



MID-MARKET 51-150 EMPLOYEES

2024-25 Mid-Market Group Plans

Blue Cross and Blue Shield of Illinois offers health care plans with the choice, flexibility and affordable options that growing companies want.

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

2024-25 Mid-Market Group Plans

The Blue Cross and Blue Shield of Illinois Mid-Market Group Portfolio is available from July 1, 2024, through June 30, 2025. Check out what's in store this year to help employers reduce health care costs and improve the lives of their employees! And learn what we're doing to make it easier for members to stay healthy throughout the year.

Here are the highlights of our 2024-25 Mid-Market Group portfolio:

Prescription Discount Benefit with MedsYourWay®

MedsYourWay, administered by Prime Therapeutics, is a new drug discount savings program that lowers costs for members on eligible medicines. It automatically compares prices from participating drug discount cards to a member's pharmacy benefit plan cost-share amount at select in-network retail pharmacies. The member pays the lower available price. To access MedsYourWay, the member should:

- Fill their prescriptions at a participating in-network retail pharmacy.
- Show their member ID to the pharmacists.
- Pay the lower available price. Members will have all covered purchases count towards their yearly plan deductibles and/or out-of-pocket expense limitations.

MedsYourWay is currently available for all plans offered in this brochure.

Promote Consumerism and Enhance Your and Employees' Cost-Savings

Consumer Driven Health Plans are benefit plans that help employers contain health care costs by encouraging employees to become better consumers. When you choose one of our preferred vendors to administer your company's HSA, FSA or HRA, you and your employees will have the value-added benefits of our integrated services:

- **Preferred Pricing:** You get deep discounts on vendor administration fees, and standard member education materials are automatically included in your pricing.
- **Daily Claims and Eligibility Feeds*:** We share secure, daily claims and eligibility feeds for hassle-free membership updates, expense reimbursement and claim substantiation.
- **Integrated Web Services*:** Members have access to balance and transactional details on Blue Access for MembersSM via real-time web feed, and can also access vendor portals via single sign-on.

*Integration features vary by vendor. Talk with your sales or account executive for details.

Members and Employers Save Big with Member Rewards**

Our Member Rewards program, administered by Zelis, is now expanding to include maintenance medications. The program helps members:

- Compare costs and quality of providers and maintenance medications.
- Save on out-of-pocket costs.
- Earn Cash Rewards.

When members choose quality, lower-cost, reward-eligible options, they will receive cash rewards and save on their – and their employers' – health care costs.

**Member Rewards is only included with non-HMO plans.

Metabolic Health Management – Diabetes Reversal

Eligible members will now have access to a diabetes reversal program that creates a digital representation of their unique metabolism to help empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes – all offered as a covered benefit and at no cost.

More Programs Available to Help Members Take Control of Their Health

This year, we're empowering members to take control of their health through programs that can help them save money and prevent certain types of health conditions. We're also helping employers reduce health care costs by giving employees access to these programs, which can reduce doctor visits and hospitalizations:

- **Teladoc Health** is a personalized diabetes management program that helps members understand their blood sugar, develop healthy habits and improve glycemic control.
- **Wondr HealthTM** is a digital weight-management program that teaches members science-based skills that help members lose weight, sleep better, manage stress and more.
- **Hinge Health** is a digital musculoskeletal program for Wellbeing Management and Health Advocacy Solutions led by physical therapists and health coaches at no extra cost to the member and done in the comfort of the member's own home.

Behavioral Health

Mental health is an important part of our approach to our commitment to our members. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits that come standard with every group plan. Members can use BAMSM to easily access private, online programs to help keep their mental health on track through:

- An online assessment supports and helps members pinpoint helpful programs.
- Quick, easy online lessons give members access to proven therapy-based techniques.
- Expert coaches guide and inspire members to reach their goals.
- Personal results, programs and messages are always private.

Reduce Your Premiums by Bundling Ancillary Programs

Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. Talk with your BCBSIL representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
- Life Insurance
- Short- and/or Long-Term Disability
- Accident and Critical Illness
- Vision

continued

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Highlights of our 2024-25 Mid-Market Group portfolio continued:

Promote Wellness Year-Round with Well onTarget®

Well onTarget is a complete wellness solution that includes innovative tools that support members' lifelong journey of healthy living. Well onTarget is designed to:

- Enhance employee engagement
- Reduce costs
- Promote good health

Well onTarget offers cost-effective and low-risk solutions to help employers increase productivity, encourage employee engagement and enhance a culture of wellness in the workplace.

Employee Assistance Program

Mid-Market and Blue Balance FundedSM plans will include the Employee Assistance Program. Through the EAP, members will have access to:

- Clinical therapy sessions
- Family, legal and financial counseling
- Online guidance resources available at [guidanceresources.com](https://www.guidanceresources.com) using Web ID **BCBSILEAP** or by calling **800-890-1213**



BCBSIL 2024-25 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments					Inpatient & Outpatient		Pharmacy Benefits		
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Virtual Visits ³	Primary Care Office Visits	Specialist Office Visits	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Out	Outpatient In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Participating Provider Organization (Network Code: PPO)	BluePrint PPO SM 2000	MIBPP2000	Embedded	\$0/\$0	\$0/\$0	\$1,000/\$3,000	\$3,000/\$9,000	90%/70%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2010	MIBPP2010	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2020	MIBPP2020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2030	MIBPP2030	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/60%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 1031	MIBPP1031	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/60%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2040	MIBPP2040	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/70%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2050	MIBPP2050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2060	MIBPP2060	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2070	MIBPP2070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2080	MIBPP2080	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2090	MIBPP2090	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 1091	MIBPP1091	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2110	MIBPP2110	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$3,500/\$10,500	\$10,500/\$31,500	90%/70%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2120	MIBPP2120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2130	MIBPP2130	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 1121	MIBPP1121	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2140	MIBPP2140	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$20	\$40	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2160	MIBPP2160	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2170	MIBPP2170	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$5,600/\$16,800	\$12,000/\$36,000	80%/60%	\$0	\$40	\$60	\$250 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 1171	MIBPP1171	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$8,550/\$25,650	\$17,100/\$51,300	80%/60%	\$0	\$40	\$60	\$250 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 2200	MIBPP2200	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

General Notes:

NA = Not Applicable; DC = Deductible and Coinsurance; NC = No Charge; In = In-Network; Out and OON = Out-of-Network

Prescription Drug Benefits:

All plans include prescription drug benefits. Drug Lists and Pharmacy Networks vary by plan type.

HMO plans are on the Performance Annual Drug List and the HMO Network pharmacies.

All non-HMO plans use the Performance Drug List at Preferred Network pharmacies.

Members utilizing Preferred Network Pharmacies may pay a lower copay or coinsurance amount for covered retail prescriptions. Non-Preferred Pharmacies are still in-network, but the members' cost share is likely to be higher.

Members using Out-of-Network Pharmacies (CVS is an out-of-network pharmacy on all non-HMO plans) will pay for their prescription and file for reimbursement which will be at 50% of the cost after the applicable copayment is applied.

Both drug lists include clinical programs such as Prior Authorization, Step Therapy, and Member Pay the Difference.

All HSA compatible HDHPs include the HSA Preventive Drug program. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Aggregate versus Embedded HSA methodology is indicated in the Deductible Type column. In an Aggregate HSA plan, members who cover dependents must meet the family deductible and out-of-pocket amounts. In an Embedded HSA plan, no more than the individual deductible and out-of-pocket amount will be required from any one member of the family.

Footnotes:

1. The value shown is a copay. Deductible and coinsurance do not apply.

2. The value shown is a per occurrence deductible. Annual deductible and coinsurance will apply after the per occurrence deductible.

3. Virtual Visits powered by MDLIVE® is a specific service accessed through Blue Access for Members, providing virtual care 24/7 by board certified physicians for a limited scope of medical services such as ear infection, allergies, flu, etc.

4. Urgent Care is covered at the Office Visit copay amount.

BCBSIL 2024-25 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments					Inpatient & Outpatient		Pharmacy Benefits		
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Virtual Visits ³	Primary Care Office Visits	Specialist Office Visits	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Out	Outpatient In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO SM (Network Code: BCS)	Blue Choice Select PPO SM 2010	MIBCS2010	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/50%	\$0	\$20	\$20	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2020	MIBCS2020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/60%	\$0	\$20	\$20	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2030	MIBCS2030	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/50%	\$0	\$20	\$20	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2040	MIBCS2040	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/60%	\$0	\$20	\$20	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2050	MIBCS2050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/50%	\$0	\$30	\$30	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2070	MIBCS2070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/50%	\$0	\$30	\$30	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2084	MIBCS2084	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/50%	\$0	\$30	\$50	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2090	MIBCS2090	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2120	MIBCS2120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 1124	MIBCS1124	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/50%	\$0	\$30	\$50	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2144	MIBCS2144	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/50%	\$0	\$20	\$40	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2160	MIBCS2160	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2174	MIBCS2174	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$5,600/\$16,800	\$12,000/\$36,000	80%/50%	\$0	\$40	\$60	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 1174	MIBCS1174	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$8,550/\$25,650	\$17,100/\$51,300	80%/50%	\$0	\$40	\$60	\$200 ¹	DC	DC	DC/\$300 ²	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250

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Blue Choice PPO (Network Code: BCS)	BlueEdge Select HSA SM 3113	MIESA3113	Aggregate HSA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$15,000	\$7,350/\$22,050	80%/50%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	BlueEdge Select HSA SM 2052	MIESE2052	Embedded HSA	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$24,000	\$8,000/\$48,000	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	100%	100%
	BlueEdge Select HSA SM 2122	MIESA2122	Aggregate HSA	\$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 ²	DC	100%	100%
	BlueEdge Select HSA SM 3153	MIESE3153	Embedded HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/50%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	BlueEdge Select HSA SM 4014	MIESE4014	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	BlueEdge Select HSA SM 3073	MIESE3073	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/50%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	BlueEdge Select HSA SM 3183	MIESE3183	Embedded HSA	\$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%	100%
	BlueEdge Select HSA SM 4024	MIESE4024	Embedded HSA	\$7,500/\$15,000	\$15,000/\$30,000	\$7,500/\$15,000	\$15,000/\$30,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%

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BCBSIL 2024-25 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments					Inpatient & Outpatient		Pharmacy Benefits			
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Virtual Visits ³	Primary Care Office Visits	Specialist Office Visits	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Out	Outpatient In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Participating Provider Organization (Network Code: PPO)	BlueEdge HSA SM 3003	MIEEA3003	Aggregate HSA	\$1,600	\$3,200	\$3,200	\$6,400	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 3013	MIEEA3013	Aggregate HSA	\$1,600/\$3,200	\$3,200/\$6,400	\$3,200/\$9,600	\$6,400/\$19,200	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 2020	MIEEA2020	Aggregate HSA	\$2,500	\$5,000	\$5,000	\$7,350	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	100%	100%	
	BlueEdge HSA SM 3033	MIEEA3033	Aggregate HSA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$15,000	\$7,350/\$22,050	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 4044	MIEEE4044	Embedded HSA	\$3,200/\$6,400	\$6,400/\$12,800	\$3,200/\$6,400	\$6,400/\$12,800	100%/100%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	100%	100%	
	BlueEdge HSA SM 4064	MIEEE4064	Embedded HSA	\$3,200/\$6,400	\$6,400/\$12,800	\$6,200/\$18,600	\$12,400/\$37,200	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 3093	MIEEA3093	Aggregate HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$5,800/\$17,400	\$7,350/\$22,050	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 3053	MIEEE3053	Embedded HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 2052	MIEEE2052	Embedded HSA	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$24,000	\$8,000/\$48,000	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	100%	100%	
	BlueEdge HSA SM 3073	MIEEE3073	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueEdge HSA SM 4014	MIEEE4014	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	BlueEdge HSA SM 3083	MIEEE3083	Embedded HSA	\$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	DC	100%	100%
	BlueEdge HSA SM 4024	MIEEE4024	Embedded HSA	\$7,500/\$15,000	\$15,000/\$30,000	\$7,500/\$15,000	\$15,000/\$30,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%

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BCBSIL 2024-25 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits		
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Virtual Visits ³	Primary Care Office Visits	Specialist Office Visits	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Out	Outpatient In/Out	Pharmacy Plan		
Blue Advantage HMO SM (Network Code: ADV)	Blue Advantage HMO Value Choice SM 2110	MIBAV2110	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$40	\$60	\$350 copay ¹	\$60 ⁴	\$0	\$500 copay per day ¹ (3 days)/NA	\$250 copay ¹ /NA	\$0/\$10/\$35/\$75/\$150/\$250		
	Blue Advantage HMO Value Choice SM 2120	MIBAV2120	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$50	\$70	\$400 copay ¹	\$70 ⁴	\$0	\$750 copay per day ¹ (3 days)/NA	\$300 copay ¹ /NA	\$0/\$10/\$50/\$100/\$150/\$250		
	Blue Advantage HMO Value Choice SM 4014	MIBAV4014	Embedded	\$0/NA	\$0/NA	\$6,500/NA	\$13,000/NA	80%/NA	NA	\$20	\$40	\$400 copay ¹	\$40 ⁴	\$0	\$1,000 ² /NA	\$500 copay ¹ /NA	\$0/\$10/\$50/\$100/\$150/\$250		
	Blue Advantage HMO Value Choice SM 2130	MIBAV2130	Embedded	\$1,000/NA	\$3,000/NA	\$3,000/NA	\$9,000/NA	80%/NA	NA	\$50	\$70	\$250 ²	\$70 ⁴	\$0	\$200 ² /NA	\$150 ² /NA	\$0/\$10/\$50/\$100/\$150/\$250		
	Blue Advantage HMO Value Choice SM 2140	MIBAV2140	Embedded	\$1,500/NA	\$4,500/NA	\$4,500/NA	\$13,500/NA	80%/NA	NA	\$50	\$70	\$400 ²	\$70 ⁴	\$0	\$200 ² /NA	\$150 ² /NA	\$0/\$10/\$50/\$100/\$150/\$250		
	Blue Advantage HMO Value Choice SM 2152	MIBAV2152	Embedded	\$3,000/NA	\$9,000/NA	\$8,700/NA	\$17,400/NA	80%/NA	NA	\$20	\$40	\$400 ²	\$40 ⁴	\$0	\$200 ² /NA	\$150 ² /NA	\$0/\$10/\$50/\$100/\$150/\$250		
Blue Advantage HMO (Network Code: ADV)	Blue Advantage HMO SM 2000	MIBAH2000	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$40	\$60	\$350 ¹	\$60 ⁴	\$0	\$250 copay per day ¹ (5 days)/NA	NC/NA	\$0/\$10/\$35/\$75/\$150/\$250		
	Blue Advantage HMO SM 2010	MIBAH2010	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$30	\$50	\$250 ¹	\$50 ⁴	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250		
	Blue Advantage HMO SM 2020	MIBAH2020	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$20	\$40	\$250 ¹	\$40 ⁴	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250		

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BCBSIL 2024-25 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Network	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	Virtual Visits ³	Primary Care Office Visits Tier 1/ Tier 2	Specialist Office Visits Tier 1/ Tier 2	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	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 OPT PPO SM (Network Code: BCO)	Blue Choice Options SM 2080	MIBCO2080	Embedded	\$250 BCO/ \$1,000 PPO/ \$2,000 OON	\$750 BCO/ \$3,000 PPO/ \$6,000 OON	\$750 BCO/ \$1,250 PPO/ \$2,500 OON	\$2,250 BCO/ \$3,750 PPO/ \$7,500 OON	90% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$40 PPO	\$40 BCO/ \$80 PPO	\$400 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2000	MIBCO2000	Embedded	\$500 BCO/ \$1,500 PPO/ \$3,000 OON	\$1,500 BCO/ \$4,500 PPO/ \$9,000 OON	\$4,000 BCO/ \$5,600 PPO/ \$16,800 OON	\$10,200 BCO/\$ 10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$50 PPO	\$40 BCO/ \$100 PPO	\$400 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2010	MIBCO2010	Embedded	\$500 BCO/ \$1,500 PPO/ \$3,000 OON	\$1,500 BCO/ \$4,500 PPO/ \$9,000 OON	\$500 BCO/ \$3,000 PPO/ \$9,000 OON	\$1,500 BCO/ \$9,000 PPO/ \$27,000 OON	100% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$50 PPO	\$40 BCO/ \$100 PPO	\$400 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2030	MIBCO2030	Embedded	\$1,000 BCO/ \$2,500 PPO/ \$5,000 OON	\$3,000 BCO/ \$7,500 PPO/ \$15,000 OON	\$2,500 BCO/ \$5,500 PPO/ \$16,500 OON	\$7,500 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$25	\$25 BCO/ \$50 PPO	\$50 BCO/ \$100 PPO	\$400 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2040	MIBCO2040	Embedded	\$1,500 BCO/ \$3,500 PPO/ \$7,000 OON	\$4,500 BCO/ \$10,200 PPO/ \$21,000 OON	\$3,000 BCO/ \$5,500 PPO/ \$16,500 OON	\$9,000 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$30	\$30 BCO/ \$50 PPO	\$50 BCO/ \$100 PPO	\$400 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 4074	MIBCO4074	Embedded	\$5,000 BCO/ \$6,000 PPO/ \$18,000 OON	\$10,000 BCO/ \$12,000 PPO/ \$28,000 OON	\$6,600 BCO/ \$7,600 PPO/ \$22,800 OON	\$13,200 BCO/ \$15,200 PPO/ \$45,600 OON	80% BCO/ 60% PPO/ 50% OON	\$40	\$40 BCO/ \$65 PPO	\$60 BCO/ \$120 PPO	\$500 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 1201	MIBCO1201	Embedded	\$2,500 BCO / \$4,000 PPO/ \$8,000 OON	\$7,500 BCO/ \$12,000 PPO/ \$24,000 OON	\$4,500 BCO/ \$5,500 PPO/ \$16,500 OON	\$13,500 BCO/ \$16,500 PPO/ \$49,500 OON	80% BBO/ 60% PPO/ 50% OON	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Options SM 2050	MIBCO2050	Embedded	\$4,000 BCO/ \$5,000 PPO/ \$10,000 OON	\$10,200 BCO/ \$10,200 PPO/ \$26,400 OON	\$5,600 BCO/ \$5,600 PPO/ \$16,800 OON	\$10,200 BCO/ \$10,200 PPO/ \$30,600 OON	80% BCO/ 60% PPO/ 50% OON	\$35	\$35 BCO/ \$60 PPO	\$55 BCO/ \$120 PPO	\$500 ²	\$75	DC	\$250 BCO ² / \$500 PPO ² / \$600 OON ²	\$200 BCO ² / \$400 PPO ² / \$500 OON ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 4064	MICOE4064	Embedded HSA	\$3,200 BCO/ \$4,600 PPO/ \$9,200 OON	\$9,200 BCO/ \$13,800 PPO/ \$27,600 OON	\$3,200 BCO/ \$6,550 PPO/ \$19,650 OON	\$9,200 BCO/ \$14,000 PPO/ \$42,000 OON	100% BCO/ 80% PPO/ 60% OON	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice Options SM 3023	MICOE3023	Embedded HSA	\$4,000 BCO/ \$5,700 PPO/ \$12,000 OON	\$12,000 BCO/ \$14,800 PPO/ \$36,000 OON	\$4,000 BCO/ \$7,500 PPO/ \$22,500 OON	\$12,000 BCO/ \$15,000 PPO/ \$45,000 OON	100% BCO/ 80% PPO/ 60% OON	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice Options SM 3053	MICOE3053	Embedded HSA	\$3,500 BCO/ \$5,000 PPO/ \$10,000 OON	\$7,000 BCO/ \$10,000 PPO/ \$20,000 OON	\$5,500 BCO/ \$7,000 PPO/ \$21,000 OON	\$11,000 BCO/ \$14,000 PPO/ \$42,000 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice Options SM 3073	MICOE3073	Embedded HSA	\$5,000 BCO/ \$6,000 PPO/ \$12,000 OON	\$10,000 BCO/ \$12,000 PPO/ \$24,000 OON	\$6,000 BCO/ \$7,000 PPO/ \$21,000 OON	\$12,000 BCO/ \$14,000 PPO/ \$42,000 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice Options SM 3013	MICOE3013	Embedded HSA	\$6,000 BCO/ \$7,000 PPO/ \$14,000 OON	\$12,000 BCO/ \$14,000 PPO/\$ 28,000 OON	\$7,000 BCO/ \$7,500 PPO/ \$22,500 OON	\$14,000 BCO/ \$15,000 PPO/ \$45,000 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%

Blue Choice Options: 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. Tier 1 refers to the benefit level when using the Blue Choice OPT PPOSM network, Tier 2 refers to the benefit level when using the PPO network.

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Network Offerings Comparison

Plan Name	BluePrint PPO	Blue Choice Select PPO	Blue Choice OPT	Blue Advantage HMO
Network Name	PPO (PPO)	Blue Choice PPO (BCS)	Tier 1 - Blue Choice OPT PPO (BCO) Tier 2 - PPO (PPO)	Blue Advantage HMO (ADV)
Network Type	Broad	Narrow	Tiered	Broad
Coverage	Statewide	Coverage area is Statewide except Lawrence and Wabash	Tier 1 - Statewide Tier 2 - Statewide	Cook, Lake, McHenry, DuPage, Kane, Grundy, Kankakee, Kendall, Will, Boone, DeKalb, Lee, Ogle, Stephenson, Winnebago, Fulton, Knox, Marshall, Peoria, Stark, Tazewell, Woodford, Cass, Christian, Logan, Macon, Mason, Menard, Morgan, Sangamon, and Schuyler counties
Must Live in Network Service Area	No	Yes	No	Yes
Medical Group Selection Required	No	No	No	Yes
Referral Required	No	No	No	Yes
OON Coverage	Yes, but member is not held harmless. The member can be billed up to the billed amount.	Yes, but member is not held harmless. The member can be billed up to the billed amount.	Yes, but member is not held harmless. The member can be billed up to the billed amount.	No with the exception of emergency or accident
BlueCard®/Away From Home Care® (AFHC)	Yes	Yes	Yes - Paid at Tier 1	Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care.
Guest Membership	N/A	N/A	N/A	Guest Membership enables members to receive guest membership benefits from other participating Blue Cross and Blue Shield HMOs while traveling outside of their HMO service areas for at least 90 days. Affiliated HMOs are not available in all locations, and not all Blue Cross and Blue Shield Association HMOs participate in the Guest Membership program. Benefits and the way members access services might not be the same as their Illinois benefits. To apply for the Guest Membership program, members must contact Customer Service at 1-800-892-2803.
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder	Yes	Yes	Yes	Yes, displays PCP and Medical Group only for IL HMOs
Member Liability Estimator	Yes	Yes	Yes	No

Blue Choice Options

Understanding and Using the Benefits

With a Blue Cross Blue Shield of Illinois PPO benefit plan, visiting doctors and hospitals in the PPO network saves money. But did you know that with the Blue Choice Options benefit plan, members can save even more money by using a doctor or hospital that participates in the Blue Choice OPT PPO network?

What Is a Blue Choice Options Plan?

The Blue Choice Options benefit plan is designed in three tiers. Members **save** the most when they use doctors and hospitals in tier 1 – the Blue Choice Options PPO network. Members **pay** the most when they visit those in tier 3 (out-of-network providers). Remember to determine which tier the doctor or hospital is in to know the coverage level.

Why Using a Blue Choice OPT PPO Network Provider Saves Money

The Blue Choice OPT PPO network (tier 1) has a variety of doctors and hospitals statewide. These doctors and hospitals, which all meet BCBSIL's quality criteria, have agreed to offer the care and services needed for a lower cost. In addition, with the Blue Choice Options benefit plan, members also get the highest level of benefits when visiting the doctors and hospitals in the Blue Choice OPT PPO network. Members still have the option of choosing a doctor from the larger, statewide PPO network (tier 2), but will pay higher out-of-pocket costs than with the Blue Choice OPT PPO network.

Tier 1	Tier 2	Tier 3
Pay the least out-of-pocket expenses by using a participating provider in the Blue Choice OPT PPO network.	Pay additional out-of-pocket costs by choosing a participating provider in the larger, statewide PPO network.	Pay the highest out-of-pocket costs by selecting an out-of-network provider and may be required to pay those fees up front.

Compare Costs

The example shows how costs and savings vary by tier. Even though a specific plan design may be different, it may make sense to use a doctor or hospital in tier 1, the statewide Blue Choice Options PPO network, or tier 2, the BCBSIL larger, statewide PPO network.

	Tier 1: Statewide Blue Choice Options PPO Network	Tier 2: Larger Statewide PPO Network	Tier 3: Out-of-Network*
Doctor Visit	Cost is \$200 You pay \$20	Cost is \$200 You pay \$30	Cost is \$200 You pay \$200
Specialist Visit	Cost is \$200 You pay \$30	Cost is \$200 You pay \$50	Cost is \$200 You pay \$200
2-Day Inpatient Hospital Stay	Cost is \$5,000 You pay \$1,400	Cost is \$5,000 You pay \$2,900	Cost is \$5,000 You pay \$5,000

*Applied to member's deductible. Once deductible is met, pays at percentage designated by plan. Benefit information is based on a \$1,000 deductible and 90% coinsurance for tier 1, a \$2,000 deductible and 70% coinsurance for tier 2, and a \$8,000 deductible and 50% coinsurance for OON. These examples are stand-alone and do not track the member's out-of-pocket max.

Finding a Tier 1 or Tier 2 Provider

To find a participating Blue Choice Options PPO provider, visit bcbsil.com and select **Find Care**. Follow the prompts. Then, select **Blue Choice Options** from the network drop-down list or provider type. You can narrow search by specialty, patient ratings and more. You may also narrow your search to Tier 1 Providers only or All Tier Providers.

BlueCare Dental

Plan Options for Mid-Market¹

Contributory Plans

	DINHR31		DINHR32		DINHR33		DINHR34		DINLR36		DINLR37		DINH38		DINH40		DINLM41		DINH42		DINHR50		DINLM51		DINH57		DINLR58	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75	\$50		\$75		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50	
Annual Maximum	\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$1,000		\$1,000		\$1,000	\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000		
Ortho Lifetime Maximum	\$2,000		\$2,000		\$1,500		\$1,000		N/A		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%		100%		100%	80%	100%		90%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% ⁴	
Misc. Preventive Services	100% ²		100% ²		100% ²		100% ²	80% ²	80%		70%		100% ²		100% ²	80% ²	70%	50%	100% ²		100% ²		80%		100% ²		80%	
Basic Restorative	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	80% ³		80%		80%		100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%	
Endodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Oral Surgery	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Surgical Periodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%	
Implants	50%		50%		50%		50%		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A	
Orthodontics ²	50%		50%		50%		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%	
OON Reimbursement	90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		MAC		90th R&C		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. Preventive services will not count toward maximum annual benefit.

Voluntary Plans

	DINHR43		DINH44		DINH46		DINHR52		DINHR53		DINLR54		DINLM55		DINLM56		DINH59		DINLR60	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$750		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%	80%	100%		100%		100%		100%		100%		100%		100%		100% ⁵	
Misc. Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		100% ²		80%		80%		80%	50%	100% ²		80%	
Basic Restorative	80%		80%	60%	80% ³		80%		80%		80%		80%		80%	50%	100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%	60%	N/A		80%		80%		80%		80%		80%	50%	100%		80%	
Endodontics	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Surgical Periodontics	80% ⁴		80% ⁴	60% ⁴	N/A		80% ⁴		80% ⁴		50% ⁴		50% ⁴		50% ⁴		100% ⁴		50% ⁴	
Major Restorative and Prosthodontics	50% ⁴		50% ⁴	40% ⁴	N/A		50% ⁴		50% ⁴		50% ⁴		50% ⁴		50% ⁴		60% ⁴		50% ⁴	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics ²	50%		N/A		N/A		50%		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		MAC		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. 12-month waiting period applies.

5. Preventive services will not count toward maximum annual benefit.

For information on rates, contact your BCBSIL Account Representative.

For more information on these plans, please contact your BCBSIL Representative.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown.

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. Details on Drug Lists and Pharmacy Networks can be found at www.myprime.com.

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.

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MedsYourWay is not insurance. It is a drug discount card program that compares the drug discount card price for an eligible medication at participating in-network retail pharmacies to the member’s benefit plan cost share amount and then applies the lower available price. MedsYourWay is administered by Prime Therapeutics, LLC. Not all retail pharmacies may participate with MedsYourWay pricing.

CompPsych Corp. is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide employee assistance services for members with coverage through BCBSIL.

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