



SMALL GROUP 1-50 EMPLOYEES

2025 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

2025 Small Group Plans

The Blue Cross and Blue Shield of Illinois Small Group Portfolio is available from January 1 until December 31, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. Here are the highlights:

Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the Behavioral Health benefits standard with every small group plan. Enhancements designed to increase member access to specialty behavioral health providers, improve the member experience and offer proactive clinical outreach include:

- **Mental Health Hub:** Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.
- **Risk Identification and Outreach:** New, predictive analytics model designed to identify members who may be at-risk and provide clinician outreach with the goal of preventing suicide and self-harm events.
- **Mental Health Response Course:** Online self-paced training to help members develop the skills to respond to the signs and symptoms of mental illness and substance use.
- **Workplace Crisis Intervention:** Clinical support should a tragedy affecting an employee occur.

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 2025 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.

Cancer Services and Support

Offered as a solution to bridge the cancer care gap and support healthier outcomes, the Cancer Services and Support Hub is your employee's resource for cancer care navigation. The Hub will house all of the employee's benefits information, cancer program details and additional resources.

\$0 Emergency Use Medications

Upon renewal, cost barriers to select acute medication typically used for emergency use or life-saving situations will be removed, which will help improve clinical outcomes, increase member satisfaction and overall benefit experience. Members will have access to the \$0 cost share when using any in-network pharmacy for the following drug categories:

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

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.

Member and Employer Savings with Member Rewards

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with non-HMO plans and administered by Zelis, Member Rewards includes maintenance medications and helps members:

- Compare costs and quality of providers and maintenance medications
- Save on out-of-pocket costs
- Earn cash rewards

Complementary Programs Empowering Members to Take Control of Their Health

Putting the power of wellness in members' hands helps them save money and prevent some types of health conditions, while saving employers money by reducing doctor visits and hospitalizations. Complementary programs include:

- **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. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.
- **Hinge Health:** Members can participate in this digital musculoskeletal program led by physical therapists and health coaches from the comfort of their own homes at no extra cost.
- **Teladoc Health:** This personalized diabetes management program helps members improve glycemic control by helping them understand 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™:** This online, digital weight management program teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

Wellbeing Management

This complete wellness solution delivers member-centered wellness tools and care management programs, including:

- **Well onTarget®:** This member wellness portal offers personalized wellness action plans, digital self-management programs and fitness and nutrition device integration.
- **Fitness Program:** This program offers a flexible gym network to fit members' lifestyles and budgets.
- **Blue PointsSM:** Members earn and redeem points for participating in wellness activities.

Benefit Boost with Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. We've combined medical coverage with some of the most popular ancillary benefits, including vision, accident and critical illness benefits, to complement new group quotes for medical, dental, life and short-term disability plans.

| Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---------------------------|---------------------------|---------------------|--------------------------------------|----------------------|--------------------|---|--------------------------|-------------|--------------------------------------|---|-------------------------------|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|-------------|
| | | | | Calendar Year Deductibles | | Medical and Rx Out-of-Pocket Expense | | Coinsurance | Copayments | | | | Per Occurrence Deductibles ³ 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 ³ In/Out | Inpatient ³ In/Out | Outpatient ³ In/Out | Preferred Pharmacy Network | Non-Preferred Pharmacy Network | Pediatric Dental ⁴ In/Out | |
| Participating Provider Organizations (PPO) | Blue PPO Platinum SM 119 - Rx Copays | P503PPO | NA | \$350 / \$700 | \$1,050 / \$2,100 | \$1,750 / Unlimited | \$5,250 / Unlimited | 80% / 50% | \$35 | \$70 | \$70 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$45/\$85/\$250/\$350 | \$15/\$25/\$65/\$105/\$250/\$350 | 70% / 50% | |
| | Blue PPO Platinum SM 136 - Rx Copays | P5E1PPO | NA | \$600 / \$1,200 | \$1,800 / \$3,600 | \$1,750 / Unlimited | \$5,250 / Unlimited | 90% / 60% | \$25 | \$50 | \$75 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue PPO Platinum SM 501 - Rx Copays | P5M1PPO | NA | \$1,500 / \$3,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$6,000 / \$12,000 | 100% / 80% | \$15 | \$30 | \$50 | DC | \$200 copay | DC | DC | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 100% / 100% | |
| | Blue PPO Gold SM 114 - Rx Copays | G534PPO | NA | \$1,100 / \$2,200 | \$3,300 / \$6,600 | \$8,000 / Unlimited | \$16,000 / Unlimited | 80% / 50% | \$50 | \$75 | \$80 | DC | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue PPO Gold SM 107 - Rx Copays | G532PPO | NA | \$1,600 / \$3,200 | \$3,200 / \$6,400 | \$6,500 / Unlimited | \$13,000 / Unlimited | 80% / 50% | \$45 | \$70 | \$75 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue PPO Gold SM 116 - Rx Copays | G536PPO | NA | \$2,100 / \$4,200 | \$6,300 / \$12,600 | \$6,000 / Unlimited | \$18,000 / Unlimited | 90% / 60% | \$50 | \$75 | \$75 | DC | \$500 | \$200 / \$300 | \$150 / \$300 | \$10/\$20/\$60/\$110/\$350/\$450 | \$20/\$30/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue PPO Gold SM 102 - Rx Copays | G531PPO | NA | \$2,600 / \$5,200 | \$5,200 / \$10,400 | \$5,250 / Unlimited | \$10,500 / Unlimited | 80% / 50% | \$25 | \$70 | \$75 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$45/\$85/\$250/\$350 | \$15/\$25/\$65/\$105/\$250/\$350 | 70% / 50% | |
| | Blue PPO Gold SM 502 - Rx Copays | G5M2PPO | NA | \$2,500 / \$5,000 | \$5,000 / \$10,000 | \$7,500 / \$15,000 | \$15,000 / \$30,000 | 100% / 80% | \$30 | \$60 | \$75 | DC | \$300 copay | \$150 / \$300 | \$100 / \$300 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 100% / 100% | |
| | Blue PPO Gold SM 123 | G537PPO | NA | \$3,200 / \$6,400 | \$9,600 / \$19,200 | \$3,200 / \$6,400 | \$9,600 / \$19,200 | 100% / 100% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{5,6} | 100% ^{5,6} | 100% / 100% |
| | Blue PPO Silver SM 120 - Rx Copays | S532PPO | NA | \$3,700 / \$7,400 | \$11,100 / \$22,200 | \$9,200 / Unlimited | \$18,400 / Unlimited | 60% / 50% | \$60 | \$80 | \$80 | \$500 copay ² | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue PPO Gold SM 101 - Rx Copays | 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 / \$350 | \$5/\$15/\$45/\$85/\$250/\$350 | \$15/\$25/\$65/\$105/\$250/\$350 | 100% / 100% | |
| | Blue PPO Silver SM 104 - Rx Copays | S531PPO | NA | \$5,100 / \$10,200 | \$15,300 / \$30,600 | \$9,200 / Unlimited | \$18,400 / Unlimited | 70% / 50% | \$50 | \$75 | \$80 | DC | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue PPO Silver SM 105 - Rx Copays | S535PPO | NA | \$8,000 / \$16,000 | \$16,000 / \$32,000 | \$9,200 / \$18,400 | \$18,400 / \$36,800 | 100% / 100% | \$50 | \$75 | \$80 | DC | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 100% / 100% | |
| | Blue PPO Gold SM 113 | G533PPO | \$50 \$50-\$350 | \$3,300 / \$6,600 | \$9,900 / \$19,800 | \$3,800 / Unlimited | \$11,400 / Unlimited | 90% / 60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |
| | Blue PPO Gold SM 115 | G535PPO | \$350 \$350-\$700 | \$3,300 / \$6,600 | \$9,900 / \$19,800 | \$5,250 / Unlimited | \$14,000 / Unlimited | 80% / 50% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |
| | Blue PPO Silver SM 133 | S534PPO | \$0 \$0-\$40 | \$5,350 / \$10,700 | \$16,000 / \$32,000 | \$5,350 / \$10,700 | \$16,000 / \$32,000 | 100% / 100% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,6} | 100% ^{1,5,6} | 100% / 100% |
| | Blue PPO Silver SM 200 | S5J1PPO | \$150 \$150-\$400 | \$6,350 / \$12,700 | \$12,700 / \$25,400 | \$6,350 / \$12,700 | \$12,700 / \$25,400 | 100% / 100% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,6} | 100% ^{1,5,6} | 100% / 100% |
| | Blue PPO Bronze SM 132 | B536PPO | \$0 \$0 | \$7,050 / \$14,100 | \$14,100 / \$28,200 | \$7,400 / Unlimited | \$14,800 / Unlimited | 80% / 50% | DC | DC | DC | DC | DC | \$250 | DC | \$125 / DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |
| | Blue PPO Bronze SM 106 | B535PPO | \$0 \$0 | \$7,300 / \$14,600 | \$14,600 / \$29,200 | \$7,300 / \$14,600 | \$14,600 / \$29,200 | 100% / 100% | DC | DC | DC | DC | DC | \$250 | DC | \$125 / DC | 100% ^{1,5,6} | 100% ^{1,5,6} | 100% / 100% |
| | Blue PPO Bronze SM 401 | B5N1PPO | \$0 \$0 | \$7,350 / \$14,700 | \$14,700 / \$29,400 | \$7,600 / Unlimited | \$15,200 / Unlimited | 70% / 50% | DC | DC | DC | DC | DC | \$1,000 | \$500 / DC | \$250 / DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 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.

- 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.
- Value is a flat copay. Deductible and coinsurance do not apply.
- Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.
- Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare.
- BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.

- Coinsurance applies after the medical deductible is met.
- Coinsurance applies after the Tier 1 (Blue Choice OPT PPOSM) medical deductible is met.
- 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.

| Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio | | | | | | | | | | | | | | | | | | | |
|--|--|---------|---------------------------|------------------------------|--------------------------|--------------------------------------|----------------------|--------------------|---|--------------------------|-------------|--------------------------------------|---|-------------------------------|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|-------------|
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| Network | Plan Name | Plan ID | Range of HSA Contribution | Individual Deductible In/Out | Family Deductible 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 ³ In/Out | Inpatient ³ In/Out | Outpatient ³ In/Out | Preferred Pharmacy Network | Non-Preferred Pharmacy Network | Pediatric Dental ⁴ In/Out | |
| Blue Choice Preferred PPO (BCE) | Blue Choice Preferred Platinum PPO SM 119 - Rx Copays | P5E2BCE | NA | \$350 / \$700 | \$1,050 / \$2,100 | \$1,750 / Unlimited | \$5,250 / Unlimited | 80% / 50% | \$35 | \$70 | \$70 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$45/\$85/\$250/\$350 | \$15/\$25/\$65/\$105/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Platinum PPO SM 136 - Rx Copays | P5E1BCE | NA | \$600 / \$1,200 | \$1,800 / \$3,600 | \$1,750 / Unlimited | \$5,250 / Unlimited | 90% / 60% | \$25 | \$50 | \$75 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Platinum PPO SM 501 - Rx Copays | P5M1BCE | NA | \$1,500 / \$3,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$6,000 / \$12,000 | 100% / 80% | \$15 | \$30 | \$50 | DC | \$200 copay | DC | DC | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 100% / 100% | |
| | Blue Choice Preferred Gold PPO SM 114 - Rx Copays | G534BCE | NA | \$1,100 / \$2,200 | \$3,300 / \$6,600 | \$8,000 / Unlimited | \$16,000 / Unlimited | 80% / 50% | \$50 | \$75 | \$80 | DC | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Gold PPO SM 107 - Rx Copays | G532BCE | NA | \$1,600 / \$3,200 | \$3,200 / \$6,400 | \$6,500 / Unlimited | \$13,000 / Unlimited | 80% / 50% | \$45 | \$70 | \$75 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Gold PPO SM 116 - Rx Copays | G536BCE | NA | \$2,100 / \$4,200 | \$6,300 / \$12,600 | \$6,000 / Unlimited | \$18,000 / Unlimited | 90% / 60% | \$50 | \$75 | \$75 | DC | \$500 | \$200 / \$300 | \$150 / \$300 | \$10/\$20/\$60/\$110/\$350/\$450 | \$20/\$30/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Choice Preferred Gold PPO SM 102 - Rx Copays | G531BCE | NA | \$2,600 / \$5,200 | \$5,200 / \$10,400 | \$5,250 / Unlimited | \$10,500 / Unlimited | 80% / 50% | \$25 | \$70 | \$75 | DC | \$400 | \$200 / \$300 | \$150 / \$300 | \$5/\$15/\$45/\$85/\$250/\$350 | \$15/\$25/\$65/\$105/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Gold PPO SM 502 - Rx Copays | G5M2BCE | NA | \$2,500 / \$5,000 | \$5,000 / \$10,000 | \$7,500 / \$15,000 | \$15,000 / \$30,000 | 100% / 80% | \$30 | \$60 | \$75 | DC | \$300 copay | \$150 / \$300 | \$100 / \$300 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 100% / 100% | |
| | Blue Choice Preferred Gold PPO SM 123 | G537BCE | NA | \$3,200 / \$6,400 | \$9,600 / \$19,200 | \$3,200 / \$6,400 | \$9,600 / \$19,200 | 100% / 100% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{5,6} | 100% ^{5,6} | 100% / 100% |
| | Blue Choice Preferred Silver PPO SM 120 - Rx Copays | S532BCE | NA | \$3,700 / \$7,400 | \$11,100 / \$22,200 | \$9,200 / Unlimited | \$18,400 / Unlimited | 60% / 50% | \$60 | \$80 | \$80 | \$500 copay ² | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Gold PPO SM 101 - Rx Copays | 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 / \$350 | \$5/\$15/\$45/\$85/\$250/\$350 | \$15/\$25/\$65/\$105/\$250/\$350 | 100% / 100% | |
| | Blue Choice Preferred Silver PPO SM 104 - Rx Copays | S531BCE | NA | \$5,100 / \$10,200 | \$15,300 / \$30,600 | \$9,200 / Unlimited | \$18,400 / Unlimited | 70% / 50% | \$50 | \$75 | \$80 | DC | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 70% / 50% | |
| | Blue Choice Preferred Silver PPO SM 105 - Rx Copays | S535BCE | NA | \$8,000 / \$16,000 | \$16,000 / \$32,000 | \$9,200 / \$18,400 | \$18,400 / \$36,800 | 100% / 100% | \$50 | \$75 | \$80 | DC | \$500 | \$250 / \$350 | \$200 / \$350 | \$5/\$15/\$60/\$110/\$250/\$350 | \$15/\$25/\$80/\$130/\$250/\$350 | 100% / 100% | |
| | Blue Choice Preferred Gold PPO SM 113 | G533BCE | \$50 \$50-\$350 | \$3,300 / \$6,600 | \$9,900 / \$19,800 | \$3,800 / Unlimited | \$11,400 / Unlimited | 90% / 60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |
| | Blue Choice Preferred Gold PPO SM 115 | G535BCE | \$350 \$350-\$700 | \$3,300 / \$6,600 | \$9,900 / \$19,800 | \$5,250 / Unlimited | \$14,000 / Unlimited | 80% / 50% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |
| | Blue Choice Preferred Silver PPO SM 133 | S534BCE | \$0 \$0-\$40 | \$5,350 / \$10,700 | \$16,000 / \$32,000 | \$5,350 / \$10,700 | \$16,000 / \$32,000 | 100% / 100% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,6} | 100% ^{1,5,6} | 100% / 100% |
| | Blue Choice Preferred Silver PPO SM 200 | S5J1BCE | \$150 \$150-\$400 | \$6,350 / \$12,700 | \$12,700 / \$25,400 | \$6,350 / \$12,700 | \$12,700 / \$25,400 | 100% / 100% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,6} | 100% ^{1,5,6} | 100% / 100% |
| | Blue Choice Preferred Bronze PPO SM 132 | B536BCE | \$0 \$0 | \$7,050 / \$14,100 | \$14,100 / \$28,200 | \$7,400 / Unlimited | \$14,800 / Unlimited | 80% / 50% | DC | DC | DC | DC | DC | \$250 | DC | \$125 / DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |
| | Blue Choice Preferred Bronze PPO SM 106 | B535BCE | \$0 \$0 | \$7,300 / \$14,600 | \$14,600 / \$29,200 | \$7,300 / \$14,600 | \$14,600 / \$29,200 | 100% / 100% | DC | DC | DC | DC | DC | \$250 | DC | \$125 / DC | 100% ^{1,5,6} | 100% ^{1,5,6} | 100% / 100% |
| | Blue Choice Preferred Bronze PPO SM 401 | B5N1BCE | \$0 \$0 | \$7,350 / \$14,700 | \$14,700 / \$29,400 | \$7,600 / Unlimited | \$15,200 / Unlimited | 70% / 50% | DC | DC | DC | DC | DC | \$1,000 | \$500 / DC | \$250 / DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | 70% / 50% |

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Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio

| | | | | Calendar Year Deductibles | | Medical and Rx Out-of-Pocket Expense | | Coinsurance | Copayments | | | | Per Occurrence Deductibles ³ 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 Deductible In/Out | Family Deductible 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 ³ In/Out | Inpatient ³ In/Out | Outpatient ³ In/Out | Preferred Pharmacy Network | Non-Preferred Pharmacy Network | Pediatric Dental ⁴ In/Out | |
| Blue Options SM (BCO) | Blue Options Platinum PPO SM 403 - Rx Copays | P5N1OPT | NA | \$350 Tier 1 / \$850 Tier 2 / \$1,700 OON | \$1,050 Tier 1 / \$2,550 Tier 2 / \$7,650 OON | \$2,500 Tier 1 / \$7,000 Tier 2 / Unlimited OON | \$7,500 Tier 1 / \$18,400 Tier 2 / Unlimited OON | 90% Tier 1 / 70% Tier 2 / 50% | \$20 Tier 1 / \$35 Tier 2 | \$40 Tier 1 / \$70 Tier 2 | \$75 | DC | \$200 | \$150 Tier 1 / \$450 Tier 2 / \$550 OON | \$100 Tier 1 / \$300 Tier 2 / \$550 OON | \$15/\$25/\$60/\$110/\$350/\$450 | \$25/\$35/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Options Gold PPO SM 101 - Rx Copays | G506OPT | NA | \$850 Tier 1 / \$2,100 Tier 2 / \$4,200 OON | \$2,550 Tier 1 / \$6,300 Tier 2 / \$12,600 OON | \$7,000 Tier 1 / \$8,750 Tier 2 / Unlimited OON | \$17,500 Tier 1 / \$18,400 Tier 2 / Unlimited OON | 80% Tier 1 / 60% Tier 2 / 50% | \$45 Tier 1 / \$65 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 / \$600 OON | \$15/\$25/\$60/\$110/\$350/\$450 | \$25/\$35/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Options Gold PPO SM 106 - Rx Copays | G508OPT | NA | \$1,600 Tier 1 / \$3,850 Tier 2 / \$7,700 OON | \$4,800 Tier 1 / \$11,550 Tier 2 / \$23,100 OON | \$6,150 Tier 1 / \$8,150 Tier 2 / Unlimited OON | \$15,375 Tier 1 / \$18,200 Tier 2 / Unlimited OON | 90% Tier 1 / 70% Tier 2 / 50% | \$40 Tier 1 / \$65 Tier 2 | \$60 Tier 1 / \$110 Tier 2 | \$75 | DC | \$600 | \$250 Tier 1 / \$500 Tier 2 / \$600 OON | \$200 Tier 1 / \$400 Tier 2 / \$600 OON | \$15/\$25/\$60/\$110/\$350/\$450 | \$25/\$35/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Options Gold PPO SM 102 - Rx Copays | G507OPT | NA | \$2,100 Tier 1 / \$3,600 Tier 2 / \$7,200 OON | \$4,200 Tier 1 / \$10,800 Tier 2 / \$21,600 OON | \$4,600 Tier 1 / \$7,600 Tier 2 / Unlimited OON | \$9,550 Tier 1 / \$18,400 Tier 2 / Unlimited OON | 90% Tier 1 / 70% Tier 2 / 50% | \$40 Tier 1 / \$65 Tier 2 | \$60 Tier 1 / \$110 Tier 2 | \$75 | DC | \$400 | \$250 Tier 1 / \$500 Tier 2 / \$600 OON | \$200 Tier 1 / \$400 Tier 2 / \$600 OON | \$15/\$25/\$60/\$110/\$350/\$450 | \$25/\$35/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Options Gold PPO SM 503 - Rx Copays | G5M3OPT | NA | \$3,000 Tier 1 / \$5,500 Tier 2 / \$11,000 OON | \$6,000 Tier 1 / \$11,000 Tier 2 / \$22,000 OON | \$7,500 Tier 1 / \$9,000 Tier 2 / Unlimited OON | \$15,000 Tier 1 / \$18,000 Tier 2 / Unlimited OON | 100% Tier 1 / 80% Tier 2 / 50% | \$25 Tier 1 / \$50 Tier 2 | \$50 Tier 1 / \$100 Tier 2 | \$75 | DC | \$300 | \$150 Tier 1 / \$400 Tier 2 / \$600 OON | \$100 Tier 1 / \$300 Tier 2 / \$600 OON | \$15/\$25/\$60/\$110/\$350/\$450 | \$25/\$35/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Options Silver PPO SM 104 - Rx Copays | S506OPT | NA | \$5,350 Tier 1 / \$6,350 Tier 2 / \$12,700 OON | \$16,050 Tier 1 / \$18,200 Tier 2 / \$36,400 OON | \$8,400 Tier 1 / \$9,200 Tier 2 / Unlimited OON | \$18,400 Tier 1 / \$18,400 Tier 2 / Unlimited OON | 80% Tier 1 / 60% Tier 2 / 50% | \$55 Tier 1 / \$75 Tier 2 | \$80 Tier 1 / \$120 Tier 2 | \$75 | DC | \$600 | \$250 Tier 1 / \$500 Tier 2 / \$600 OON | \$200 Tier 1 / \$400 Tier 2 / \$600 OON | \$15/\$25/\$60/\$110/\$350/\$450 | \$25/\$35/\$80/\$130/\$350/\$450 | 70% / 50% | |
| | Blue Options Gold PPO SM 200 | G5K1OPT | \$50 \$50-\$325 | \$3,300 Tier 1 / \$4,700 Tier 2 / \$9,900 OON | \$9,900 Tier 1 / \$14,100 Tier 2 / \$28,200 OON | \$3,300 Tier 1 / \$6,650 Tier 2 / Unlimited OON | \$9,900 Tier 1 / \$14,100 Tier 2 / Unlimited OON | 100% Tier 1 / 80% Tier 2 / 60% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,7} | 100% ^{1,5,7} | 70% / 50% |
| | Blue Options Silver PPO SM 107 | S507OPT | \$0 \$0 | \$4,900 Tier 1 / \$5,600 Tier 2 / \$16,500 OON | \$14,700 Tier 1 / \$15,000 Tier 2 / \$45,000 OON | \$4,900 Tier 1 / \$7,350 Tier 2 / Unlimited OON | \$14,700 Tier 1 / \$15,000 Tier 2 / Unlimited OON | 100% Tier 1 / 70% Tier 2 / 50% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,7} | 100% ^{1,5,7} | 70% / 50% |
| | Blue Options Silver PPO SM 404 | S5N1OPT | \$0 \$0 | \$5,350 Tier 1 / \$6,350 Tier 2 / \$19,050 OON | \$13,350 Tier 1 / \$15,200 Tier 2 / \$45,600 OON | \$5,350 Tier 1 / \$7,600 Tier 2 / Unlimited OON | \$13,350 Tier 1 / \$15,200 Tier 2 / Unlimited OON | 100% Tier 1 / 70% Tier 2 / 50% | DC | DC | DC | DC | DC | DC | DC | DC | 100% ^{1,5,7} | 100% ^{1,5,7} | 70% / 50% |

Blue OptionsSM: 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. 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.

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.
5. BCSIL 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 PPOSM) 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.

Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio

| | | | | Calendar Year Deductibles | | Medical and Rx Out-of-Pocket Expense | | Coinsurance | Copayments | | | | Per Occurrence Deductibles ³ 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 Deductible In/Out | Family Deductible 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 ³ In/Out | Inpatient ³ In/Out | Outpatient ³ In/Out | Preferred Pharmacy Network | Non-Preferred Pharmacy Network | Pediatric Dental ⁴ In/Out |
| Blue Precision HMO SM (PSN) | Blue Precision Platinum HMO SM 107 - Rx Copays | P506PSN ⁸ | NA | \$0 / Not Covered | \$0 / Not Covered | \$1,750 / Not Covered | \$5,250 / Not Covered | 100% / Not Covered | \$15 | \$45 | \$45 | \$250 copay ² | \$300 copay ² | \$150 copay ² per visit / Not Covered | \$100 copay ² per visit / Not Covered | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | 100% / Not Covered |
| | Blue Precision Platinum HMO SM 200 - Rx Copays | P5J1PSN ⁸ | NA | \$0 / Not Covered | \$0 / Not Covered | \$2,500 / Not Covered | \$7,500 / Not Covered | 100% / Not Covered | \$25 | \$40 | \$40 | \$250 copay ² | \$300 copay ² | \$150 copay ² per visit / Not Covered | \$100 copay ² per visit / Not Covered | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | 100% / Not Covered |
| | Blue Precision Gold HMO SM 402 - Rx Copays | G5N1PSN ⁸ | NA | \$0 / Not Covered | \$0 / Not Covered | \$6,500 / Not Covered | \$13,000 / Not Covered | 80% / Not Covered | \$45 | \$65 | \$65 | \$400 copay ² | \$300 copay ² | \$1,000 per visit / Not Covered | \$1,000 copay ² per visit / Not Covered | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | 70% / Not Covered |
| | Blue Precision Gold HMO SM 201 - Rx Copays | G5J2PSN ⁸ | NA | \$0 / Not Covered | \$0 / Not Covered | \$5,000 / Not Covered | \$15,000 / Not Covered | 100% / Not Covered | \$50 | \$70 | \$70 | \$400 copay ² | \$500 copay ² | \$300 copay ² per visit / Not Covered | \$250 copay ² per visit / Not Covered | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | 100% / Not Covered |
| | Blue Precision Platinum HMO SM 110 - Rx Copays | P5E1PSN | NA | \$1,100 / Not Covered | \$3,300 / Not Covered | \$3,100 / Not Covered | \$9,300 / Not Covered | 80% / Not Covered | \$30 | \$60 | \$60 | \$0 copay ² | \$400 | \$200 / Not Covered | \$150 / Not Covered | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | 70% / Not Covered |
| | Blue Precision Gold HMO SM 101 - Rx Copays | G532PSN | NA | \$2,850 / Not Covered | \$8,550 / Not Covered | \$9,200 / Not Covered | \$18,200 / Not Covered | 70% / Not Covered | \$60 | \$85 | \$85 | \$0 copay ² | \$1,000 | \$400 / Not Covered | \$350 / Not Covered | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | 70% / Not Covered |
| | Blue Precision Silver HMO SM 106 - Rx Copays | S531PSN ⁸ | NA | \$3,350 / Not Covered | \$10,050 / Not Covered | \$9,200 / Not Covered | \$18,200 / Not Covered | 70% / Not Covered | \$35 | \$70 | \$70 | \$750 copay ² | \$500 | \$750 copay ² per day / Not Covered | \$500 / Not Covered | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | \$10/\$20/\$50/\$100/\$250/\$350 ⁵ | 70% / Not Covered |
| Blue Precision Silver HMO SM 102 - Rx Copays | S530PSN ⁸ | NA | \$7,100 / Not Covered | \$17,200 / Not Covered | \$9,200 / Not Covered | \$18,200 / Not Covered | 70% / Not Covered | \$60 | \$85 | \$85 | \$400 copay ² | \$700 | \$300 / Not Covered | \$250 / Not Covered | \$5/\$15/\$60/\$110/\$250/\$350 ⁰ | \$5/\$15/\$60/\$110/\$250/\$350 ⁵ | 70% / Not Covered | |

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.

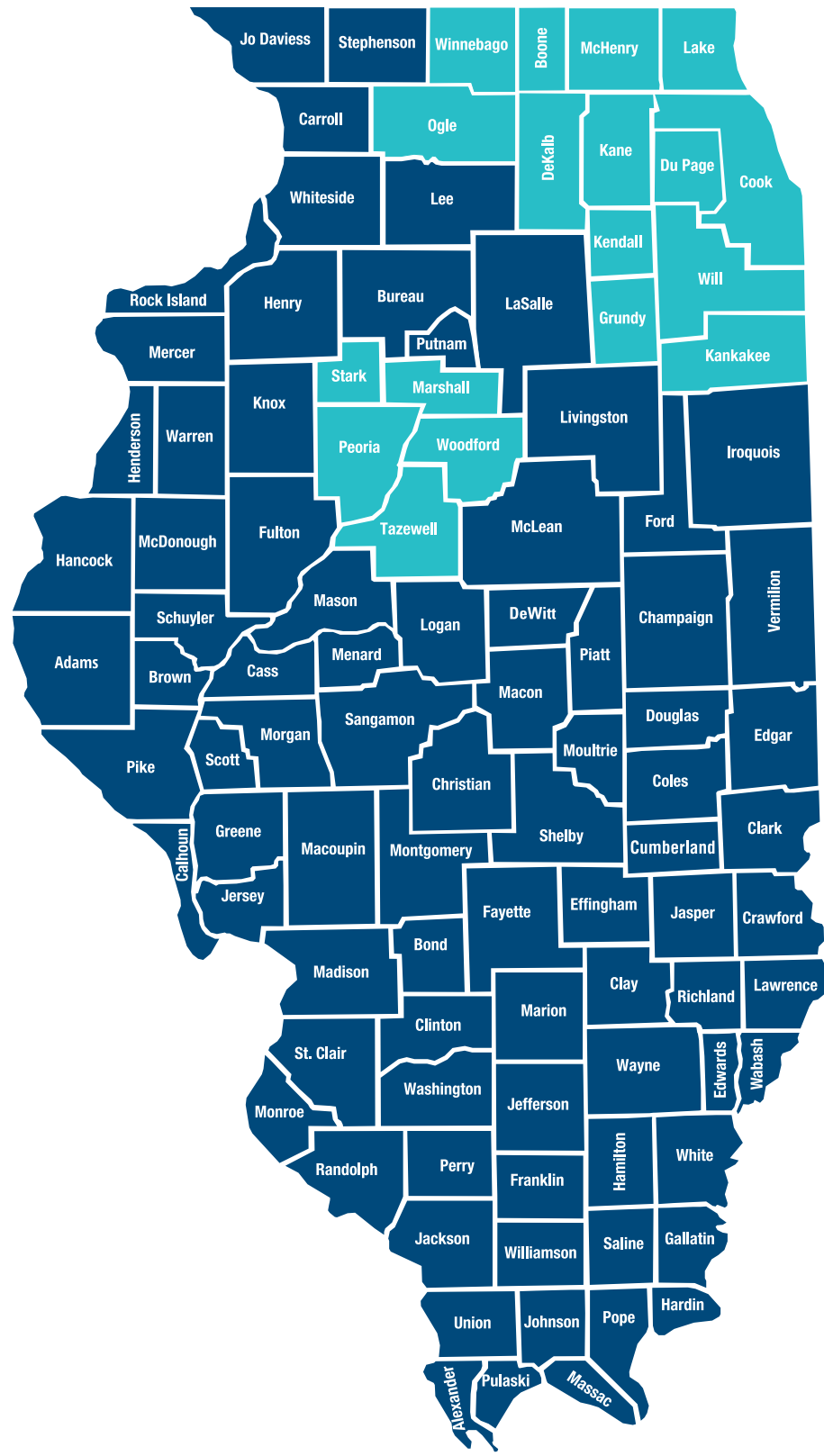
1. All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
2. Value is a flat copay. Deductible and coinsurance do not apply.
3. Per occurrence deductible applies unless otherwise indicated. Annual deductible 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.
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 PPOSM) 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.

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.

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 SM | Yes | Yes | Yes | Yes |
| Provider Finder® | Yes | Yes | Yes | Yes |
| Member Liability Estimator | Yes | Yes | Yes | No |

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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Blue365 is a discount program only for Blue Cross and Blue Shield of Illinois members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

Hearing services are provided by Start Hearing, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to administer the Member Rewards program for members with coverage through BCBSIL. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSIL does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

Hinge Health, Omada, Teladoc Health and Wondr™ are independent companies contracted with Blue Cross and Blue Shield of Illinois to provide chronic disease prevention and management solutions for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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.

Twin Health is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide care and disease management for members with coverage through BCBSIL.

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