



BlueCross BlueShield of Illinois

Blue Balance FundedSM

The Level-Funded Solution
For Small Group Employers

SMALL GROUP 10-50 EMPLOYEES

Jan. 1, 2024, through Dec. 31, 2024

Blue Cross and Blue Shield of Illinois offers Blue Balance Funded, an administrative and stop loss coverage suite of services that includes consistent monthly payments for employers.

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

Blue Balance Funded Features:

Predictable Monthly Payments¹

Blue Balance Funded’s monthly invoice includes the employer cost for claims funding, administrative fees and stop loss premiums. For added convenience, BCBSIL manages all three with an online billing system available through Blue Access for EmployersSM.

Stop Loss Coverage

Stop loss insurance provides protection for covered claims costs resulting from individual and aggregate claims exceeding the predetermined stop loss levels.

Possible Credit

After the yearly settlement, if the actual claims cost is less than the claims funding, groups may be eligible for a credit toward future monthly payments.

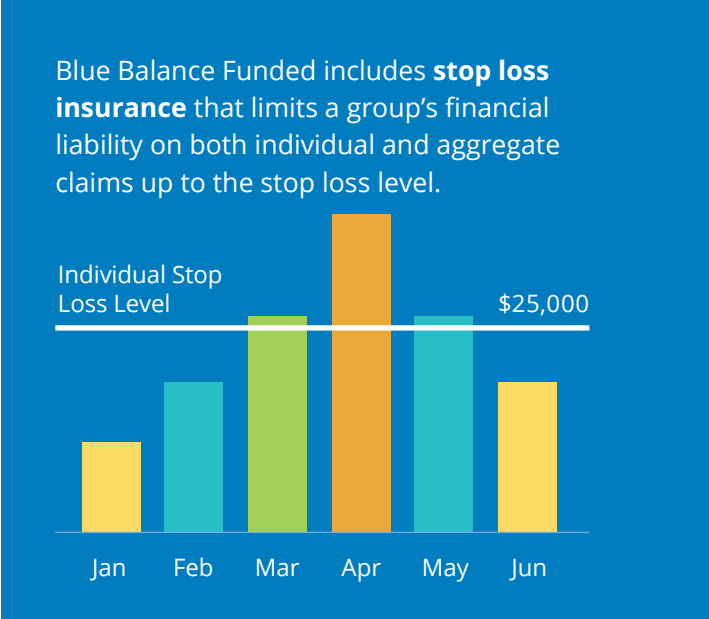


The decision to self-insure is an important one and involves certain responsibilities on the employer’s part.

To learn if Blue Balance Funded might be right for your groups, talk with your BCBSIL sales executive or account manager. Groups should also consult with their legal and tax advisers.

Blue Balance Funded provides a wide array of services and resources including:

- Claims adjudication
- Customer service for members
- Access to a network of contracting health care providers
- Pharmacy benefit management
- Virtual Visits powered by MDLIVE[®]
- Telehealth
- The BlueCard[®] program, which provides access to a nationwide network of providers
- Wellbeing Management integrated medical and behavioral health management programs
- Well onTarget[®] wellness tools and resources (including health assessments, self-directed courses and a rewards program that reinforces positive lifestyle changes) to help promote good health
- Blue InsightSM reporting, an online analysis and reporting system which allows employers to identify claims costs and utilization trends using a wide variety of standard reports and profiles, providing opportunities to manage your benefits
- Employee Assistance Program (EAP), through which members have access to clinical therapy sessions; family, legal and financial counseling; and online guidance resources.



1. The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, and obtaining and paying for their own accounting and legal services.

BluePrint PPO SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care and Virtual Visit Office Visits Copay	Specialist Office Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIBPP201	BluePrint PPO A201	No	80%	\$500	\$1,500	\$2,500	\$7,500	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP202	BluePrint PPO A202	No	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP303	BluePrint PPO A303	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP204	BluePrint PPO A204	No	80%	\$3,500	\$10,500	\$5,500	\$12,000	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP205	BluePrint PPO A205	No	80%	\$5,000	\$12,000	\$5,600	\$12,000	\$40	\$60	\$250	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250

Blue Choice Options SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care and Virtual Visit Office Visits Copay	Specialist Office Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIBCO201	Blue Choice Options A201	No	90% / 70%	\$500 / \$1,500	\$1,500 / \$4,500	\$4,000 / \$5,600	\$10,200 / \$10,200	\$20 / \$50	\$40 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO202	Blue Choice Options A202	No	90% / 70%	\$1,500 / \$3,500	\$4,500 / \$10,200	\$3,000 / \$5,500	\$9,000 / \$10,200	\$30 / \$50	\$50 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AICOE491	Blue Choice Options AE491	Yes - Embedded ^{2,3}	100% / 80%	\$3,200 / \$4,600	\$9,400 / \$13,800	\$3,200 / \$6,550	\$9,400 / \$14,000	DC	DC	NA	NA	DC (Tier 1)	DC	100%
AICOE492	Blue Choice Options AE492	Yes - Embedded ^{2,3}	100% / 80%	\$4,000 / \$5,700	\$12,000 / \$14,800	\$4,000 / \$7,500	\$12,000 / \$15,000	DC	DC	NA	NA	DC (Tier 1)	DC	100%
AICOE493	Blue Choice Options AE493	Yes - Embedded ^{2,3}	80% / 60%	\$5,000 / \$6,000	\$10,000 / \$12,000	\$6,000 / \$7,000	\$12,000 / \$14,000	DC	DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%

Blue Choice Select PPO SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care and Virtual Visit Office Visits Copay	Specialist Office Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIBCS401	Blue Choice Select PPO A401	No	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS202	Blue Choice Select PPO A202	No	80%	\$1,500	\$4,500	\$3,500	\$10,500	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS402	Blue Choice Select PPO A402	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250

Notes:

Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.

1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.

2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.

3. All HSA plans include the HDHP-HSA preventive prescription drugs and will be covered with no member cost share. Please see myprime.com for more information.

These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Benefit designs are effective January 1, 2024, and are subject to change.

BlueEdge HSA SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care and Virtual Visit Office Visits Copay	Specialist Office Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIEEA291	BlueEdge HSA AA291	Yes - Aggregate ^{1,3}	100%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	100%
AIEEE491	BlueEdge HSA AE491	Yes - Embedded ^{2,3}	100%	\$3,200	\$6,400	\$3,200	\$6,400	DC	DC	NA	NA	DC	DC	100%
AIEEE492	BlueEdge HSA AE492	Yes - Embedded ^{2,3}	80%	\$3,200	\$6,400	\$6,400	\$12,800	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEE493	BlueEdge HSA AE493	Yes - Embedded ^{2,3}	100%	\$6,000	\$12,000	\$6,000	\$12,000	DC	DC	NA	NA	DC	DC	100%

BlueEdge Select HSA SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care and Virtual Visit Office Visits Copay	Specialist Office Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIESA491	BlueEdge Select HSA AA491	Yes - Aggregate ^{1,3}	80%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%

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Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video.

Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE® is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois and is solely responsible for its operations and for those of its contracted providers.

MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and related other services.

BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A “preferred” or “participating” pharmacy has a contract with BCBSIL or BCBSIL’s pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate.

The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.