

Networks and Benefit Plans

If you have any questions or would like additional information on the **Blue Cross and Blue Shield of Illinois** network and benefit plans available for 2025, visit our member website at bcbsil.com or contact your Provider Network Consultant.

Federal Employee Program [®]				
Nationwide Network of PPO Hospitals, Facilities and Professional Providers PPO				
Member ID Card Identification	Subscriber ID Number "R" followed by an Enrollment Code	Subscriber ID Number "R" followed by an Enrollment Code	Subscriber ID Number "R" followed by an Enrollment Code. The member ID card will include the name "FEP Blue Focus" on the upper right section of the card. (The Standard Option and Basic Options cards do not include the names of the products.)	
Enrollment Code and Deductible	Enrollment Code:Deductible:104 - Self only\$350106 - Self plus one\$700105 - Self and family\$700	Enrollment Code:Deductible:111 - Self only\$0113 - Self plus one\$0112 - Self and family\$0	Enrollment Code:Deductible:131 - Self only\$500133 - Self plus one\$1000132 - Self and family\$1000	
Network Summary	Must use PPO network providers to receive comprehensive benefits. Choosing out-of-network providers, will result in a reduction of benefits and a greater out-of-pocket cost to the member.	Must use PPO network providers to receive comprehensive benefits. Choosing out-of-network providers will result in a reduction of benefits and a greater out-of-pocket cost to the member.	 Must use PPO network providers to receive comprehensive benefits. Except for an emergency condition, there are no out-of-network benefits for FEP Blue Focus Features of FEP Blue Focus include: First 10 office visits of year to in-network providers for only \$10. No copay or coinsurance for ER visits for accidental injuries if the visits are within 72 hours of the injury. No more than \$5 copay for preferred generic drugs. No copay for the first two telehealth visits. \$10 copay for each additional visit. 	
Geographic Area	National	National	National	

The three-character prefixes listed do not represent an exhaustive listing of prefixes. Benefits and eligibility should be verified for all members prior to rendering services.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,

a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



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Custom Networks				
Network	Unite Here Health	Caterpillar		
Network Code	BCS	РРО		
Three-character Prefix	EIU*	CYL		
Benefit Plans Utilizing Network	Unite Here Health Custom Plan	Caterpillar EPO		
Network Summary	 Tier 1: The following facilities and their respective physician groups** are in network at the highest level: Presence Health System, St. Anthony Hospital, Little Company of Mary Hospital Tier 2: Blue Choice PPO^{5M} network is in network with higher out-of-pocket costs for members. Tier 3: There are no benefits. The member is responsible for the entire cost of care with the exception of emergency care. * Some UHH employees have a PPO Plan. Check eligibility and benefits to determine if you are an in-network provider. ** Members may find out which health care providers are affiliated with these facilities by calling the UNITE HERE office at the number listed on their ID card 	Members use the standard PPO network. Out-of-Network Benefits If a Caterpillar member chooses to use an out-of-network provider, the entire cost of care will be the member's responsibility.		
Geographic Area	Chicago: Presence Health System, St. Anthony Hospital, Little Company of Mary Hospital Illinois Chicago Metro counties: Cook, DuPage, Grundy, Dane, Kankakee, Kendall, Lake, McHenry, Will The following Quad Cities counties: Bureau, Hancock, Henderson, Henry, Mercer, Rock Island, Warren and Whiteside	Illinois: Caterpillar employee locations		