



Blue Balance FundedSM

The Level-Funded Solution

January 1 through December 31, 2027

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

Blue Balance Funded features:

New in 2027:

Expanded Availability and Enhancements

- Blue Balance Funded is now available to employers with as few as 5 enrolled employees, making the offering available to employers with 5-150 enrolled employees.
- Enhancements to the Blue Balance Funded product include:
 - Extension of the stop loss run out period to 60 months
 - A streamlined renewal process
 - An improved paperwork process for enrollment and renewals

Predictable Monthly Payments¹

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

Stop Loss Coverage

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

Possible Credit

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

UnitySM Health Hub

Unity Health Hub, powered by Solera Health, brings an ecosystem of digital health solutions into one integrated, outcomes-driven experience. As a digital extension of your health network, Unity combines integrated virtual services with proprietary behavioral and acuity-based matching. Members are guided to the right solution, at the right time — eliminating unnecessary utilization and driving appropriate, high-value engagement. Unity offers a variety of programs for Digestive Health, Tobacco Cessation, Weight Management and Women's Health.

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

- Includes groups with up to 150 employees
- Claims adjudication
- Customer service for members
- Access to a network of contracting health care providers
- Pharmacy benefit management
- Virtual Visits by MDLIVE[®]
- The **BlueCard[®]** program, which provides access to a nationwide network of providers.
- **Empower+** integrated medical and behavioral health management programs.
- **GO WellbeingSM** powered by Sharecare, is a turnkey employee wellbeing solution driving year-round engagement through personalized content, wellness challenges and rewards.
- **Blue InsightSM** reporting, an online analysis and reporting system which allows employers to identify claims costs and utilization trends using a wide variety of standard reports and profiles, providing opportunities to manage your benefits.
- **Employee Assistance Program**, through which members have access to clinical therapy sessions; family, legal and financial counseling; and online guidance resources.
- **Airrosti Flex** is a solution for members seeking evidence-based, minimally invasive treatment for acute musculoskeletal pain in the comfort of their home with health coaches and self-directed care plans. This solution aims to improve care pathway for MSK pain, reduce spend on unnecessary surgery and provide nation-wide access for members needing this type of care (myofascial release).
- **Musculoskeletal Management with Hinge Health** 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 in a coach- and physical-therapist-led program delivered remotely using mobile and computer guided technology.
- **Omada** is a personalized digital health program that helps prevent and manage chronic conditions like diabetes, hypertension and weight-related health risks through sustainable behavior change. It combines connected devices, real-time data insights and dedicated health coaching to deliver an engaging, multi-condition experience that adapts to each participant's needs.



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

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

1. The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, and obtaining and paying for their own accounting and legal services.
GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Illinois to deliver a select collection of lifestyle programs, tools and apps.
Omada is an independent company that provides diabetes and hypertension programs for Blue Cross and Blue Shield of Illinois. Omada is solely responsible for the products and services that it provides.
Hinge Health is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide an online musculoskeletal program for members with coverage through BCBSIL.
Unity and all associated digital and in-person health programs and services are managed by Solera Health, Inc. Solera Health is contracted by Blue Cross and Blue Shield of Illinois to deliver a select collection of lifestyle programs, tools, and apps.
BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Balanced Funded – Effective as of January 1, 2027. Plans are subject to change.														
Plan Name	Plan ID	HSA Y/N	Coins Plan	Indiv Ded	Fam Ded	Indiv OPX	Fam OPX	Primary Care Office Visits	Specialist Office Visits	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/ Copay	Share		
Blue Choice Select PPO SM														
Blue Choice Select PPO A721 - Rx Copays	AIBCS721	No	80%	\$250	\$750	\$1,250	\$3,750	\$30	\$30	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A702 - Rx Copays	AIBCS702	No	80%	\$500	\$1,500	\$1,750	\$5,250	\$30	\$30	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A703 - Rx Copays	AIBCS703	No	90%	\$750	\$2,250	\$2,000	\$6,000	\$30	\$30	\$400	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
Blue Choice Select PPO A715 - Rx Copays	AIBCS715	No	80%	\$750	\$2,250	\$3,000	\$9,000	\$30	\$30	\$400	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
Blue Choice Select PPO A705 - Rx Copays	AIBCS705	No	90%	\$1,000	\$3,000	\$2,500	\$7,500	\$30	\$30	\$400	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
Blue Choice Select PPO A717 - Rx Copays	AIBCS717	No	80%	\$1,250	\$3,750	\$3,500	\$10,500	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A716 - Rx Copays	AIBCS716	No	80%	\$1,500	\$4,500	\$4,000	\$12,000	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A707 - Rx Copays	AIBCS707	No	80%	\$2,000	\$6,000	\$5,000	\$15,000	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A708 - Rx Copays	AIBCS708	No	80%	\$2,250	\$6,750	\$4,500	\$13,500	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A718 - Rx Copays	AIBCS718	No	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
Blue Choice Select PPO A712 - Rx Copays	AIBCS712	No	80%	\$3,000	\$9,000	\$6,500	\$18,400	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
Blue Choice Select PPO A719 - Rx Copays	AIBCS719	No	80%	\$3,500	\$10,500	\$6,000	\$12,000	\$30	\$30	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A713 - Rx Copays	AIBCS713	No	80%	\$4,250	\$12,750	\$6,000	\$18,000	\$40	\$40	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A720 - Rx Copays	AIBCS720	No	80%	\$5,000	\$12,000	\$6,100	\$12,200	\$50	\$50	\$400	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Select PPO A714 - Rx Copays	AIBCS714	No	80%	\$5,000	\$12,000	\$8,550	\$17,100	\$50	\$50	\$400	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250

Notes:
 Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.
 1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
 2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
 All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
 These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balanced Funded – Effective as of January 1, 2027. Plans are subject to change.														
Plan Name	Plan ID	HSA Y/N	Coins Plan	Indiv Ded	Fam Ded	Indiv OPX	Fam OPX	Primary Care Office Visits	Specialist Office Visits	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/ Copay	Share		
BluePrint PPO SM														
BluePrint PPO A701 - Rx Copays	AIBPP701	No	90%	\$0	\$0	\$1,000	\$3,000	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
BluePrint PPO A721 - Rx Copays	AIBPP721	No	80%	\$250	\$750	\$1,250	\$3,750	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
BluePrint PPO A702 - Rx Copays	AIBPP702	No	80%	\$500	\$1,500	\$1,750	\$5,250	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
BluePrint PPO A703 - Rx Copays	AIBPP703	No	90%	\$750	\$2,250	\$2,000	\$6,000	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A715 - Rx Copays	AIBPP715	No	80%	\$750	\$2,250	\$3,000	\$9,000	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A704 - Rx Copays	AIBPP704	No	80%	\$750	\$2,250	\$6,500	\$18,400	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A705 - Rx Copays	AIBPP705	No	90%	\$1,000	\$3,000	\$2,500	\$7,500	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A717 - Rx Copays	AIBPP717	No	80%	\$1,250	\$3,750	\$3,500	\$10,500	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A706 - Rx Copays	AIBPP706	No	80%	\$1,250	\$3,750	\$4,500	\$13,500	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A716 - Rx Copays	AIBPP716	No	80%	\$1,500	\$4,500	\$4,000	\$12,000	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A707 - Rx Copays	AIBPP707	No	80%	\$2,000	\$6,000	\$5,000	\$15,000	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
BluePrint PPO A708 - Rx Copays	AIBPP708	No	80%	\$2,250	\$6,750	\$4,500	\$13,500	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
BluePrint PPO A709 - Rx Copays	AIBPP709	No	80%	\$2,250	\$6,750	\$6,500	\$18,000	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
BluePrint PPO A718 - Rx Copays	AIBPP718	No	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A710 - Rx Copays	AIBPP710	No	90%	\$2,750	\$8,250	\$4,000	\$12,000	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A711 - Rx Copays	AIBPP711	No	80%	\$2,750	\$8,250	\$6,000	\$12,000	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A712 - Rx Copays	AIBPP712	No	80%	\$3,000	\$9,000	\$6,500	\$18,400	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A719 - Rx Copays	AIBPP719	No	80%	\$3,500	\$10,500	\$6,000	\$12,000	\$30	\$60	\$350	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A713 - Rx Copays	AIBPP713	No	80%	\$4,250	\$12,750	\$6,000	\$18,000	\$40	\$70	\$350	Copay	100%	DC	\$5/\$15/\$45/\$85/\$250/\$350
BluePrint PPO A720 - Rx Copays	AIBPP720	No	80%	\$5,000	\$12,000	\$6,100	\$12,200	\$50	\$80	\$450	Copay	100%	DC	\$5/\$15/\$60/\$110/\$250/\$350
BluePrint PPO A714 - Rx Copays	AIBPP714	No	80%	\$5,000	\$12,000	\$8,550	\$17,100	\$40	\$60	\$250	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250

Notes:
 Coins = Coinsurance, OV = Office Visit, SPC OV = Specialist Office Visit, OPX = Out-of-Pocket Maximum, DC = Deductible and Coinsurance, POD = Per Occurrence Deductible.
 1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
 2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
 All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
 These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balanced Funded – Effective as of January 1, 2027. Plans are subject to change.														
Plan Name	Plan ID	HSA Y/N	Coins Plan	Indiv Ded	Fam Ded	Indiv OPX	Fam OPX	Primary Care Office Visits	Specialist Office Visits	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/ Copay	Share		
Blue Choice Options SM														
Blue Choice Options A701 - Rx Copays	AIBCO701	No	90%/70%	\$500/\$1,250	\$1,500/\$3,750	\$1,250/\$1,500	\$2,500/\$4,500	\$30/\$50	\$60/\$90	\$500	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A702 - Rx Copays	AIBCO702	No	100%/70%	\$750/\$1,750	\$2,250/\$5,250	\$750/\$3,500	\$2,250/\$10,500	\$30/\$60	\$60/\$110	\$500	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A709 - Rx Copays	AIBCO709	No	90%/70%	\$750/\$1,750	\$2,250/\$5,250	\$4,500/\$6,100	\$9,000/\$12,200	\$30/\$60	\$60/\$110	\$500	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A703 - Rx Copays	AIBCO703	No	90%/70%	\$1,000/\$2,500	\$3,000/\$7,500	\$3,000/\$6,000	\$9,000/\$12,000	\$35/\$60	\$70/\$110	\$500	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A710 - Rx Copays	AIBCO710	No	90%/70%	\$1,500/\$3,750	\$4,500/\$11,250	\$3,500/\$6,000	\$10,500/\$12,000	\$40/\$60	\$70/\$110	\$500	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A707 - Rx Copays	AIBCO707	No	90%/70%	\$2,000/\$4,000	\$8,000/\$16,000	\$4,500/\$6,500	\$9,000/\$18,000	\$40/\$60	\$70/\$110	\$500	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A704 - Rx Copays	AIBCO704	No	80%/60%	\$2,500/\$4,000	\$7,500/\$12,000	\$5,000/\$6,000	\$15,000/\$18,000	DC/DC	DC/DC	NA	NA	DC (Tier 1)	DC	\$5/\$15/\$60/\$110/\$250/\$350
Blue Choice Options A708 - Rx Copays	AIBCO708	No	80%/60%	\$3,000/\$4,500	\$9,000/\$18,000	\$5,500/\$6,500	\$9,000/\$18,000	\$45/\$70	\$75/\$130	\$600	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A705 - Rx Copays	AIBCO705	No	80%/60%	\$4,250/\$5,250	\$10,500/\$10,500	\$6,100/\$6,100	\$12,200/\$12,200	\$45/\$70	\$75/\$130	\$600	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options A706 - Rx Copays	AIBCO706	No	80%/60%	\$5,250/\$6,250	\$10,500/\$12,500	\$7,100/\$8,100	\$14,200/\$16,200	\$50/\$75	\$80/\$130	\$600	POD	DC (Tier 1)	\$75	\$5/\$15/\$45/\$85/\$250/\$350
Blue Choice Options AE791	AICOE791	Yes - Embedded ²	100%/80%	\$3,500/\$4,600	\$10,500/\$13,800	\$3,500/\$6,800	\$10,500/\$14,000	DC/DC	DC/DC	NA	NA	DC (Tier 1)	DC	100%
Blue Choice Options AE792	AICOE792	Yes - Embedded ²	100%/80%	\$4,000/\$5,700	\$12,000/\$14,800	\$4,000/\$7,750	\$12,000/\$15,500	DC/DC	DC/DC	NA	NA	DC (Tier 1)	DC	100%
Blue Choice Options AE794	AICOE794	Yes - Embedded ²	80%/60%	\$3,500/\$5,000	\$7,000/\$10,000	\$5,500/\$7,250	\$11,000/\$14,500	DC/DC	DC/DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%
Blue Choice Options AE793	AICOE793	Yes - Embedded ²	80%/60%	\$5,000/\$6,000	\$10,000/\$12,000	\$6,000/\$7,250	\$12,000/\$14,500	DC/DC	DC/DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%
Blue Choice Options AE795	AICOE795	Yes - Embedded ²	80%/60%	\$6,000/\$7,000	\$12,000/\$14,000	\$7,000/\$7,750	\$14,000/\$15,500	DC/DC	DC/DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%

Notes:
 Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.
 1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
 2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
 All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
 These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balanced Funded – Effective as of January 1, 2027. Plans are subject to change.														
Plan Name	Plan ID	HSA Y/N	Coins Plan	Indiv Ded	Fam Ded	Indiv OPX	Fam OPX	Primary Care Office Visits	Specialist Office Visits	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/ Copay	Share		
BlueEdge HSA SM														
BlueEdge HSA AA791	AIEEA791	Yes - Aggregate ¹	100%	\$1,800	\$3,600	\$3,600	\$7,200	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge HSA AA792	AIEEA792	Yes - Aggregate ¹	80%	\$1,800	\$3,600	\$3,600	\$7,200	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge HSA AA795	AIEEA795	Yes - Aggregate ¹	100%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	100%
BlueEdge HSA AA793	AIEEA793	Yes - Aggregate ¹	80%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge HSA AE791	AIEEE791	Yes - Embedded ²	100%	\$3,500	\$7,000	\$3,500	\$7,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge HSA AE792	AIEEE792	Yes - Embedded ²	80%	\$3,500	\$7,000	\$7,000	\$14,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge HSA AA794	AIEEA794	Yes - Aggregate ¹	80%	\$3,500	\$7,000	\$6,300	\$7,850	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge HSA AE794	AIEEE794	Yes - Embedded ²	100%	\$4,000	\$8,000	\$4,000	\$8,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge HSA AE795	AIEEE795	Yes - Embedded ²	80%	\$5,000	\$10,000	\$7,500	\$15,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge HSA AE796	AIEEE796	Yes - Embedded ²	100%	\$5,000	\$10,000	\$5,000	\$10,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge HSA AE793	AIEEE793	Yes - Embedded ²	100%	\$6,000	\$12,000	\$6,000	\$12,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge HSA AE797	AIEEE797	Yes - Embedded ²	100%	\$7,500	\$15,000	\$7,500	\$15,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge Select HSA SM														
BlueEdge Select HSA AA791	AIESA791	Yes - Aggregate ¹	80%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge Select HSA AA793	AIESA793	Yes - Aggregate ¹	100%	\$2,500	\$5,000	\$2,500	\$5,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge Select HSA AE798	AIESE798	Yes - Embedded ²	80%	\$3,500	\$7,000	\$7,000	\$14,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge Select HSA AE794	AIESE794	Yes - Embedded ²	100%	\$4,000	\$8,000	\$4,000	\$8,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge Select HSA AE796	AIESE796	Yes - Embedded ²	100%	\$5,000	\$10,000	\$5,000	\$10,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge Select HSA AE795	AIESE795	Yes - Embedded ²	80%	\$5,000	\$10,000	\$7,500	\$15,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
BlueEdge Select HSA AA799	AIESE799	Yes - Embedded ²	100%	\$6,000	\$12,000	\$6,000	\$12,000	DC	DC	NA	NA	DC	DC	100%
BlueEdge Select HSA AE797	AIESE797	Yes - Embedded ²	100%	\$7,500	\$15,000	\$7,500	\$15,000	DC	DC	NA	NA	DC	DC	100%

Notes:
 Coins = Coinsurance OV = Office Visit SPC OV = Specialist Office Visit OPX = Out-of-Pocket Maximum DC = Deductible and Coinsurance POD = Per Occurrence Deductible.
 1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
 2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
 All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
 These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.