

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 2026, visit our member website at bcbsil.com or contact your Provider Network Consultant.

Networks and Benefit Plans

Federal Employee Program®						
Nationwide Network of PPO Hospitals, Facilities and Professional Providers						
PPO						
FEP® Program Options Utilizing PPO Network	Standard Option		Basic Option		FEP Blue Focus	
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: 104 - Self only 106 - Self plus one 105 - Self and family	Deductible: \$350 \$700 \$700	Enrollment Code: 111 - Self only 113 - Self plus one 112 - Self and family	Deductible: \$0 \$0 \$0	Enrollment Code: 131 - Self only 133 - Self plus one 132 - Self and family	Deductible: \$500 \$1000 \$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	PPO
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: St. Anthony Hospital, Little Company of Mary Hospital Tier 2: Blue Choice PPOSM 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. <i>* Some UHH employees have a PPO Plan. Check eligibility and benefits to determine if you are an in-network provider.</i> <i>** 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</i>	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: St. Anthony Hospital, Little Company of Mary Hospital Illinois Chicago Metro counties: Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will The following Quad Cities counties: Bureau, Hancock, Henderson, Henry, Mercer, Rock Island, Warren and Whiteside	Illinois: Caterpillar employee locations