



SMALL GROUP 1-50 EMPLOYEES

## 2024 Small Group Plans

**More Value. More Choice.**

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 Small Group Plans

The 2024 Blue Cross and Blue Shield of Illinois (BCBSIL) Small Group Portfolio is available from January 1 until December 31, 2024. All our plans offer features and benefits designed with members' health and wellbeing in mind. **Here are the highlights of our 2024 Small Group portfolio.**

## Now It's Even Easier to Boost Benefits With Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. And now, quote vision for two or more lives with medical only or with medical and other ancillary benefits. You can use eSales Tools to add vision, accident and critical illness benefits to complement your new group quotes for medical, dental, life and short-term disability plans. So, go ahead. Boost your groups' benefits with ancillary options.

## Complimentary Programs Help Members Take Control of Their Health

We're empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members' hands can also help employers lower costs by reducing doctor visits and hospitalizations. Here are a few of the advantages your clients have – just for being BCBSIL members:

### Blue365®

With Blue365, employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. All they need to do is sign up to have weekly featured deals emailed to them by retailers like EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

### Hinge Health

Hinge Health is a digital musculoskeletal program led by physical therapists and health coaches. Members can participate in the comfort of their own homes – at no extra cost.

### Teladoc Health

Teladoc's personalized diabetes management program helps members improve glycemic control by understanding their blood sugar levels and developing healthy habits. The hypertension program supports members who have high blood pressure with a connected blood pressure monitor and support from expert health coaches to monitor their conditions.

### Wondr™

Wondr is an online, digital weight-management program that teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

## Digital Mental Health from Learn to Live

We are deeply committed to our members' overall wellbeing, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan. With **Digital Mental Health**, members can use Blue Access for Members<sup>SM</sup> to easily engage in private, online programs to help keep their mental health on track through:

- An online assessment to help them pinpoint helpful programs.
- Quick, easy online lessons that let them access proven therapy-based techniques.
- Expert coaches to guide and inspire them to reach their goals.
- Peace of mind – personal results, programs and messages are always private.

## Wellbeing Management

Wellbeing Management is a complete wellness solution for a healthier workforce, delivering member-centered wellness tools and care management programs including:

- **Well onTarget® Member Wellness Portal** – Personalized wellness action plans, digital self-management programs and fitness and nutrition device integration jump start each employee's journey toward wellbeing.
- **The Fitness Program** – Supports fitness for life by offering a flexible gym network to fit members' lifestyles and budgets.
- **Blue Points<sup>SM</sup> Program** – Members can earn and redeem Blue Points for participating in wellness activities.

## Virtual Visits by MDLIVE® and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and potential cost-savings when addressing their non-emergency needs. Virtual Visits by MDLIVE® and telemedicine consultations through members' primary care physicians (PCP), are conducted by phone, online video or mobile app. Whether members are traveling or just want to skip the waiting room, we have them covered.

	Virtual Visits	Telemedicine
Members consult with their regular BCBSIL network doctors		X
24/7 Access	X	
Doctors can send e-prescriptions to local pharmacies	X	X
Consultations are available by phone, secure video or mobile app	X	X
Includes behavioral health consultations	X	X

**Encourage members to make sure their PCPs can provide consultations by phone or secure video.**

## 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, members should:

- Fill prescriptions at participating in-network retail pharmacies.
- Show their member ID to the pharmacist.
- Pay the lower available price. Members will have all covered purchases count toward their yearly plan deductibles and/or out-of-pocket expenses.

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

Blue Cross and Blue Shield of Illinois 2024 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental	
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out	
Participating Provider Organization (Network Code: PPO)	Blue PPO Platinum <sup>SM</sup> 119	P503PPO	NA	\$250/\$500	\$750/\$1,500	\$1,500/Unlimited	\$4,500/Unlimited	80%/50%	\$30	\$60	\$60	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue PPO Platinum <sup>SM</sup> 136	P5E1PPO	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,500/Unlimited	\$4,500/Unlimited	90%/60%	\$20	\$40	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Gold <sup>SM</sup> 114	G534PPO	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$7,750/Unlimited	\$18,200/Unlimited	80%/50%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Gold <sup>SM</sup> 107	G532PPO	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$6,250/Unlimited	\$12,500/Unlimited	80%/50%	\$40	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue PPO Gold <sup>SM</sup> 116	G536PPO	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$5,750/Unlimited	\$17,250/Unlimited	90%/60%	\$45	\$65	\$75	DC	\$500	\$200/\$300	\$150/\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue PPO Gold <sup>SM</sup> 102	G531PPO	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/Unlimited	\$10,000/Unlimited	80%/50%	\$20	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue PPO Gold <sup>SM</sup> 123	G537PPO	NA	\$2,800/\$5,600	\$8,400/\$16,800	\$2,800/\$5,600	\$8,400/\$16,800	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,6</sup>	100% <sup>5,6</sup>	100%/100%
	Blue PPO Silver <sup>SM</sup> 120	S532PPO	NA	\$3,600/\$7,200	\$10,800/\$21,600	\$9,100/Unlimited	\$18,200/Unlimited	60%/50%	\$60	\$80	\$80	\$500 copay <sup>2</sup>	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Gold <sup>SM</sup> 101	G530PPO	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$16,500/\$33,000	100%/100%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%	
	Blue PPO Silver <sup>SM</sup> 104	S531PPO	NA	\$5,000/\$10,000	\$15,000/\$30,000	\$9,100/Unlimited	\$18,200/Unlimited	70%/50%	\$45	\$65	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Silver <sup>SM</sup> 105	S535PPO	NA	\$7,900/\$15,800	\$15,800/\$31,600	\$9,000/\$18,000	\$18,000/\$36,000	100%/100%	\$45	\$65	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%	
	Blue PPO Gold <sup>SM</sup> 113	G533PPO	\$50-\$350	\$3,200/\$6,400	\$9,600/\$19,200	\$3,700/Unlimited	\$11,100/Unlimited	90%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue PPO Gold <sup>SM</sup> 115	G535PPO	\$350-\$700	\$3,200/\$6,400	\$9,600/\$19,200	\$5,250/Unlimited	\$14,000/Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue PPO Silver <sup>SM</sup> 133	S534PPO	\$0-\$40	\$5,250/\$10,500	\$15,000/\$30,000	\$5,250/\$10,500	\$15,000/\$30,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue PPO Silver <sup>SM</sup> 200	S5J1PPO	\$150-\$400	\$6,250/\$12,500	\$12,500/\$25,000	\$6,250/\$12,500	\$12,500/\$25,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue PPO Bronze <sup>SM</sup> 132	B536PPO	\$0	\$6,950/\$13,900	\$13,900/\$27,800	\$7,300/Unlimited	\$14,600/Unlimited	80%/50%	DC	DC	DC	DC	DC	\$250	DC	\$125/\$225	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue PPO Bronze <sup>SM</sup> 106	B535PPO	\$0	\$7,200/\$14,400	\$14,400/\$28,800	\$7,200/\$14,400	\$14,400/\$28,800	100%/100%	DC	DC	DC	DC	DC	\$250	DC	\$125/\$225	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue PPO Bronze <sup>SM</sup> 401	B5N1PPO	\$0	\$7,250/\$14,500	\$14,500/\$29,000	\$7,500/Umlimited	\$15,000/Unlimited	70%/50%	DC	DC	DC	DC	DC	\$1,000	\$500/DC	\$250/\$350	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%

General Notes:  
NA= Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network  
All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.

Footnotes  
1. 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.  
2. Value is a flat copay. Deductible and coinsurance do not apply.  
3. Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.  
4. Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental.

5. BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.  
6. Coinsurance applies after the medical deductible is met.  
7. Coinsurance applies after the Tier 1 (Blue Choice OPT PPO<sup>SM</sup>) medical deductible is met.  
8. Plan applies copays on the following services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. See summary of benefits for a full list of copays amounts.  
9. Urgent Care is covered at the Office Visit copay amount.

Blue Cross and Blue Shield of Illinois 2024 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental	
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out	
Blue Choice Preferred PPO <sup>SM</sup> (Network Code: BCE)	Blue Choice Preferred Platinum PPO <sup>SM</sup> 119	P5E2BCE	NA	\$250/\$500	\$750/\$1,500	\$1,500/Unlimited	\$4,500/Unlimited	80%/50%	\$30	\$60	\$60	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue Choice Preferred Platinum PPO <sup>SM</sup> 136	P5E1BCE	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,500/Unlimited	\$4,500/Unlimited	90%/60%	\$20	\$40	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Choice Preferred Gold PPO <sup>SM</sup> 107	G532BCE	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$6,250/Unlimited	\$12,500/Unlimited	80%/50%	\$40	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue Choice Preferred Gold PPO <sup>SM</sup> 102	G531BCE	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/Unlimited	\$10,000/Unlimited	80%/50%	\$20	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue Choice Preferred Silver PPO <sup>SM</sup> 120	S532BCE	NA	\$3,600/\$7,200	\$10,800/\$21,600	\$9,100/Unlimited	\$18,200/Unlimited	60%/50%	\$60	\$80	\$80	\$500 copay <sup>2</sup>	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Choice Preferred Gold PPO <sup>SM</sup> 101	G530BCE	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$16,500/\$33,000	100%/100%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%	
	Blue Choice Preferred Silver PPO <sup>SM</sup> 104	S531BCE	NA	\$5,000/\$10,000	\$15,000/\$30,000	\$9,100/Unlimited	\$18,200/Unlimited	70%/50%	\$45	\$65	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Choice Preferred Silver PPO <sup>SM</sup> 105	S535BCE	NA	\$7,900/\$15,800	\$15,800/\$31,600	\$9,000/\$18,000	\$18,000/\$36,000	100%/100%	\$45	\$65	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%	
	Blue Choice Preferred Gold PPO <sup>SM</sup> 113	G533BCE	\$50-\$350	\$3,200/\$6,400	\$9,600/\$19,200	\$3,700/Unlimited	\$11,100/Unlimited	90%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 115	G535BCE	\$350-\$700	\$3,200/\$6,400	\$9,600/\$19,200	\$5,250/Unlimited	\$14,000/Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 133	S534BCE	\$0-\$40	\$5,250/\$10,500	\$15,000/\$30,000	\$5,250/\$10,500	\$15,000/\$30,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 200	S5J1BCE	\$150-\$400	\$6,250/\$12,500	\$12,500/\$25,000	\$6,250/\$12,500	\$12,500/\$25,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue Choice Preferred Bronze PPO <sup>SM</sup> 132	B536BCE	\$0	\$6,950/\$13,900	\$13,900/\$27,800	\$7,300/Unlimited	\$14,600/Unlimited	80%/50%	DC	DC	DC	DC	\$250	DC	\$125/\$225	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%	
	Blue Choice Preferred Bronze PPO <sup>SM</sup> 106	B535BCE	\$0	\$7,200/\$14,400	\$14,400/\$28,800	\$7,200/\$14,400	\$14,400/\$28,800	100%/100%	DC	DC	DC	DC	\$250	DC	\$125/\$225	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%	
	Blue Choice Preferred Bronze PPO <sup>SM</sup> 401	B5N1BCE	\$0	\$7,250/\$14,500	\$14,500/\$29,000	\$7,500/Umlimited	\$15,000/Unlimited	70%/50%	DC	DC	DC	DC	\$1,000	\$500/D/C	\$250/\$350	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%	
Blue Options <sup>SM</sup> (Network Code: BCO)	Blue Options Platinum PPO <sup>SM</sup> 403	P5N1OPT	NA	\$250 Tier 1/ \$750 Tier 2/ \$1,500 OON	\$750 Tier 1/ \$2,250 Tier 2/ \$6,750 OON	\$2,250 Tier 1/ \$6,750 Tier 2/ Unlimited OON	\$6,750 Tier 1/ \$18,900 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50% OON	\$15 Tier 1/ \$30 Tier 2	\$30 Tier 1/ \$60 Tier 2	\$75	DC	\$200	\$150 Tier 1/ \$450 Tier 2/ \$550 OON	\$100 Tier 1/ \$300 Tier 2/ \$400 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%	
	Blue Options Gold PPO <sup>SM</sup> 101	G506OPT	NA	\$750 Tier 1/ \$2,000 Tier 2/ \$4,000 OON	\$2,250 Tier 1/ \$6,000 Tier 2/ \$12,000 OON	\$6,750 Tier 1/ \$8,500 Tier 2/ Unlimited OON	\$17,300 Tier 1/ \$18,200 Tier 2/ Unlimited OON	80% Tier 1/ 60% Tier 2/ 50% OON	\$40 Tier 1/ \$60 Tier 2	\$60 Tier 1/ \$100 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%	
	Blue Options Gold PPO <sup>SM</sup> 106	G508OPT	NA	\$1,500 Tier 1/ \$3,750 Tier 2/ \$7,500 OON	\$4,500 Tier 1/ \$11,250 Tier 2/ \$22,500 OON	\$5,850 Tier 1/ \$7,850 Tier 2/ Unlimited OON	\$14,650 Tier 1/ \$18,200 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50% OON	\$35 Tier 1/ \$60 Tier 2	\$50 Tier 1/ \$100 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%	
	Blue Options Gold PPO <sup>SM</sup> 102	G507OPT	NA	\$2,000 Tier 1/ \$3,500 Tier 2/ \$7,000 OON	\$4,000 Tier 1/ \$8,500 Tier 2/ \$17,000 OON	\$4,350 Tier 1/ \$7,350 Tier 2/ Unlimited OON	\$9,300 Tier 1/ \$18,200 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50% OON	\$35 Tier 1/ \$60 Tier 2	\$50 Tier 1/ \$100 Tier 2	\$75	DC	\$400	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%	
	Blue Options Silver PPO <sup>SM</sup> 104	S506OPT	NA	\$5,250 Tier 1/ \$6,250 Tier 2/ \$12,500 OON	\$15,750 Tier 1/ \$18,200 Tier 2/ \$36,400 OON	\$8,150 Tier 1/ \$9,100 Tier 2/ Unlimited OON	\$18,200 Tier 1/ \$18,200 Tier 2/ Unlimited OON	80% Tier 1/ 60% Tier 2/ 50% OON	\$50 Tier 1/ \$70 Tier 2	\$70 Tier 1/ \$110 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%	
	Blue Options Gold PPO <sup>SM</sup> 200	G5K1OPT	\$50-\$325	\$3,200 Tier 1/ \$4,700 Tier 2/ \$9,400 OON	\$9,600 Tier 1/ \$14,100 Tier 2/ \$28,200 OON	\$3,200 Tier 1/ \$6,650 Tier 2/ Unlimited OON	\$9,600 Tier 1/ \$14,100 Tier 2/ Unlimited OON	100% Tier 1/ 80% Tier 2/ 60% OON	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,7</sup>	100% <sup>5,7</sup>	70%/50%
	Blue Options Silver PPO <sup>SM</sup> 107	S507OPT	\$0	\$4,800 Tier 1/ \$5,500 Tier 2/ \$16,500 OON	\$14,000 Tier 1/ \$14,300 Tier 2/ \$42,900 OON	\$4,800 Tier 1/ \$7,250 Tier 2/ Unlimited OON	\$14,000 Tier 1/ \$14,300 Tier 2/ Unlimited OON	100% Tier 1/ 70% Tier 2/ 50% OON	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,7</sup>	100% <sup>5,7</sup>	70%/50%
Blue Options Silver PPO <sup>SM</sup> 404	S5N1OPT.	\$0	\$5,250 Tier 1/ \$6,250 Tier 2/ \$18,750 OON	\$13,125 Tier 1/ \$15,000 Tier 2/ \$45,000 OON	\$5,250 Tier 1/ \$7,500 Tier 2/ Unlimited OON	\$13,125 Tier 1/ \$15,000 Tier 2/ Unlimited OON	100% Tier 1/ 70% Tier 2/ 50% OON	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,7</sup>	100% <sup>1,5,7</sup>	70%/50%	

**Blue 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 PPO<sup>SM</sup> network, **Tier 2** refers to the benefit level when using the PPO network. **OON** refers to out-of-network.

General Notes:

NA= Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.

Footnotes

1. 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.

2. Value is a flat copay. Deductible and coinsurance do not apply.

3. Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.

4. Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental.

5. BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.

6. Coinsurance applies after the medical deductible is met.

7. Coinsurance applies after the Tier 1 (Blue Choice OPT PPO<sup>SM</sup>) medical deductible is met.

8. Plan applies copays on the following services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. See summary of benefits for a full list of copays amounts.

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

Blue Cross and Blue Shield of Illinois 2024 Small Group Plan Portfolio																		
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out
Blue Precision HMO <sup>SM</sup> (Network Code: BAV)	Blue Precision Platinum HMO <sup>SM</sup> 107 – Rx Copays	P506PSN <sup>8</sup>	NA	\$0/NC	\$0/NC	\$1,500/NC	\$4,500/NC	100%/NC	\$10	\$45	\$45 <sup>9</sup>	\$250 copay <sup>2</sup>	\$300 copay <sup>2</sup>	\$150 copay <sup>2</sup> per visit/NC	\$100 copay <sup>2</sup> per visit/NC	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	100%/NC
	Blue Precision Platinum HMO <sup>SM</sup> 200 – Rx Copays	P5J1PSN <sup>8</sup>	NA	\$0/NC	\$0/NC	\$2,000/NC	\$6,000/NC	100%/NC	\$20	\$30	\$30 <sup>9</sup>	\$250 copay <sup>2</sup>	\$300 copay <sup>2</sup>	\$150 copay <sup>2</sup> per visit/NC	\$100 copay <sup>2</sup> per visit/NC	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	100%/NC
	Blue Precision Gold HMO <sup>SM</sup> 402 – Rx Copays	G5N1PSN <sup>8</sup>	NA	\$0/NC	\$0/NC	\$6,500/NC	\$13,000/NC	80%/NC	\$50	\$75	\$75 <sup>9</sup>	\$750 copay <sup>2</sup>	\$500	\$1,000 per visit/NC	\$1,000 per visit/NC	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	70%/NC
	Blue Precision Gold HMO <sup>SM</sup> 201 – Rx Copays	G5J2PSN <sup>8</sup>	NA	\$0/NC	\$0/NC	\$5,000/NC	\$15,000/NC	100%/NC	\$50	\$70	\$70 <sup>9</sup>	\$400 copay <sup>2</sup>	\$500 copay <sup>2</sup>	\$300 copay <sup>2</sup> per visit/NC	\$250 copay <sup>2</sup> per visit/NC	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	100%/NC
	Blue Precision Platinum HMO <sup>SM</sup> 110 – Rx Copays	P5E1PSN	NA	\$1,000/NC	\$3,000/NC	\$3,000/NC	\$9,000/NC	80%/NC	\$25	\$50	\$50 <sup>9</sup>	\$0 copay <sup>2</sup>	\$400	\$200 per visit/NC	\$150 per visit/NC	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	70%/NC
	Blue Precision Gold HMO <sup>SM</sup> 101 – Rx Copays	G532PSN	NA	\$2,750/NC	\$8,250/NC	\$9,100/NC	\$18,200/NC	70%/NC	\$55	\$75	\$75 <sup>9</sup>	\$0 copay <sup>2</sup>	\$1,000	\$400 per visit/NC	\$350 per visit/NC	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	70%/NC
	Blue Precision Silver HMO <sup>SM</sup> 106 – Rx Copays	S531PSN <sup>8</sup>	NA	\$3,250/NC	\$9,750/NC	\$9,100/NC	\$18,200/NC	70%/NC	\$30	\$60	\$60 <sup>9</sup>	\$750 copay <sup>2</sup>	\$500	\$750 copay <sup>2</sup> per day/NC	\$500 per visit/NC	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	70%/NC
	Blue Precision Silver HMO <sup>SM</sup> 102 – Rx Copays	S530PSN <sup>8</sup>	NA	\$7,000/NC	\$17,100/NC	\$9,100/NC	\$18,200/NC	70%/NC	\$55	\$75	\$75 <sup>9</sup>	\$400 copay <sup>2</sup>	\$700	\$300 per visit/NC	\$250 per visit/NC	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	\$0/\$10/\$50/\$100/\$150/\$250 <sup>5</sup>	70%/NC

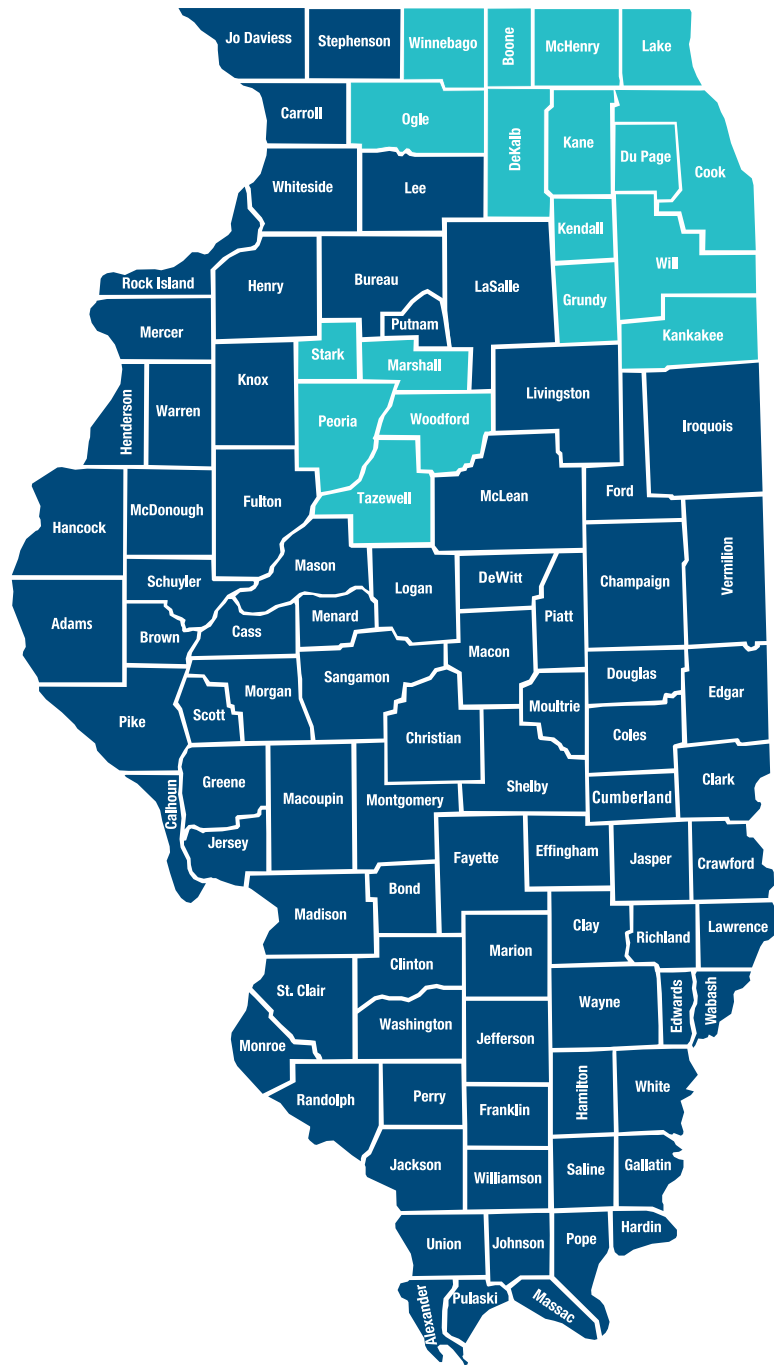
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7. Coinsurance applies after the Tier 1 (Blue Choice OPT PPO<sup>SM</sup>) medical deductible is met.  
8. Plan applies copays on the following services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. See summary of benefits for a full list of copays amounts.  
9. Urgent Care is covered at the Office Visit copay amount.



# 2024 Illinois Small Group (1-50) Provider Networks by County



## Network Names

- PPO, Blue Choice Preferred PPO and Blue Options
- PPO, Blue Choice Preferred PPO, Blue Precision HMO and Blue Options

The map represents counties with provider access. Please refer to individual proposal or renewal exhibit to see if the client can select products utilizing these networks.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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Medical, Pharmacy, and Dental products are offered by 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.

# Illinois Small Group Network Offerings Comparison

Plan Name	Participating Provider Organization	Blue Choice Preferred PPO	Blue Options	Blue Precision HMO
Network/Network Name	PPO	Blue Choice Preferred PPO (Network Code: BCE)	Tier 1 - Blue Options (Network Code: BCO) Tier 2 - PPO	Blue Precision HMO (Network Code: BAV)
Availability	1-50	1-50	1-50	1-50
Residency Requirements	No	Yes, members must reside in Illinois to enroll.	No	Yes, members must live or work in the network service area to enroll.
Coverage	Statewide	Statewide	Tier 1 - Statewide Tier 2 - Statewide	Chicago, Peoria and partial Rockford rating areas
Medical Group Selection Required	No	No	No	Yes
Referral Required	No	No	No	Yes
OON Coverage	Yes	Yes	Yes	No
BlueCard®	Yes	Yes	Yes	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.
Away From Home Care® (AFHC)	NA	NA	NA	No
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	No