



MID-MARKET 51-150 EMPLOYEES

2026-27 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

2026-27 Mid-Market Group Plans

The Mid-Market Group Portfolio is available from July 1, 2026, through June 30, 2027. 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.

Our Mid-Market Group Portfolio offers the following:

Consumerism Plans and Services to Enhance Cost Savings for Your Business and Your Employees

Our Consumer Driven Health plans and decision support tools allow employees and eligible dependents to access quality care at lower costs, bolster engagement with their care plan and empower them to take control of their health and wellness.

Consumer Driven Health Plans*

These benefit plans 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.

All HSA compatible plans include the \$0 member cost share medications that are used for the maintenance of chronic conditions.

\$0 Emergency Use Medications*

Members have access to select acute medications typically used for emergency use or life-saving situations at a \$0 cost share. The benefit applies when they use any in-network pharmacy for these drug categories:

- Severe allergic reactions (e.g., epinephrine auto-injector)
- Hypoglycemia (e.g., glucagon injection kit)
- Opioid overdoses (e.g., naloxone injectable/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

Member and Employer Savings with Member Rewards*

Member Rewards is an engagement and rewards program offered by Blue Cross and Blue Shield of Illinois and administered by Zelis. The program guides employees to cost-effective options and helps achieve measurable savings for both them and you. With Member Rewards, your employees can earn a cash reward when they shop for procedures or services and select a low-cost, reward-eligible option. Shopping online helps members:

- Compare costs and quality of providers
- Find lower cost providers in their area
- Save on out-of-pocket costs
- Earn cash rewards

Improve Health Outcomes and Contain Costs for Acute and Chronic Conditions

We understand that everyone has unique needs and preferences, which is why we offer targeted and personalized programs for everything from behavioral health concerns to musculoskeletal conditions. By providing access through multimodal options — including virtual health and brick-and-mortar care — your employees and their eligible dependents can get care when and where they need it. Having access to these programs helps employers reduce health care costs by improving employee health and reducing hospitalizations and other acute care.

Cancer Services and Support*

To support employees and their family members who are facing cancer, it's important for employers to offer coverage ranging from care management to second opinions, ensuring advancements in treatment are accessible and evolving guidelines are considered. The Cancer Services and Support program helps support healthier outcomes and cost containment and provides members with a comprehensive digital hub for seamless cancer navigation.

Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions — included as part of your benefit plan — offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

Metabolic Health Management to Prevent or Reverse Diabetes

Because chronic conditions like obesity and diabetes rates continue to rise, employers should be looking at ways to help employees find the best path for condition prevention, management and reversal. Our Metabolic Health Management program incorporates interventions for both obesity and type 2 diabetes to help you and your employees reduce long-term medical costs and promote a healthy lifestyle.

- **Twin Health Metabolic Health Management*:** Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to 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. As of 7/1/25, individuals with high BMI are also allowed to participate in the program.
- **Wondr Health** is a digital weight-management program that teaches members science-based skills that help members lose weight, sleep better, manage stress and more.

Musculoskeletal Management with Hinge Health*

Hinge is a digital musculoskeletal program available at no extra cost to the member and done in the comfort of the member's own home. It uses established, proven, non-surgical care guidelines into a coach- and physical-therapist-led program delivered remotely using mobile and computer guided technology.

*These products are only available to non-HMO plans.

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

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Our Mid-Market Group Portfolio offers the following (cont.):

Improve Health Outcomes and Contain Costs for Acute and Chronic Conditions (cont.)

Women's and Family Health in Collaboration with Maven*

Meet Maven, our new digital maternity program. Get personalized 24/7 virtual support, care and guidance for pregnancy, postpartum and newborn care with Maven. Your employees and their partners have 24/7 virtual access to meet with Maven providers so they can get care when they need it.

In addition to Maven Maternity, BCBSIL is here to support, educate and share information regarding high-risk conditions, such as gestational diabetes and preeclampsia. Together, BCBSIL and Maven get you the care you need for your pregnancy and postpartum journey.

Behavioral Health Access and Support

Comprehensive and foundational support throughout a member's behavioral health journey includes:

Mental Health Hub*

A single destination for member behavioral health resources that is available 24/7; helps members navigate to the right resource for their needs and provides direct access to innovative specialists that treat:

- Pediatric mental health
- Substance use disorders
- Eating disorders
- Obsessive-compulsive disorders
- Anxiety, depression and more

Digital Mental Health

Self-paced, online programs from Learn to Live covering the following conditions and based on the principles of cognitive behavioral therapy; available 24/7 with optional coaching support for:

- Depression
- Anxiety, stress and worry
- Social anxiety
- Insomnia
- Panic
- Substance use
- Resilience
- Trauma

Member Prevention, Support and Outreach

- Nationwide network of mental health providers
- 24/7/365 call center for urgent issues
- Secure messaging through Blue Access for Members or the mobile app

Integrated EAP

Work/life support from ComPsych GuidanceResources includes:

- **Confidential Counseling Sessions:** (In-person or telehealth) at no cost to the member and integrated with our behavioral health network; employer will not incur claims for these sessions
- **Legal Guidance:** Landlord issues, estate planning or family law
- **Financial Guidance Retirement:** Tax questions or help with budgeting
- **Work-Life Services:** Finding childcare, support groups, event planning and more Online Resource Available 24/7 and features tools, articles, podcasts and videos

Promote Wellness Year-Round with GO WellbeingSM

This cost-effective solution helps employers increase productivity, encourages engagement and enhances a culture of wellness in the workplace.

- **Take a Health Assessment:** The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help identify the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- **Sign-up for Self-Management Courses:** These course let members work at their own pace to reach their health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track progress as you make your way through each lesson.
- **Join the Fitness Program:** Get flexible options to help your employees live a healthy lifestyle. The Fitness Program is available exclusively to employees and their covered dependents (age 16 and older).[†] The program gives them access to a nationwide network of fitness locations. Choose a location close to home or near work and visit locations while traveling. The base membership starts at \$19 a month with a \$19 enrollment fee and offer access to 3,500+ gyms nationwide.[‡] **Have questions about the Fitness Program or want to sign up? Just call the toll-free number 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m., CT.**

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[†]Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

[‡]Prices and number of gym locations are subject to change.

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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 SM (Network Code: PPO)	BluePrint PPO SM 2000 - Rx Copays	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 5006 - Rx Copays	MIBPP5006	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	BluePrint PPO SM 2016 - Rx Copays	MIBPP2016	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,750/\$5,250	\$5,250/\$15,750	80%/60%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	BluePrint PPO SM 2026 - Rx Copays	MIBPP2026	Embedded	\$750/\$1,500	\$2,250/\$4,500	\$2,000/\$6,000	\$6,000/\$18,000	90%/70%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2036 - Rx Copays	MIBPP2036	Embedded	\$750/\$1,500	\$2,250/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 1036 - Rx Copays	MIBPP1036	Embedded	\$750/\$1,500	\$2,250/\$4,500	\$6,500/\$19,500	\$18,400/\$55,200	80%/60%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2046 - Rx Copays	MIBPP2046	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,500/\$7,500	\$7,500/\$22,500	90%/70%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2056 - Rx Copays	MIBPP2056	Embedded	\$1,250/\$2,500	\$3,750/\$7,500	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2066 - Rx Copays	MIBPP2066	Embedded	\$1,250/\$2,500	\$3,750/\$7,500	\$4,500/\$13,500	\$13,500/\$40,500	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2076 - Rx Copays	MIBPP2076	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2086 - Rx Copays	MIBPP2086	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000/\$15,000	\$15,000/\$45,000	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	BluePrint PPO SM 2096 - Rx Copays	MIBPP2096	Embedded	\$2,250/\$4,500	\$6,750/\$13,500	\$4,500/\$13,500	\$13,500/\$40,500	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	BluePrint PPO SM 1096 - Rx Copays	MIBPP1096	Embedded	\$2,250/\$4,500	\$6,750/\$13,500	\$6,500/\$19,500	\$18,000/\$54,000	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	BluePrint PPO SM 2126 - Rx Copays	MIBPP2126	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$5,000/\$15,000	\$15,000/\$45,000	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2116 - Rx Copays	MIBPP2116	Embedded	\$2,750/\$5,500	\$8,250/\$16,500	\$4,000/\$12,000	\$12,000/\$36,000	90%/70%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
BluePrint PPO SM 2136 - Rx Copays	MIBPP2136	Embedded	\$2,750/\$5,500	\$8,250/\$16,500	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	

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

2026-27 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 SM (Network Code: PPO)	BluePrint PPO SM 1126 - Rx Copays	MIBPP1126	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,500/\$19,500	\$18,400/\$55,200	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2146 - Rx Copays	MIBPP2146	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$0	\$30	\$60	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 2166 - Rx Copays	MIBPP2166	Embedded	\$4,250/\$8,500	\$12,750/\$25,500	\$6,000/\$18,000	\$18,000/\$36,000	80%/60%	\$0	\$40	\$70	\$350 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	BluePrint PPO SM 2176 - Rx Copays	MIBPP2176	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$6,100/\$18,300	\$12,200/\$36,600	80%/60%	\$0	\$50	\$80	\$450 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	BluePrint PPO SM 1171 - Rx Copays	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
Blue Choice PPO SM	Blue Choice Select PPO SM 5006 - Rx Copays	MIBCS5006	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/50%	\$0	\$30	\$30	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2016 - Rx Copays	MIBCS2016	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,750/\$5,250	\$5,250/\$15,750	80%/50%	\$0	\$30	\$30	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2026 - Rx Copays	MIBCS2026	Embedded	\$750/\$1,500	\$2,250/\$4,500	\$2,000/\$6,000	\$6,000/\$18,000	90%/60%	\$0	\$30	\$30	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	Blue Choice Select PPO SM 2036 - Rx Copays	MIBCS2036	Embedded	\$750/\$1,500	\$2,250/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/50%	\$0	\$30	\$30	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	Blue Choice Select PPO SM 2046 - Rx Copays	MIBCS2046	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,500/\$7,500	\$7,500/\$22,500	90%/60%	\$0	\$30	\$30	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	Blue Choice Select PPO SM 2056 - Rx Copays	MIBCS2056	Embedded	\$1,250/\$2,500	\$3,750/\$7,500	\$3,500/\$10,500	\$10,500/\$31,500	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2076 - Rx Copays	MIBCS2076	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2086 - Rx Copays	MIBCS2086	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000/\$15,000	\$15,000/\$45,000	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2096 - Rx Copays	MIBCS2096	Embedded	\$2,250/\$4,500	\$6,750/\$13,500	\$4,500/\$13,500	\$13,500/\$40,500	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350

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2026-27 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	Blue Choice Select PPO SM 2126 - Rx Copays	MIBCS2126	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$5,000/\$15,000	\$15,000/\$45,000	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	Blue Choice Select PPO SM 1126 - Rx Copays	MIBCS1126	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,500/\$19,500	\$18,400/\$55,200	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350
	Blue Choice Select PPO SM 2146 - Rx Copays	MIBCS2146	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2166 - Rx Copays	MIBCS2166	Embedded	\$4,250/\$8,500	\$12,750/\$25,500	\$6,000/\$18,000	\$18,000/\$36,000	80%/50%	\$0	\$40	\$40	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 2176 - Rx Copays	MIBCS2176	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$6,100/\$18,300	\$12,200/\$36,600	80%/50%	\$0	\$50	\$50	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350
	Blue Choice Select PPO SM 1176 - Rx Copays	MIBCS1176	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$8,550/\$25,650	\$17,100/\$51,300	80%/50%	\$0	\$50	\$50	\$400 ¹	DC	DC	\$200 ² /\$400 ²	\$100 ² /\$100 ²	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice PPO	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 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 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 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 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 3076	MIESE3076	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$7,500/\$22,500	\$15,000/\$45,000	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	100%	100%

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 Full Drug List and the 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:

- The value shown is a copay. Deductible and coinsurance do not apply.
- The value shown is a per occurrence deductible. Calendar Year Deductible and Coinsurance will apply after the Per Occurrence Deductible.
- 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.
- Urgent Care is covered at the Office Visit copay amount.

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

2026-27 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 SM (Network Code: PPO)	BlueEdge HSA SM 3005	MIEEA3005	Aggregate HSA	\$1,800/\$1,800	\$3,600/\$3,600	\$3,600/\$3,600	\$7,200/\$7,200	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 3015	MIEEA3015	Aggregate HSA	\$1,800/\$3,600	\$3,600/\$7,200	\$3,600/\$10,800	\$7,200/\$21,600	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/\$2,500	\$5,000/\$5,000	\$5,000/\$5,000	\$7,350/\$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 4045	MIEEE4045	Embedded HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	100%/100%	DC	DC	DC	DC	DC	DC	DC/\$300 ²	DC	100%	100%	
	BlueEdge HSA SM 3096	MIEEA3096	Aggregate HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$6,300/\$18,900	\$7,850/\$25,000	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 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 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 3076	MIEEE3076	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$7,500/\$22,500	\$15,000/\$45,000	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 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%

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 Full Drug List and the 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 in a per occurrence deductible. Calendar Year 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.
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2026-27 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 2116 - Rx Copays	MIBAV2116	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$50	\$80	\$450 Copay ¹	\$50 PCP ⁴ / \$80 SPC ⁴	\$0	\$600 Copay per day ¹ (3 days)/ NA	\$350 Copay ¹ / NA	\$5/\$15/\$45/\$85/\$250/\$350
	Blue Advantage HMO Value Choice SM 2126 - Rx Copays	MIBAV2126	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$60	\$90	\$500 Copay ¹	\$60 PCP ⁴ / \$90 SPC ⁴	\$0	\$850 Copay per day ¹ (3 days)/ NA	\$400 Copay ¹ / NA	\$5/\$15/\$45/\$85/\$250/\$350
	Blue Advantage HMO Value Choice SM 4016 - Rx Copays	MIBAV4016	Embedded	\$0/NA	\$0/NA	\$6,500/NA	\$13,000/NA	80%/NA	NA	\$30	\$60	\$500 ²	\$30 PCP ⁴ / \$60 SPC ⁴	\$0	\$1,000 ² /NA	\$600 ² /NA	\$5/\$15/\$60/\$110/\$250/\$350
	Blue Advantage HMO Value Choice SM 2136 - Rx Copays	MIBAV2136	Embedded	\$1,250/NA	\$3,750/NA	\$3,500/NA	\$10,500/NA	80%/NA	NA	\$60	\$90	\$350 ²	\$60 PCP ⁴ / \$90 SPC ⁴	\$0	\$300 ² /NA	\$250 ² /NA	\$5/\$15/\$60/\$110/\$250/\$350
	Blue Advantage HMO Value Choice SM 2146 - Rx Copays	MIBAV2146	Embedded	\$1,750/NA	\$5,250/NA	\$5,000/NA	\$15,000/NA	80%/NA	NA	\$60	\$90	\$500 ²	\$60 PCP ⁴ / \$90 SPC ⁴	\$0	\$300 ² /NA	\$250 ² /NA	\$5/\$15/\$60/\$110/\$250/\$350
	Blue Advantage HMO Value Choice SM 2152 - Rx Copays	MIBAV2152	Embedded	\$3,000/NA	\$9,000/NA	\$8,700/NA	\$17,400/NA	80%/NA	NA	\$20	\$40	\$400 ²	\$20 PCP ⁴ / \$40 SPC 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 - Rx Copays	MIBAH2000	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$40	\$60	\$350 Copay ¹	\$40 PCP ⁴ / \$60 SPC ⁴	\$0	\$250 Copay per day ¹ (5 days)/ NA	NC/NA	\$0/\$10/\$35/\$75/\$150/\$250
	Blue Advantage HMO SM 2016 - Rx Copays	MIBAH2016	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$40	\$70	\$350 Copay ¹	\$40 PCP ⁴ / \$70 SPC ⁴	\$0	NC/NA	NC/NA	\$5/\$15/\$60/\$110/\$250/\$350
	Blue Advantage HMO SM 2026 - Rx Copays	MIBAH2026	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$30	\$60	\$350 Copay ¹	\$30 PCP ⁴ / \$60 SPC ⁴	\$0	NC/NA	NC/NA	\$5/\$15/\$60/\$110/\$250/\$350

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Prescription Drug Benefits:
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Footnotes:
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2. The value shown in a per occurrence deductible. Calendar Year 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.
This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown.

2026-27 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 SM)	Blue Choice Options SM 2086 - Rx Copays	MIBCO2086	Embedded	\$500 BCO/ \$1,250 PPO/ \$2,500 OON	\$1,500 BCO/ \$3,750 PPO/ \$7,500 OON	\$1,250 BCO/ \$1,500 PPO/ \$4,500 OON	\$2,500 BCO/ \$4,500 PPO/ \$9,000 OON	90% BCO/ 70% PPO/ 50% OON	\$30	\$30/\$50	\$60/\$90	\$500 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 2016 - Rx Copays	MIBCO2016	Embedded	\$750 BCO/ \$1,750 PPO/ \$3,500 OON	\$2,250 BCO/ \$5,250 PPO/ \$10,500 OON	\$750 BCO/ \$3,500 PPO/ \$10,500 OON	\$2,250 BCO/ \$10,500 PPO/ \$31,500 OON	100% BCO/ 70% PPO/ 50% OON	\$30	\$30/\$60	\$60/\$110	\$500 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 2006 - Rx Copays	MIBCO2006	Embedded	\$750 BCO/ \$1,750 PPO/ \$3,500 OON	\$2,250 BCO/ \$5,250 PPO/ \$10,500 OON	\$4,500 BCO/ \$6,100 PPO/ \$18,300 OON	\$9,000 BCO/ \$12,200 PPO/ \$36,600 OON	90% BCO/ 70% PPO/ 50% OON	\$30	\$30/\$60	\$60/\$110	\$500 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 2036 - Rx Copays	MIBCO2036	Embedded	\$1,000 BCO/ \$2,500 PPO/ \$5,000 OON	\$3,000 BCO/ \$7,500 PPO/ \$15,000 OON	\$3,000 BCO/ \$6,000 PPO/ \$18,000 OON	\$9,000 BCO/ \$12,000 PPO/ \$36,000 OON	90% BCO/ 70% PPO/ 50% OON	\$35	\$35/\$60	\$70/\$110	\$500 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 2046 - Rx Copays	MIBCO2046	Embedded	\$1,500 BCO/ \$3,750 PPO/ \$7,500 OON	\$4,500 BCO/ \$11,250 PPO/ \$22,500 OON	\$3,500 BCO/ \$6,000 PPO/ \$18,000 OON	\$10,500 BCO/ \$12,000 PPO/ \$36,000 OON	90% BCO/ 70% PPO/ 50% OON	\$40	\$40/\$60	\$70/\$110	\$500 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 5006 - Rx Copays	MIBCO5006	Embedded	\$2,000 BCO/ \$4,000 PPO/ \$8,000 OON	\$8,000 BCO/ \$16,000 PPO/ \$32,000 OON	\$4,500 BCO/ \$6,500 PPO/ \$13,000 OON	\$9,000 BCO/ \$18,000 PPO/ \$36,000 OON	90% BCO/ 70% PPO/ 50% OON	\$40	\$40/\$60	\$70/\$110	\$500 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 1205 - Rx Copays	MIBCO1205	Embedded	\$2,500 BCO/ \$4,000 PPO/ \$8,000 OON	\$7,500 BCO/ \$12,000 PPO/ \$24,000 OON	\$5,000 BCO/ \$6,000 PPO/ \$18,000 OON	\$15,000 BCO/ \$18,000 PPO/ \$54,000 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC/DC	DC/DC	DC	DC	DC	DC	DC	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	
	Blue Choice Options SM 5016 - Rx Copays	MIBCO5016	Embedded	\$3,000 BCO/ \$4,500 PPO/ \$9,000 OON	\$9,000 BCO/ \$18,000 PPO/ \$36,000 OON	\$5,500 BCO/ \$6,500 PPO/ \$13,000 OON	\$9,000 BCO/ \$18,000 PPO/ \$39,000 OON	80% BCO/ 60% PPO/ 50% OON	\$45	\$45/\$70	\$75/\$130	\$600 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 2056 - Rx Copays	MIBCO2056	Embedded	\$4,250 BCO/ \$5,250 PPO/ \$10,000 OON	\$10,500 BCO/ \$10,500 PPO/ \$31,500 OON	\$6,100 BCO/ \$6,100 PPO/ \$18,300 OON	\$12,200 BCO/ \$12,200 PPO/ \$36,600 OON	80% BCO/ 60% PPO/ 50% OON	\$45	\$45/\$70	\$75/\$130	\$600 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 4076 - Rx Copays	MIBCO4076	Embedded	\$5,250 BCO/ \$6,250 PPO/ \$18,750 OON	\$10,500 BCO/ \$12,500 PPO/ \$37,500 OON	\$7,100 BCO/ \$8,100 PPO/ \$24,300 OON	\$14,200 BCO/ \$16,200 PPO/ \$48,600 OON	80% BCO/ 60% PPO/ 50% OON	\$50	\$50/\$75	\$80/\$130	\$600 ²	\$75	DC	\$350 BCO ² / \$600 PPO ² / \$700 OON ²	\$300 BCO ² / \$500 PPO ² / \$600 OON ²	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	
	Blue Choice Options SM 4066	MICOE4066	Embedded HSA	\$3,500 BCO/ \$4,600 PPO/ \$10,500 OON	\$10,500 BCO/ \$13,800 PPO/ \$31,500 OON	\$3,500 BCO/ \$6,800 PPO/ \$20,400 OON	\$10,500 BCO/ \$14,000 PPO/ \$42,000 OON	100% BCO/ 80% PPO/ 60% OON	DC	DC/DC	DC/DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice Options SM 3056	MICOE3056	Embedded HSA	\$3,500 BCO/ \$5,000 PPO/ \$10,000 OON	\$7,000 BCO/ \$10,000 PPO/ \$20,000 OON	\$5,500 BCO/ \$7,250 PPO/ \$21,750 OON	\$11,000 BCO/ \$14,500 PPO/ \$43,500 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC/DC	DC/DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice Options SM 3026	MICOE3026	Embedded HSA	\$4,000 BCO/ \$5,700 PPO/ \$12,000 OON	\$12,000 BCO/ \$14,800 PPO/ \$36,000 OON	\$4,000 BCO/ \$7,750 PPO/ \$23,250 OON	\$12,000 BCO/ \$15,500 PPO/ \$46,500 OON	100% BCO/ 80% PPO/ 60% OON	DC	DC/DC	DC/DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice Options SM 3076	MICOE3076	Embedded HSA	\$5,000 BCO/ \$6,000 PPO/ \$12,000 OON	\$10,000 BCO/ \$12,000 PPO/ \$24,000 OON	\$6,000 BCO/ \$7,250 PPO/ \$21,750 OON	\$12,000 BCO/ \$14,500 PPO/ \$43,500 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC/DC	DC/DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice Options SM 3016	MICOE3016	Embedded HSA	\$6,000 BCO/ \$7,000 PPO/ \$14,000 OON	\$12,000 BCO/ \$14,000 PPO/ \$28,000 OON	\$7,000 BCO/ \$7,750 PPO/ \$23,250 OON	\$14,000 BCO/ \$15,500 PPO/ \$46,500 OON	80% BCO/ 60% PPO/ 50% OON	DC	DC/DC	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.

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 Full Drug List and the 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. Calendar Year 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.

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

Network Offerings Comparison

Plan Name	BluePrint PPO	Blue Choice Select PPO	Blue Choice Options PPO	Blue Advantage HMO
Network Name	PPO (PPO)	Blue Choice PPO (BCS SM)	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 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 Options 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 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](https://www.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.

Vision Insurance

Access to Care Starts with the Right Network

Vision benefits from Blue Cross and Blue Shield of Illinois provide the right mix of independent and retail providers – including popular national chains and regional favorites, as well as online options. With the Insight network, members have access to care and services that offer more flexibility, choice and savings.

In fact, because our vision benefits network uses EyeMed’s Insight network, you can look forward to more employees enrolling, 98% in-network provider utilization¹ and more members using their benefit.²

Additional benefits include:

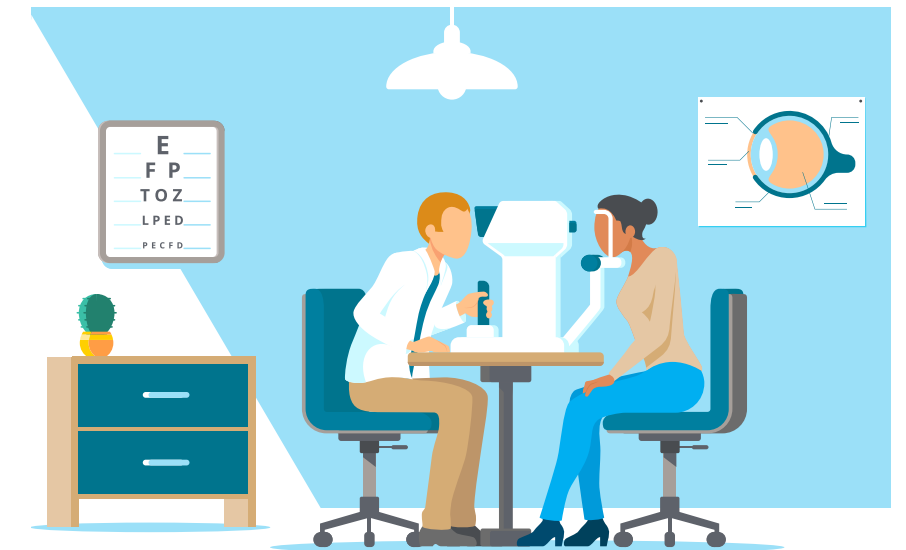
- Ability to use contact lens and frame allowance in the same benefit period and still receive discount on spectacle lenses
- Online, in-network options at [ContactsDirect.com](https://www.contactsdirect.com), [Glasses.com](https://www.glasses.com), [TargetOptical.com](https://www.targetoptical.com), [Lenscrafters.com](https://www.lenscrafters.com), [Ray-Ban.com](https://www.ray-ban.com) and [Oakley.com](https://www.oakley.com).

# of Provider Access Points	15,112
# of Retail Provider Locations	486
# of Independent Provider Locations	847
In-network, online options that allow benefits to be applied	Yes
Benefits	
Freedom to choose nearly any ophthalmic frame, lens or contact lens ⁶	Yes
Discount on additional pairs of glasses	40%
Discounts on hearing exams, aids and services	Yes
Member Experience	
Ability to locate an in-network provider by multiple criteria, such as ZIP code, provider specialty office hours, services and/or frame brands	Yes
Mobile app for members with ID card, provider locator, benefit overview and driving directions	Yes
100 hours or more of live customer services, 7 days a week	Yes
Certified Center of Excellence call center ⁷	Yes

Vision Plan Portfolio

	Frequency Eye Exams	Frequency Lenses	Frequency Frame	Exam Copay	Lens Copay	Allowance Frame	Contact Frame	Funded Fit & Follow-up	Funded Scratch Coating	Funded Kids Polycarb
Plan 1	12	12	24	\$10	\$25	\$100	\$100	No	No	No
Plan 2	12	12	24	\$10	\$10	\$130	\$130	No	Yes	Yes
Plan 3	12	12	24	\$10	\$10	\$130	\$130	Yes	Yes	Yes
Plan 4	12	12	12	\$10	\$10	\$130	\$130	No	Yes	Yes
Plan 5	12	12	24	\$10	\$10	\$150	\$150	No	Yes	Yes
Plan 6	12	12	12	\$10	\$10	\$150	\$150	No	Yes	Yes
Plan 7	12	12	12	\$10	\$10	\$150	\$150	No	Yes	Yes
Plan 8	12	12	24	\$10	\$25	\$130	\$130	No	Yes	Yes
Plan 9	12	12	24	\$10	\$25	\$150	\$150	No	Yes	Yes
Plan 10	12	12	12	\$10	\$25	\$150	\$150	No	Yes	Yes
Plan 11	12	12	12	\$10	\$25	\$130	\$130	No	Yes	Yes
Plan 12	12	12	24	\$10	\$10	\$200	\$200	No	Yes	Yes
Plan 13	12	12	12	\$10	\$25	\$200	\$200	No	Yes	Yes
Plan 14	12	12	24	\$10	\$25	\$200	\$200	No	Yes	Yes

Contact your Account Representative or ancillary sales executive for a proposal and complete details. Available for both contributory and non-contributory plans.



1. Dearborn Life Insurance Company book of business data, 2019.

2. EyeMed analysis of new business that transferred over from a prior benefits company, 2013-2014.

3. Network data is based on the EyeMed Vision Care Insight network.

4. All network data as of December 2023. Competitive network figures from Netminder, rounded to the nearest 100.

5. Retail chains must have at least 20 locations.

6. May not be available on all plans. Confirm if your plan provides this option.

7. EyeMed awarded Benchmark Portal Center of Excellence certification for 14 consecutive years. Benchmark Portal evaluates call centers from businesses across the country in multiple industries.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSIL. BCBSIL has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSIL, FAA, and EyeMed is that of independent contractors.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

Plan Options for Mid-Market¹

Contributory Plans

	DINHR30		DINHR31		DINHR32		DINHR33		DINHR34		DINHR35		DINLR36		DINHM38		DINHM40		DINLM41		DINHM42		DINHR50		DINLM51		DINHM57		DINLR58		DINHR61		DINLR62	
	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	IN	OON	IN	OON		
Deductible (3x Family)	\$25		\$25		\$50		\$50		\$50	\$75	\$0		\$50		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50		\$50		\$50	
Annual Maximum	\$5,000		\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$2,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000		\$2,000		\$1,500	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$2,000		\$1,500		\$1,000		\$2,000		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000		\$1,000		\$1,000	
Diagnostic and Preventive ²	100%		100%		100%		100%		100%	80%	100%		100%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% ⁴		100%		100%	
Misc. Preventive Services	100% ²		100% ²		100% ²		100% ²		100% ²	80% ²	100% ²		80%		100% ²		100% ²	80% ²	70%	50%	100% ²		100% ²		80%		100% ²		80%		100% ²		80%	
Basic Restorative	80%		80%		80%		80%		80%	60%	90%	80%	80%		80%		80%	60%	70%	50%	80% ³		80%		80%		100%		80%		80%		80%	
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	80%		80%		80%		80%		80%	60%	90%	80%	80%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%		80%		80%	
Endodontics	80%		80%		80%		80%		80%	60%	90%	80%	50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%		80%		50%	
Oral Surgery	80%		80%		80%		80%		80%	60%	90%	80%	50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%		80%		50%	
Surgical Periodontics	80%		80%		80%		80%		80%	60%	90%	80%	50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%		80%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		60%	50%	50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%		50%		50%	
Implants	50%		50%		50%		50%		50%		60%	50%	N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A		N/A		N/A	
Orthodontics ²	50%		50%		50%		50%		50%		50%		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%		50%		50%	
OON Reimbursement	90th R&C		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		90th R&C		90th R&C	

Voluntary Plans

	DINHR43		DINHM44		DINHR45		DINHM46		DINLR47		DINLR48		DINLM49		DINHR53		DINLR54		DINLM55		DINLM56		DINHM59		DINLR60			
	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)	\$50		\$50		\$25	\$75	\$25	\$75	\$50		\$50		\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50			
Annual Maximum	\$1,500		\$1,500	\$1,000	\$2,000		\$750		\$1,500		\$1,500		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000			
Ortho Lifetime Maximum	\$1,500		N/A		\$2,000		N/A		N/A		\$1,000		N/A		N/A		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%		100%		100%		100% ⁴			
Misc. Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		80%		80%		80%		100% ²		80%		80%		80%		80%	50%	100% ²		80%	
Basic Restorative	80%		80%	60%	90%	80%	80% ³		80%		80%		80%		80%		80%		80%		80%		80%	50%	100%		80%	
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	80%		80%	60%	90%	80%	N/A		80%		80%		80%		80%		80%		80%		80%		80%	50%	100%		80%	
Endodontics	80%		80%	60%	90%	80%	N/A		50%		50%		50%		80%		50%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	90%	80%	N/A		50%		50%		50%		80%		50%		50%		50%		50%		100%		50%	
Surgical Periodontics	80%		80%	60%	90%	80%	N/A		50%		50%		50%		80%		50%		50%		50%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%	40%	60%	50%	N/A		50%		50%		50%		50%		50%		50%		50%		50%		60%		50%	
Implants	N/A		N/A		N/A		N/A		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		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		90th R&C		MAC		90th R&C		90th R&C		MAC		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. Deductible waived for this service.

3. Only Basic Restorative Services are covered.

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

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.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider’s clinical judgment. Behavioral Health is not available on all plans.

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The Mental Health Hub is administered by NovaWell. NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSIL.

Learn to Live provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Illinois.

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The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

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