



BlueCross BlueShield of Illinois

New Plans. Same Value.

Blue Cross and Blue Shield of Illinois (BCBSIL) has the flexibility and choice that growing companies want. We're providing new plans this year, with the benefits you've come to expect, including a wide selection of:

- Copayments
- Deductibles
- Prescription Drug Benefits
- Networks



2018 Mid-market Business Plans

Employers can select a variety of plans for their employees to choose from. As always, our members have access to plenty of features and benefits. Here are some highlights.

- **Virtual Visits, powered by MDLIVE®:** This service provides a live consultation between a doctor and a member for many non-emergency health needs. This year, employees who have closed or grandfathered plans will also get access to this service.
- **Preferred pharmacy network:** Members can save money by using an in-network pharmacy. If they go to an in-network pharmacy, all copays and/or coinsurance would apply to their in-network deductible (if applicable) and in-network out-of-pocket maximum.

Members may save even more by going to a preferred, in-network pharmacy, where they may

get the lowest copay or coinsurance amount. If they go to an out-of-network pharmacy, they will generally have higher copays and/or coinsurance amounts.

- **Prescription payment level change to six-tier:** Prescription drug lists have different levels of coverage, which are called *payment level tiers*. Our pharmacy benefit now has six payment level tiers. Generic, brand and specialty drugs will each have preferred and non-preferred payment levels. Generally, if a drug is in a lower payment level tier, out-of-pocket costs for that drug will be less.

Questions? Please contact your BCBSIL Account Representative.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Illinois. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

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MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

BCBSIL 2018 Mid-market Group Product Portfolio																	
		HSA Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Plan Name	Plan ID	Aggregate/ Embedded ^{7,8}	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician	Virtual Visit Copay ⁴	Specialist Office Visit Copay	ER Visit	Urgent Care	Imaging In ¹	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
BluePrint PPO SM 100	MIBPP100	NA	\$0/\$0	\$0/\$0	\$250/\$1,000	\$750/\$3,000	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 101	MIBPP101	NA	\$250/\$500	\$750/\$1,500	\$1,250/\$2,500	\$3,750/\$7,500	80%/60%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BluePrint PPO SM 102	MIBPP102	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$4,500/\$9,000	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 103	MIBPP103	NA	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$5,000	\$7,500/\$15,000	80%/60%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 104	MIBPP104	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000	\$6,000/\$12,000	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 105	MIBPP105	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$6,000	\$9,000/\$18,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 106	MIBPP106	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/\$8,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 107	MIBPP107	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$7,000	\$10,500/\$21,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 108	MIBPP108	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/\$9,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BluePrint PPO SM 109	MIBPP109	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BluePrint PPO SM 110	MIBPP110	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$5,500/\$11,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BluePrint PPO SM 111	MIBPP111	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$3,500/\$7,000	\$10,500/\$21,000	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 112	MIBPP112	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$9,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 113	MIBPP113	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/\$11,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 114	MIBPP114	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$11,000	\$12,000/\$24,000	80%/60%	\$20	\$20	\$40	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 115	MIBPP115	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000	100%/100%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BluePrint PPO SM 116	MIBPP116	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$12,000/\$24,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BluePrint PPO SM 117	MIBPP117	NA	\$5,000/\$10,000	\$12,000/\$24,000	\$5,600/\$11,200	\$12,000/\$24,000	80%/60%	\$40	\$40	\$60	\$250 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice Select PPO SM 101	MIBCS101	NA	\$250/\$500	\$750/\$1,500	\$1,250/\$2,500	\$3,750/\$7,500	80%/50%	\$20	\$20	\$20	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice Select PPO SM 102	MIBCS102	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$4,500/\$9,000	90%/60%	\$20	\$20	\$20	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

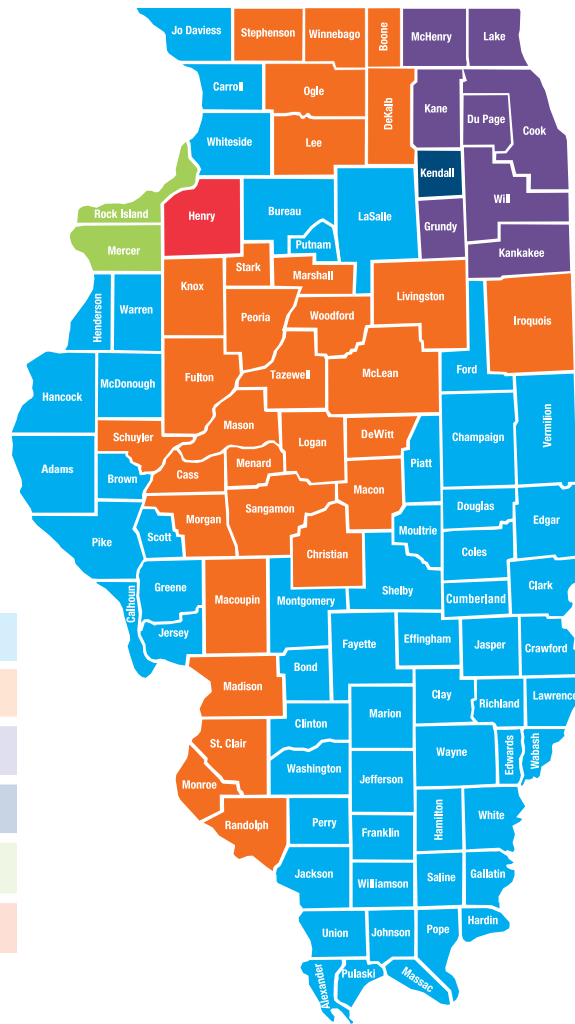
BCBSIL 2018 Mid-market Group Product Portfolio																	
		HSA Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Plan Name	Plan ID	Aggregate/ Embedded ^{7,8}	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician	Virtual Visit Copay ⁴	Specialist Office Visit Copay	ER Visit	Urgent Care	Imaging In ¹	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice Select PPO SM 103	MIBCS103	NA	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$5,000	\$7,500/\$15,000	80%/50%	\$20	\$20	\$20	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice Select PPO SM 104	MIBCS104	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000	\$6,000/\$12,000	90%/60%	\$20	\$20	\$20	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice Select PPO SM 105	MIBCS105	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$6,000	\$9,000/\$18,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice Select PPO SM 107	MIBCS107	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$7,000	\$10,500/\$21,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice Select PPO SM 109	MIBCS109	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice Select PPO SM 110	MIBCS110	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$5,500/\$11,000	\$12,000/\$24,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice Select PPO SM 112	MIBCS112	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$9,000	\$12,000/\$24,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice Select PPO SM 115	MIBCS115	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000	100%/100%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice Select PPO SM 116	MIBCS116	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$12,000/\$24,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC / \$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BlueEdge Select HSA SM 001	MIBES001	Aggregate ⁷	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,350/\$20,000	80%/50%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge Select HSA SM 002	MIBES002	Aggregate ⁷	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	100%/100%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	100% ^{5,6}	100% ^{5,6}
BlueEdge HSA SM 100	MIBEE100	Aggregate ⁷	\$1,500/\$1,500	\$3,000/\$3,000	\$3,000/\$3,000	\$6,000/\$6,000	100%/80%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge HSA SM 101	MIBEE101	Aggregate ⁷	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	80%/60%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge HSA SM 102	MIBEE102	Aggregate ⁷	\$2,500/\$2,500	\$5,000/\$5,000	\$5,000/\$5,000	\$7,350/\$7,350	100%/80%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	100% ^{5,6}	100% ^{5,6}
BlueEdge HSA SM 103	MIBEE103	Aggregate ⁷	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,350/\$20,000	80%/60%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge HSA SM 104	MIBEE104	Embedded ⁸	\$2,700/\$5,400	\$5,400/\$10,800	\$2,700/\$5,400	\$5,400/\$10,800	100%/100%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	100% ^{5,6}	100% ^{5,6}
BlueEdge HSA SM 105	MIBEE105	Embedded ⁸	\$2,700/\$5,400	\$5,400/\$10,800	\$3,500/\$7,000	\$7,000/\$14,000	90%/70%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge HSA SM 106	MIBEE106	Embedded ⁸	\$2,700/\$5,400	\$5,400/\$10,800	\$5,400/\$10,800	\$10,800/\$21,600	80%/60%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge HSA SM 107	MIBEE107	Aggregate ⁷	\$3,500/\$7,000	\$7,000/\$14,000	\$5,800/\$11,600	\$7,350/\$23,200	80%/60%	DC	DC	DC	DC	DC	DC	DC / \$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
BlueEdge HSA SM 108	MIBEE108	Embedded ⁸	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}

BCBSIL 2018 Mid-market Group Product Portfolio

		HSA Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician	Virtual Visit Copay	Specialist Office Visit Copay	ER Visit	Urgent Care	Imaging In ¹	Inpatient In/Inpatient Out	Outpatient In/Outpatient Out	Pharmacy Plan	
Blue Advantage HMO Value ChoiceSM 001	MIBAV001	NA	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	NA/NA	\$40	NA	\$60	\$350 ²	\$60	DC	\$500 copay per day ² (3 days)/NA	\$250 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶	
Blue Advantage HMO Value ChoiceSM 002	MIBAV002	NA	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	NA/NA	\$50	NA	\$70	\$400 ²	\$70	DC	\$750 copay per day ² (3 days)/NA	\$300 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶	
Blue Advantage HMOSM 100	MIBAH100	NA	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	NA/NA	\$40	NA	\$60	\$350 ²	\$60	DC	\$250 copay per day ² (5 days)/NA	DC/NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶	
Blue Advantage HMOSM 101	MIBAH101	NA	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	NA/NA	\$30	NA	\$50	\$250 ²	\$50	DC	NC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶	
Blue Advantage HMOSM 102	MIBAH102	NA	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	NA/NA	\$20	NA	\$40	\$250 ²	\$40	DC	NC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶	
Plan Name	Plan ID	Aggregate/Embedded	Individual (Tier 1 In/Tier 2 In/Out)	Family (Tier 1 In/Tier 2 In/Out)	Individual OPX (Tier 1 In/Tier 2 In/Out)	Family OPX (Tier 1 In/Tier 2 In/Out)	Coinsurance (Tier 1 In/Tier 2 In/Out)	Primary Care Physician (Tier 1/ Tier 2)	Virtual Visit Copay	Specialist Office Visit Copay (Tier 1/ Tier 2)	ER Visit	Urgent Care	Imaging In ¹	Inpatient (Tier 1 In/Tier 2 In/Out)	Outpatient (Tier 1 In/Tier 2 In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice OptionsSM 100	MIBCO100	NA	\$500 BCO/\$1,500 PPO / \$3,000 OON	\$1,500 BCO/\$4,500 PPO/ \$9,000 OON	\$4,000 BCO/\$5,600 PPO/ \$12,000 OON	\$10,200 BCO/\$10,200 PPO/ \$26,400 OON	90% BCO/70% PPO/ 50% OON	\$20 BCO/\$50 PPO	\$20	\$40 BCO/ \$100 PPO	\$400 Per Occ Ded ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ / \$600 OON ³	\$200 BCO ³ /\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice OptionsSM 101	MIBCO101	NA	\$500 BCO/\$1,500 PPO / \$3,000 OON	\$1,500 BCO/\$4,500 PPO/ \$9,000 OON	\$500 BCO/\$3,000 PPO/ \$6,000 OON	\$1,500 BCO/\$9,000 PPO/ \$24,000 OON	100% BCO/70% PPO/ 50% OON	\$20 BCO/\$50 PPO	\$20	\$40 BCO/ \$100 PPO	\$400 Per Occ Ded ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ / \$600 OON ³	\$200 BCO ³ /\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice OptionsSM 102	MIBCO102	NA	\$500 BCO/\$1,500 PPO / \$3,000 OON	\$1,500 BCO/\$4,500 PPO/ \$9,000 OON	\$2,500 BCO/\$5,500 PPO/ \$11,000 OON	\$7,500 BCO/\$10,200 PPO/ \$26,400 OON	90% BCO/70% PPO/ 50% OON	\$20 BCO/\$50 PPO	\$20	\$40 BCO/ \$100 PPO	\$400 Per Occ Ded ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ / \$600 OON ³	\$200 BCO ³ /\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice OptionsSM 103	MIBCO103	NA	\$1,000 BCO/ \$2,500 PPO / \$5,000 OON	\$3,000 BCO/\$7,500 PPO/ \$15,000 OON	\$2,500 BCO/\$5,500 PPO/ \$11,000 OON	\$7,500 BCO/\$10,200 PPO/ \$26,400 OON	90% BCO/70% PPO/ 50% OON	\$25 BCO/\$50 PPO	\$25	\$50 BCO/ \$100 PPO	\$400 Per Occ Ded ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ / \$600 OON ³	\$200 BCO ³ /\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice OptionsSM 104	MIBCO104	NA	\$1,500 BCO/\$3,500 PPO/ \$7,000 OON	\$4,500 BCO/\$10,200 PPO/ \$21,000 OON	\$3,000 BCO/\$5,500 PPO/ \$11,000 OON	\$9,000 BCO/\$10,200 PPO/ \$26,400 OON	90% BCO/70% PPO/ 50% OON	\$30 BCO/\$50 PPO	\$30	\$50 BCO/ \$100 PPO	\$400 Per Occ Ded ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ / \$600 OON ³	\$200 BCO ³ /\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice OptionsSM 105	MIBCO105	NA	\$4,000 BCO/\$5,000 PPO / \$10,000 OON	\$10,200 BCO/\$10,200 PPO/ \$26,400 OON	\$5,600 BCO/\$5,600 PPO/ \$13,200 OON	\$10,200 BCO/\$10,200 PPO/ \$26,400 OON	80% BCO/60% PPO/ 50% OON	\$35 BCO/\$60 PPO	\$35	\$55 BCO/ \$120 PPO	\$500 Per Occ Ded ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ / \$600 OON ³	\$200 BCO ³ /\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice OptionsSM 106	MIBCO106	Embedded ⁸	\$2,700 BCO /\$4,500 PPO/\$9,000 OON	\$7,800 BCO/\$12,900 PPO/ \$25,800 OON	\$2,700 BCO/\$6,450 PPO/ \$12,900 OON	\$7,800 BCO/\$12,900 PPO/ \$25,800 OON	100% BCO/80% PPO/ 60% OON	DC	Tier 1 DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}

Blue Choice OptionsSM: A tiered network offering that utilizes benefit design to encourage members to use a network of more cost-efficient providers, while still allowing access to the broad PPO network. BCO refers to the benefit level when using the Blue Choice OPT PPOSM network, PPO refers to the benefit level when using the PPO network.

2018 Illinois Mid-market (51-150) Networks by County



Network Name

	PPO
	PPO and Blue Advantage HMO SM
	PPO, Blue Advantage HMO SM , Blue Choice PPO SM , and Blue Choice OPT PPO SM
	PPO, Blue Advantage HMO SM , and Blue Choice OPT PPO SM
	PPO and Blue Choice PPO SM
	PPO, Blue Advantage HMO SM , and Blue Choice PPO SM

General Notes:

- NA = Not Applicable; DC = Deductible and Coinsurance; In = in-network; Out and OON = out-of-network.
- When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), and AccessHealth (group of independent pharmacies).
- All plans include prescription drug benefits. The benefit plan is based on the Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy. Member Pay the Difference applies to all plans.

Footnotes:

- The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
- Value is a flat copay. Deductible and coinsurance do not apply.
- Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
- Virtual visits are permitted in-network only and only through our network vendor.
- Coinsurance applies after the medical deductible is met.
- BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.
- Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
- Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSIL Account Representative.