

Network ¹	Product ^{2,3,6}	Coinsurance		Deductible		Maximum out-of-pocket ^{4,5}		Office visit copayment		Emergency room copayment	Inpatient hospital copayment	Outpatient surgery copayment	Pharmacy
		Participating	Non-participating	Participating	Non-participating	Participating	Non-participating	Primary care physician	Specialist				
All CCN Networks	Simplicity Option 1 Gold	100%	N/A	\$0	N/A	\$6,000	N/A	\$40	\$75	\$350	\$750/day, first 3 days	\$750	Rx4 \$10/\$40/\$70/25%
	Simplicity Option 2 Gold	100%	N/A	\$0	N/A	\$6,000	N/A	\$40	\$75	\$400	\$1,000/day, first 3 days	\$1,000	Rx4 \$10/\$40/\$70/25%
	Simplicity Option 3 Gold	100%	N/A	\$0	N/A	\$6,000	N/A	\$40	\$80	\$400	\$1,250/day, first 3 days	\$1,250	Rx4 \$10/\$40/\$70/25%
	Simplicity Option 4 Gold	100%	N/A	\$0	N/A	\$6,000	N/A	\$45	\$85	\$425	\$1,500/day, first 3 days	\$1,500	Rx4 \$10/\$40/\$70/25%
	Simplicity Option 6 Gold	100%	N/A	\$0	N/A	\$7,150	N/A	\$55	\$110	\$850	\$2,350/day, first 3 days	\$2,350	Rx4 \$10/\$50/\$100/25%
	COPAY 70 OPT 28 Gold	70%	N/A	\$0	N/A	\$4,500	N/A	\$40	\$65	\$450	N/A	N/A	Rx3 \$15/\$45/\$75
	EHDHP COINS Option 6 Bronze	80%	N/A	\$5,500	N/A	\$6,550	N/A	N/A	N/A	N/A	N/A	N/A	Integrated with Medical

1. Families will have to select one of the available networks as their preferred network.
2. In-network preventive medical services are covered 100 percent.
3. In and out of network deductibles and out-of-pocket limits are separate and do not cross reduce.

4. Deductibles, copayments, and coinsurance for services from participating providers apply to the plan maximum out-of-pocket limit; cost share from nonparticipating providers does not apply to the plan maximum out-of-pocket limit.
5. Services from non-participating providers do not adhere to the annual federal limits regarding cost share.
6. Plans include embedded pediatric dental and vision benefits.

All CCN Networks Include:				EXAMPLE: (Quote & Enroll all 7 Networks/Plans)
When selecting the CCN Network, a group must include all 7 networks listed below for each plan option selected from above plan options.				
Network Name	Provider System	Network Counties	County Location of Participating Providers	
Presence CCN HMO	Presence Health System Chicago, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook, Kane, Kankakee, Will	Simplicity Opt 1 Gold - Presence
Loyola CCN HMO	Loyola University Health Systems	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 1 Gold - Loyola
Swedish Covenant CCN HMO	Swedish Covenant Hospital	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 1 Gold - Swedish
Northwest Community CCN HMO	Northwest Community Health Systems Arlington, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 1 Gold - Northwest
Advocate CCN HMO	Advocate Health Care Oak Brook, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook, DuPage, Kane, Lake, Will	Simplicity Opt 1 Gold - Advocate
NorthShore CCN HMO	NorthShore University Health Systems Evanston, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook, Kane	Simplicity Opt 1 Gold - Northshore
Progress Health CCN HMO	Sinai Health System Chicago, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 1 Gold - Progress

Network ¹	Product ^{2,3,4}	Coinsurance		Deductible		Maximum out-of-pocket ^{5,6}		Office visit copayment		Emergency room copayment	Inpatient hospital copayment	Outpatient surgery copayment	Pharmacy
		Participating	Non-participating	Participating	Non-participating	Participating	Non-participating	Primary care physician	Specialist				
All CCN Networks	Simplicity Copay OPT 11	100%	N/A	\$0	N/A	\$5,000	N/A	\$25	\$50	\$350	\$500/day, first 3 days	\$500	Rx4 \$10/\$35/\$55/25%
	Simplicity Copay OPT 12	100%	N/A	\$0	N/A	\$6,500	N/A	\$30	\$75	\$500	\$1,000/day, first 3 days	\$1,000	Rx4 \$10/\$40/\$70/25%
	Simplicity Copay OPT 13	100%	N/A	\$0	N/A	\$6,500	N/A	\$30	\$100	\$600	\$1,500/day, first 3 days	\$1,500	Rx4 \$10/\$40/\$70/25%
	Simplicity Copay OPT 14	100%	N/A	\$0	N/A	\$6,500	N/A	\$40	\$100	\$600	\$2,000/day, first 3 days	\$2,000	Rx4 \$10/\$45/\$90/25%
	COPAY 80/500 OPT 34	80%	N/A	\$500	N/A	\$4,000	N/A	\$25	\$40	\$350	N/A	N/A	Rx3 \$10/\$40/\$60/25%
	COPAY 80/1000 OPT 36	80%	N/A	\$1,000	N/A	\$4,000	N/A	\$25	\$50	\$350	N/A	N/A	Rx3 \$10/\$40/\$60/25%
	COPAY 80/1500 OPT 40	80%	N/A	\$1,500	N/A	\$5,000	N/A	\$35	\$60	\$350	N/A	N/A	Rx4 \$10/\$45/\$90/25%
	COPAY 80/3000 OPT 48	80%	N/A	\$3,000	N/A	\$4,000	N/A	\$20	\$35	\$350	N/A	N/A	Rx4 \$10/\$40/\$70/25%
	COPAY 50/2000 OPT 61	50%	N/A	\$2,000	N/A	\$6,500	N/A	\$40	\$65	\$350	N/A	N/A	Rx4 \$10/\$40/\$70/25% \$250 deductible
	COPAY 50/4000 OPT 66	50%	N/A	\$4,000	N/A	\$5,000	N/A	\$35	\$65	\$350	N/A	N/A	Rx4 \$10/\$45/\$90/25%
	EHDHP 100/3000 OPT 13	100%	N/A	\$3,000	N/A	\$3,000	N/A	N/A	N/A	N/A	N/A	N/A	Integrated with Medical
EHDHP 80/5000 OPT 19	80%	N/A	\$5,000	N/A	\$6,350	N/A	N/A	N/A	N/A	N/A	N/A	Integrated with Medical	

- Families will have to select one of the available networks as their preferred network.
- In-network preventive medical services are covered 100 percent.
- In and out of network deductibles and out-of-pocket limits are separate and do not cross reduce
- Some plans have a separate pharmacy deductible; otherwise medical and pharmacy benefits accumulate to the
- Deductibles, copayments, and coinsurance for services from participating providers apply to the plan maximum out-of-pocket limit; cost share from nonparticipating providers does not apply to the plan maximum out-of-pocket limit.
- Services from non-participating providers do not adhere to the annual federal limits regarding cost share.

All CCN Networks Include:				EXAMPLE: (Quote & Enroll all 7 Networks/Plans)
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Presence CCN HMO	Presence Health System Chicago, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook, Kane, Kankakee, Will	Simplicity Opt 11 - Presence
Loyola CCN HMO	Loyola University Health Systems	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 11 - Loyola
Swedish Covenant CCN HMO	Swedish Covenant Hospital	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 11 - Swedish
Northwest Community CCN HMO	Northwest Community Health Systems Arlington, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 11 - Northwest
Advocate CCN HMO	Advocate Health Care Oak Brook, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook, DuPage, Kane, Lake, Will	Simplicity Opt 11 - Advocate
NorthShore CCN HMO	NorthShore University Health Systems Evanston, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook, Kane	Simplicity Opt 11 - Northshore
Progress Health CCN HMO	Sinai Health System Chicago, IL	Cook, DuPage, Kane, Kankakee, Lake, Will	Cook	Simplicity Opt 11 - Progress

Network ¹	Product ^{2,3,4}	Coinsurance		Deductible		Maximum out-of-pocket ^{5,6}		Office visit copayment		Emergency room copayment	Inpatient hospital copayment	Outpatient surgery copayment	Pharmacy Options Available by Product
		Participating	Non-participating	Participating	Non-participating	Participating	Non-participating	Primary care physician	Specialist				
All CCN Networks	Simplicity Copay OPT 1	100%	N/A	\$0	N/A	\$3,500	N/A	\$20	\$35	\$150	\$250/day, first 3 days	\$250	Rx4 \$10/\$35/\$55/25% Rx4 \$10/\$40/\$70/25% Rx4 \$10/\$45/\$90/25%
	Simplicity Copay OPT 2	100%	N/A	\$0	N/A	\$4,000	N/A	\$25	\$40	\$250	\$500/day, first 3 days	\$500	
	Simplicity Copay OPT 3	100%	N/A	\$0	N/A	\$5,000	N/A	\$25	\$55	\$350	\$500/day, first 3 days	\$500	
	Simplicity Copay OPT 4	100%	N/A	\$0	N/A	\$6,000	N/A	\$25	\$65	\$375	\$700/day, first 3 days	\$700	
	Simplicity Copay OPT 5	100%	N/A	\$0	N/A	\$6,500	N/A	\$30	\$75	\$500	\$1,00/day, first 3 days	\$1,000	
	Simplicity Copay OPT 6	100%	N/A	\$0	N/A	\$6,500	N/A	\$30	\$100	\$600	\$1,500/day, first 3 days	\$1,500	
	COPAY 80/0 OPT 1	80%	N/A	\$0	N/A	\$4,000	N/A	\$20	\$35	\$150	N/A	N/A	Rx3 \$10/\$40/\$60
	COPAY 80/1000 OPT 4	80%	N/A	\$1,000	N/A	\$5,000	N/A	\$25	\$50	\$250	N/A	N/A	Rx4 \$10/\$30/\$50/25%
COPAY 50/2500 OPT 8	50%	N/A	\$2,500	N/A	\$6,000	N/A	\$20	\$65	\$350	N/A	N/A	Rx4 \$10/\$35/\$55/25%	

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