Classic
Medical Insurer	The Hartford	Blue Cross Blue Shield of Illinois	Blue Cross Blue Shield of Illinois	Blue Cross Blue Shield of Illinois
Prescription Drug Coverage	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics	Prime Therapeutics
Medical Benefits				
Medical Deductible (In-Network)	\$0	\$0	\$0	\$750
Maximum Out of Pocket Medical	No Max Out of Pocket	\$0	\$500	\$3,500
Primary Care Visit	\$0	\$0	\$0	\$15
Specialist Care Visit	\$0	\$0	\$0	\$40
Inpatient Copay Per Day	\$0 Days 1-150	\$0 Per Stay	\$100 Per Stay	\$250 Days 1-7 \$0 Days 8+
Outpatient Copay	\$0	\$0	\$100	20%
Outpatient Hospital Services	\$0	0%	\$100	20%
Skilled Nursing Copay (Days 1-20)	\$0	\$0	\$0	\$0
Skilled Nursing Copay (Days 21-100)	\$0	\$0	\$100	\$150
Ambulance	\$0	\$0	\$100	\$200
Emergency Room	\$0	\$0	\$100	\$120
Vision Benefits			00	
Diabetic Eye Exam	Not Included	\$0	\$0 \$0	\$0 Not included
Routine Eye Exam	Not Included	\$0	Not Included	Not Included
Eyewear 1 per Year	Not Included	Included	Not included Not Included	Not Included
Max for Eyewear Hearing Benefits	Not Included	\$250	Not included	Not Included
Medicare Covered Exam	Not Included	\$0	\$0	\$0
Routine Exam	Not Included	\$0	\$0	Not Included
Hearing Aid Allowance - Every 3 Years	Not Included	\$3,000	Not Included	Not Included
Dental Benefits	THE MICHAEL	ψο,υσο		Trot moladod
Medicare Covered Exam	Not Included	\$30	\$20	\$20
Basic Restorative (cavities, non- surgical extractions, dental pain relief)	Not Included	20%	Not Included	Not Included
Major Restorative (Surgical tooth extractions, root canals, includes crowns and dentures)	Not Included	50%	Not Included	Not Included
Annual Allowance Preventive	Not Included	\$1,500	Not Included	Not Included
Prescription Drug Benefits				
Annual Deductible	\$0	\$0	\$50 (Tiers 3-5)	\$590 (Tiers 3-5)
Pharmacies	Preferred	Preferred	Preferred Standard	Preferred
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Tier 1: Preferred Generics			<u> </u>	<u> </u>
Tier 1: Preferred Generics 30-Day Supply Retail or Mail	\$0	\$0		
Tier 1: Preferred Generics 30-Day Supply Retail or Mail 90-Day Supply Retail	\$0 \$0			\$10 \$30
30-Day Supply Retail or Mail		\$0	\$0 \$7	\$10
30-Day Supply Retail or Mail 90-Day Supply Retail	\$0	\$0 \$0	\$0 \$7 \$0 \$21	\$10 \$30
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail	\$0	\$0 \$0	\$0 \$7 \$0 \$21	\$10 \$30
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 2: Generics	\$0 \$0	\$0 \$0 \$0	\$0 \$7 \$0 \$21 \$0 \$21	\$10 \$30 \$30
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 2: Generics 30-Day Supply Retail or Mail 90-Day Supply Retail	\$0 \$0 \$5	\$0 \$0 \$0 \$0	\$0 \$7 \$0 \$21 \$0 \$21 \$6 \$13	\$10 \$30 \$30 \$30
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 2: Generics 30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Retail 90-Day Supply Mail	\$0 \$0 \$5 \$15 \$10	\$0 \$0 \$0 \$0 \$5 \$15 \$10	\$0 \$7 \$0 \$21 \$0 \$21 \$6 \$13 \$18 \$39 \$18 \$39	\$10 \$30 \$30 \$30 \$15 \$45 \$45
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 2: Generics 30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 3: Preferred Brand 30-Day Supply Retail or Mail	\$0 \$0 \$5 \$15 \$10	\$0 \$0 \$0 \$5 \$15 \$10	\$0 \$7 \$0 \$21 \$0 \$21 \$6 \$13 \$18 \$39 \$18 \$39	\$10 \$30 \$30 \$30 \$15 \$45 \$45 \$45
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 2: Generics 30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 3: Preferred Brand 30-Day Supply Retail or Mail 90-Day Supply Retail	\$0 \$0 \$5 \$15 \$10 \$20 \$60	\$0 \$0 \$0 \$5 \$15 \$10 \$20 \$60	\$0 \$7 \$0 \$21 \$0 \$21 \$6 \$13 \$18 \$39 \$18 \$39 \$26 \$33 \$78 \$99	\$10 \$30 \$30 \$30 \$15 \$45 \$45 \$45
30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Mail Tier 2: Generics 30-Day Supply Retail or Mail 90-Day Supply Retail 90-Day Supply Retail Tier 3: Preferred Brand 30-Day Supply Retail or Mail 90-Day Supply Retail	\$0 \$0 \$5 \$15 \$10	\$0 \$0 \$0 \$5 \$15 \$10	\$0 \$7 \$0 \$21 \$0 \$21 \$6 \$13 \$18 \$39 \$18 \$39	\$10 \$30 \$30 \$30 \$15 \$45 \$45 \$45
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