



MID-MARKET 51-150 EMPLOYEES

2021 Mid-Market Group Plans

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

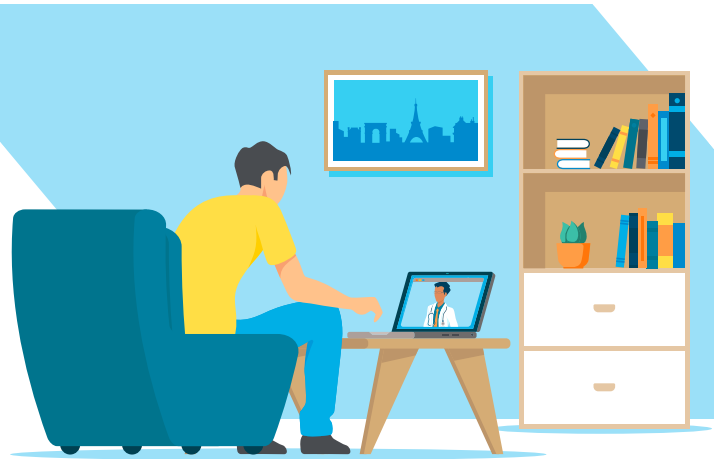
2021 Mid-Market Group Plans

Our 2021 Mid-Market Portfolio is launching July 1, 2021, and will be available until June 30, 2022. Employers can choose from a variety of plans that offer members access to plenty of features and benefits. Here are some of the highlights of our 2021 Mid-Market portfolio.*

Virtual Visits/Telehealth

The Doctor Is in – Your Phone or Computer

Convenient, safe access to health care has never been more important. That’s why we make care available through our in-network telehealth providers or through Virtual Visits powered by MDLIVE®. There’s no need for members to put off care. They may save time and money, and get the care they need right where they are.



What’s Telehealth?

Telehealth is a health care delivery method that lets members consult with their own doctors by telephone or secure video. Their in-network, BCBSIL doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor’s office. Doctors can even send an e-prescription to the member’s pharmacy of choice.

What are Virtual Visits?

Virtual Visits powered by MDLIVE lets members consult with board-certified doctors, who are available for consultation 24/7. This is helpful when the member’s BCBSIL provider is closed, or when members need same-day appointments.

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

	Telehealth	Virtual Visits
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

Behavioral Health

Behavioral Health Program Services

- **Compassionate case managers** help members understand their condition and locate resources to support their treatment plan.
- **Utilization management programs** help improve outcomes and control costs for both inpatient and outpatient behavioral health services.
- **Specialty programs** help effectively manage conditions with unique challenges, including autism, eating disorders and substance use.
- **Member and provider support** for benefits questions, prior authorizations and urgent issues.

Wellbeing Management

Wellbeing Management: A Complete Solution for Healthy Business

Wellbeing Management is a holistic approach to delivering member-centered care management. Effective resources focus on improving employee health so employers can focus on their business. Wellbeing Management offers:

- **Holistic Health Management** led by clinicians to coordinate members’ medical and behavioral health.
- **Advanced Analytics** to allow more precise member engagement.
- **Utilization Management** to help contain costs and improve members’ health outcomes.
- **Digital Enhancements** that engage members through their preferred communication channels.
- **Seamless Care Management**, including digital platforms and clinical programs coordinated by health advisors.
- **Comprehensive Reporting** to help you track all the ways we engage members.

Blue Choice Select PPOSM Service Area Expansion

Blue Choice Select PPO – Expanded Network, Extended Options

Beginning July 1, 2021, members can enroll in Blue Choice Select PPO nearly everywhere in Illinois.** This is a significant expansion over the original, 11-county area. All our Blue Choice Select PPO plans offer access to high quality, independently contracted doctors and hospitals. Talk with your BCBSIL sales representative today to find out how your groups can extend their benefit options.

Blue Advantage HMO Value ChoiceSM Benefit Designs

Blue Advantage HMO Value Choice offers two benefit plans (MIBAV2130 and MIBAV2140) with deductible and coinsurance options for Mid-Market groups. These plans are unique because deductibles and coinsurance only apply to emergency room, inpatient facility and outpatient facility visits. This means members can still pay their normal HMO copays for doctor and pharmacy services.

Medical & Ancillary Package Pricing

Reduce Medical Premium by Boosting Benefits

We understand that competitive benefits are essential to helping employers attract and retain a talented workforce. That’s why we’ve combined our medical coverage with some of the most popular ancillary benefits – at significant savings. Offering ancillary benefits alongside medical coverage can help employers protect their employees’ physical and financial well-being while providing them with peace of mind. Talk with your BCBSIL representative to find out how much you can help your groups save when they combine their medical benefits with any of these qualifying ancillary options:

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



Offer the comprehensive coverage members want from the brand they know and trust.

*Availability may differ between PPO and HMO. Speak with your BCBSIL sales representative to learn more.

**Except Lawrence, Sangamon, Wabash Counties

BCBSIL 2021 Mid-Market Group Plan Portfolio (Available Through June 2022)																		
			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 ⁴	Primary Care Office Visits	Specialist Office Visits	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Out	Outpatient In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Participating Provider Organization (Network Code: PPO)	BluePrint PPO SM 2000	MIBPP2000	Embedded	\$0/\$0	\$0/\$0	\$1,000/\$3,000	\$3,000/\$9,000	90%/70%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2010	MIBPP2010	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2020	MIBPP2020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 0020 (5-tier Rx)	MIBPP0020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 2030	MIBPP2030	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/60%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 1031	MIBPP1031	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/60%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2040	MIBPP2040	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/70%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2050	MIBPP2050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 0050 (5-tier Rx)	MIBPP0050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 2060	MIBPP2060	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2070	MIBPP2070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 0070 (5-tier Rx)	MIBPP0070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 2080	MIBPP2080	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2090	MIBPP2090	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 1091	MIBPP1091	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2110	MIBPP2110	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$3,500/\$10,500	\$10,500/\$31,500	90%/70%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2120	MIBPP2120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 0120 (5-tier Rx)	MIBPP0120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 2130	MIBPP2130	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

General Notes:

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

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. They can also get covered 90-day supply prescriptions at preferred pharmacies in the Preferred Pharmacy Network. Members can find a preferred and other in-network pharmacies at myprime.com. Please note that changes may be made to the pharmacies in the future.

The Advantage Pharmacy Network has similar in-network pharmacies as the Preferred Pharmacy Network but without copay/coinsurance differentials for using select pharmacies and no 90-day supply coverage at a retail pharmacy. The IL HMO Network includes CVS pharmacies and offers 90-day supply coverage at select retail pharmacies in the network. Members can find all in-network pharmacies at myprime.com.

All plans include prescription drug benefits. The PPO 6-tier plans are on the Performance drug list, the PPO 5-tier plans are on the Enhanced drug list and IL HMO Fully Insured plans are on the Performance Annual drug list. All drug lists include clinical programs such as Prior Authorization and Step Therapy.

Footnotes:

- Select 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. Annual deductible and coinsurance will apply after the per occurrence deductible.
- Virtual Visits powered by MDLIVE are permitted in-network only and only through our network vendor.
- Coinsurance applies after the medical deductible is met.
- BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.
- Plan uses the Advantage Pharmacy Network.
- Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
- Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
- In-Network and Out-of-Network Deductible and OPX cross accumulate.
- Urgent Care is covered at the Office Visit copay amount.

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Participating Provider Organization (Network Code: PPO)	BluePrint PPO SM 1121	MIBPP1121	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,000/\$18,000	\$17,100/\$51,300	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2140	MIBPP2140	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2160	MIBPP2160	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 2170	MIBPP2170	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$5,600/\$16,800	\$12,000/\$36,000	80%/60%	\$0	\$40	\$60	\$250 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 1171	MIBPP1171	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$8,550/\$25,650	\$17,100/\$51,300	80%/60%	\$0	\$40	\$60	\$250 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2180	MIBPP2180	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2190	MIBPP2190	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2200	MIBPP2200	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO SM (Network Code: BCS)	Blue Choice Select PPO SM 2010	MIBCS2010	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/50%	\$0	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2020	MIBCS2020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/60%	\$0	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2030	MIBCS2030	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/50%	\$0	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2040	MIBCS2040	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/60%	\$0	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2050	MIBCS2050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/50%	\$0	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2070	MIBCS2070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/50%	\$0	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2090	MIBCS2090	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 2120	MIBCS2120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 2160	MIBCS2160	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250

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Blue Choice PPO (Network Code: BCS)	BlueEdge Select HSA SM 2110	MIESA2110	Aggregate ⁸ 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 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge Select HSA SM 2120	MIESA2120	Aggregate ⁸ 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 ³	DC	100% ^{5,6}	100% ^{5,6}
	BlueEdge Select HSA SM 1151	MIESE1151	Embedded ⁹ 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 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge Select HSA SM 2181	MIESE2181	Embedded ⁹ 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% ^{5,6}	100% ^{5,6}
Participating Provider Organization (Network Code: PPO)	BlueEdge HSA SM 2000	MIEEA2000	Aggregate ⁸ HSA	\$1,500 ¹⁰	\$3,000 ¹⁰	\$3,000 ¹⁰	\$6,000 ¹⁰	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 2010	MIEEA2010	Aggregate ⁸ HSA	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$9,000	\$6,000/\$18,000	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ^{1,5}	80%/80%/70%/60%/60%/50% ^{1,5}
	BlueEdge HSA SM 2020	MIEEA2020	Aggregate ⁸ HSA	\$2,500 ¹⁰	\$5,000 ¹⁰	\$5,000 ¹⁰	\$7,350 ¹⁰	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{1,5,6}	100% ^{1,5,6}
	BlueEdge HSA SM 2030	MIEEA2030	Aggregate ⁸ 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 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 2041	MIEEE2041	Embedded ⁹ HSA	\$2,900/\$5,800	\$5,800/\$11,600	\$2,900/\$5,800	\$5,800/\$11,600	100%/100%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{5,6}	100% ^{5,6}
	BlueEdge HSA SM 2061	MIEEE2061	Embedded ⁹ HSA	\$2,900/\$5,800	\$5,800/\$11,600	\$5,800/\$17,400	\$11,600/\$34,800	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 2070	MIEEA2070	Aggregate ⁸ HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$5,800/\$17,400	\$7,350/\$22,050	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 1051	MIEEE1051	Embedded ⁹ 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 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 1071	MIEEE1071	Embedded ⁹ HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 2080	MIEEE2080	Embedded ⁹ 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% ^{5,6}	100% ^{5,6}

General Notes:

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

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Footnotes:

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2. Value is a flat copay. Deductible and coinsurance do not apply.
3. Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
4. Virtual Visits powered by MDLIVE are permitted in-network only and only through our network vendor.
5. Coinsurance applies after the medical deductible is met.
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7. Plan uses the Advantage Pharmacy Network.
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11. Urgent Care is covered at the Office Visit copay amount.

BCBSIL 2021 Mid-Market Group Plan Portfolio (Available Through June 2022)																	
			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 ⁴	Primary Care Office Visits	Specialist Office Visits	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Out	Outpatient In/Out	Pharmacy Plan
Blue Advantage HMO SM (Network Code: ADV)	Blue Advantage HMO Value Choice SM 2110	MIBAV2110	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$40	\$60	\$350 ²	\$60 ¹¹	\$0	\$500 copay per day ² (3 days) /NA	\$250 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶
	Blue Advantage HMO Value Choice SM 2120	MIBAV2120	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$50	\$70	\$400 ²	\$70 ¹¹	\$0	\$750 copay per day ² (3 days) /NA	\$300 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶
	Blue Advantage HMO Value Choice SM 2130	MIBAV2130	Embedded	\$1,000/NA	\$3,000/NA	\$3,000/NA	\$9,000/NA	80%/NA	NA	\$50	\$70	\$250 ³	\$70 ¹¹	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶
	Blue Advantage HMO Value Choice SM 2140	MIBAV2140	Embedded	\$1,500/NA	\$4,500/NA	\$4,500/NA	\$13,500/NA	80%/NA	NA	\$50	\$70	\$400 ³	\$70 ¹¹	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶
Blue Advantage HMO (Network Code: ADV)	Blue Advantage HMO SM 2000	MIBAH2000	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$40	\$60	\$350 ²	\$60 ¹¹	\$0	\$250 copay per day ² (5 days) /NA	NC/NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶
	Blue Advantage HMO SM 2010	MIBAH2010	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$30	\$50	\$250 ²	\$50 ¹¹	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶
	Blue Advantage HMO SM 2020	MIBAH2020	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$20	\$40	\$250 ²	\$40 ¹¹	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶

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

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All plans include prescription drug benefits. The PPO 6-tier plans are on the Performance drug list, the PPO 5-tier plans are on the Enhanced drug list and IL HMO Fully Insured plans are on the Performance Annual drug list. All drug lists include clinical programs such as Prior Authorization and Step Therapy.

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BCBSIL 2021 Mid-Market Group Plan Portfolio (Available Through June 2022)																		
			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 ⁴	Primary Care Office Visits Tier 1/ Tier 2	Specialist Office Visits Tier 1/ Tier 2	ER Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient Tier 1 In/ Tier 2 In/ Out	Outpatient Tier 1 In/ Tier 2 In/ Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice OPT PPO SM (Network Code: BCO)	Blue Choice Options SM 2080	MIBCO2080	Embedded	\$250 BCO/ \$1,000 PPO/ \$2,000 OON	\$750 BCO/ \$3,000 PPO/ \$6,000 OON	\$750 BCO/ \$1,250 PPO/ \$2,500 OON	\$2,250 BCO/ \$3,750 PPO/ \$7,500 OON	90% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$40 PPO	\$40 BCO/ \$80 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2000	MIBCO2000	Embedded	\$500 BCO/ \$1,500 PPO/ \$3,000 OON	\$1,500 BCO/ \$4,500 PPO/ \$9,000 OON	\$4,000 BCO/ \$5,600 PPO/ \$16,800 OON	\$10,200 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$50 PPO	\$40 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 0000 (5-Tier Rx)	MIBCO0000	Embedded	\$500 BCO/ \$1,500 PPO/ \$3,000 OON	\$1,500 BCO/ \$4,500 PPO/ \$9,000 OON	\$4,000 BCO/ \$5,600 PPO/ \$16,800 OON	\$10,200 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$50 PPO	\$40 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	Blue Choice Options SM 2010	MIBCO2010	Embedded	\$500 BCO/ \$1,500 PPO/ \$3,000 OON	\$1,500 BCO/ \$4,500 PPO/ \$9,000 OON	\$500 BCO/ \$3,000 PPO/ \$9,000 OON	\$1,500 BCO/ \$9,000 PPO/ \$27,000 OON	100% BCO/ 70% PPO/ 50% OON	\$20	\$20 BCO/ \$50 PPO	\$40 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2030	MIBCO2030	Embedded	\$1,000 BCO/ \$2,500 PPO/ \$5,000 OON	\$3,000 BCO/ \$7,500 PPO/ \$15,000 OON	\$2,500 BCO/ \$5,500 PPO/ \$16,500 OON	\$7,500 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$25	\$25 BCO/ \$50 PPO	\$50 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 0030 (5-Tier Rx)	MIBCO0030	Embedded	\$1,000 BCO/ \$2,500 PPO/ \$5,000 OON	\$3,000 BCO/ \$7,500 PPO/ \$15,000 OON	\$2,500 BCO/ \$5,500 PPO/ \$16,500 OON	\$7,500 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$25	\$25 BCO/ \$50 PPO	\$50 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	Blue Choice Options SM 2040	MIBCO2040	Embedded	\$1,500 BCO/ \$3,500 PPO/ \$7,000 OON	\$4,500 BCO/ \$10,200 PPO/ \$21,000 OON	\$3,000 BCO/ \$5,500 PPO/ \$16,500 OON	\$9,000 BCO/ \$10,200 PPO/ \$30,600 OON	90% BCO/ 70% PPO/ 50% OON	\$30	\$30 BCO/ \$50 PPO	\$50 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 1201	MIBCO1201	Embedded	\$2,500 BCO / \$4,000 PPO/ \$8,000 OON	\$7,500 BCO/ \$12,000 PPO/ \$24,000 OON	\$4,500 BCO/ \$5,500 PPO/ \$16,500 OON	\$13,500 BCO/ \$16,500 PPO/ \$49,500 OON	80% BCO/ 60% PPO/ 50% OON	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Options SM 2050	MIBCO2050	Embedded	\$4,000 BCO/ \$5,000 PPO/ \$10,000 OON	\$10,200 BCO/ \$10,200 PPO/ \$26,400 OON	\$5,600 BCO/ \$5,600 PPO/ \$16,800 OON	\$10,200 BCO/ \$10,200 PPO/ \$30,600 OON	80% BCO/ 60% PPO/ 50% OON	\$35	\$35 BCO/ \$60 PPO	\$55 BCO/ \$120 PPO	\$500 ³	\$75	DC	\$250 BCO ³ / \$500 PPO ³ / \$600 OON ³	\$200 BCO ³ / \$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2061	MICOE2061	Embedded ⁹ HSA	\$2,900 BCO/ \$4,600 PPO/ \$9,200 OON	\$8,700 BCO/ \$13,800 PPO/ \$27,600 OON	\$2,900 BCO/ \$6,550 PPO/ \$19,650 OON	\$8,700 BCO/ \$14,000 PPO/ \$42,000 OON	100% BCO/ 80% PPO/ 60% OON	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}
	Blue Choice Options SM 1051	MICOE1051	Embedded ⁹ HSA	\$3,500 BCO/ \$5,000 PPO/ \$10,000 OON	\$7,000 BCO/ \$10,000 PPO/ \$20,000 OON	\$5,500 BCO/ \$7,000 PPO/ \$21,000 OON	\$11,000 BCO/ \$14,000 PPO/ \$42,000 OON	80% BCO/ 60% PPO/ 50% OON	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	Blue Choice Options SM 1071	MICOE1071	Embedded ⁹ HSA	\$5,000 BCO/ \$6,000 PPO/ \$12,000 OON	\$10,000 BCO/ \$12,000 PPO/ \$24,000 OON	\$6,000 BCO/ \$7,000 PPO/ \$21,000 OON	\$12,000 BCO/ \$14,000 PPO/ \$42,000 OON	80% BCO/ 60% PPO/ 50% OON	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵

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 PPO network, Tier 2 refers to the benefit level when using the PPO network. OON refers to out-of-network.

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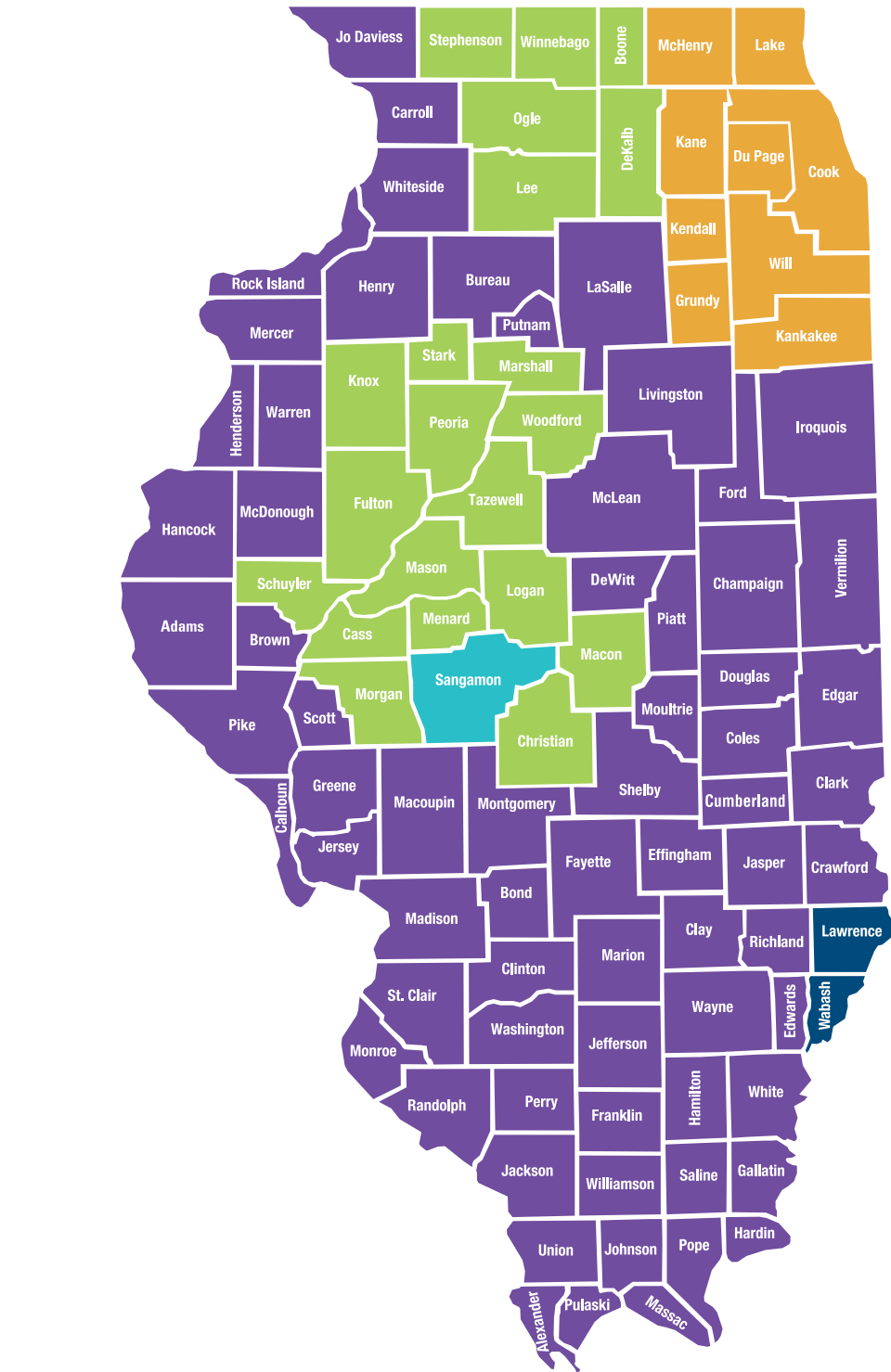
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Illinois Mid-Market Provider Networks by County



- Network Names**
- PPO
 - PPO and Blue Advantage HMO
 - PPO, Blue Advantage HMO and Blue Choice PPO
 - PPO, Blue Advantage HMO, Blue Choice PPO and Blue Choice OPT PPO
 - PPO and Blue Choice PPO

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.

Network Offerings Comparison

Plan Name	BluePrint PPO	Blue Choice Select PPO	Blue Choice Options	Blue Advantage HMO
Network Name	PPO (PPO)	Blue Choice PPO (BCS)	Tier 1 - Blue Choice OPT PPO (BCO) Tier 2 - PPO (PPO)	Blue Advantage HMO (ADV)
Network Type	Broad	Narrow	Tiered	Broad
Coverage	Statewide	Coverage area is Statewide except Sangamon, Lawrence and Wabash	Tier 1 - Chicago Metro Tier 2 - Statewide	Chicago, Springfield, Rockford, Peoria, Bloomington and East St. Louis
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	Yes, but member is not held harmless. The member can be billed up to the billed amount.	Yes	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 SM	Yes	Yes	Yes	Yes
Provider Finder [®]	Yes	Yes	Yes	Yes, displays PCP and Medical Group only for IL HMOs
Member Liability Estimator	Yes	Yes	Yes	No

Blue Choice Options

Understanding and Using the Benefits

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

What Is a Blue Choice Options Plan?

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

Why Using a Blue Choice OPT PPO Network Provider Saves Money

The Blue Choice OPT PPO network (tier 1) has a variety of doctors and hospitals in the Chicago metropolitan area and Quad Cities region. 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 makes sense to use a doctor or hospital in tier 1, the Blue Choice OPT PPO network, or tier 2, the BCBSIL larger, statewide PPO network.

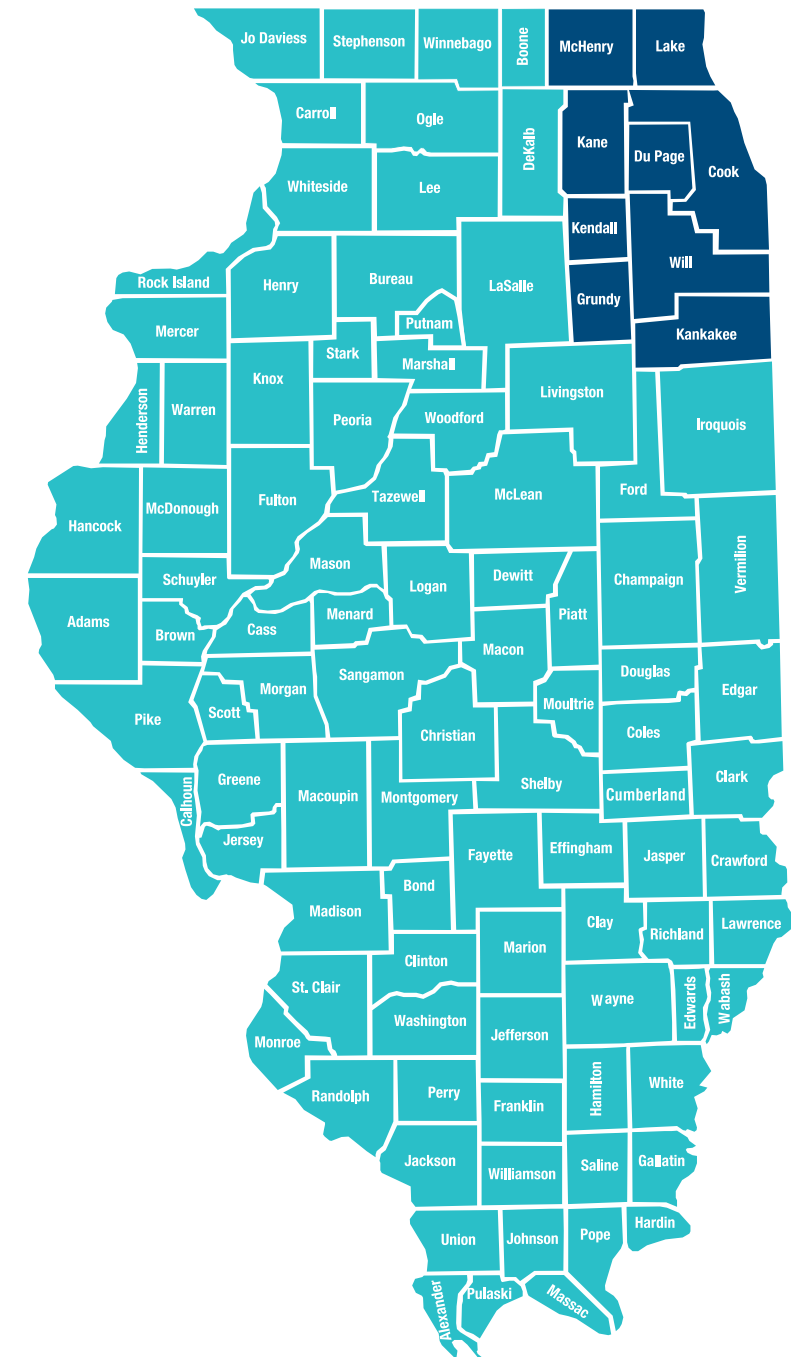
	Tier 1: Blue Choice OPT PPO Network	Tier 2: Larger Statewide PPO Network	Tier 3: Out-of- Network*
Doctor Visit	Cost is \$200 You pay \$15	Cost is \$200 You pay \$30	Cost is \$200 You pay \$200
Specialist Visit	Cost is \$200 You pay \$30	Cost is \$200 You pay \$50	Cost is \$200 You pay \$200
2-Day Inpatient 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 OPT provider, visit **bcbsil.com** and select **Find a Doctor or Hospital**. Follow the prompts. Then, select **Blue Choice Options** from the network drop-down list. You can search for a specific provider or enter a ZIP code. If you search by ZIP code, Provider Finder will first display all Tier 1 providers. To see providers in both Tiers 1 and 2, click the **"Display All In-Network Providers"** link.

Blue Choice Options PPO Provider Networks by County



Blue Choice OPT PPO Tier 1 and Tier 2

- Blue Choice OPT PPO
- Broad Statewide PPO

Overall savings and member satisfaction might be impacted for members who are located outside of the Chicago metro area. 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.

Please see the next page for BlueCare Dental plan options.

BlueCare Dental

Plan Options for Mid-Market¹

Contributory Plans

	DINHR31		DINHR32		DINHR33		DINHR34		DINLR36		DINLR37		DINHM38		DINHM40		DINLM41		DINHM42		DINHR50		DINLM51		DINHM57		DINLR58	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75	\$50		\$75		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50	
Annual Maximum	\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$1,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$1,500		\$1,000		N/A		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%		100%		100%	80%	100%		90%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% ⁴	
Misc. Preventive Services	100% ²		100% ²		100% ²		100% ²	80% ²	80%		70%		100% ²		100% ²	80% ²	70%	50%	100% ²		100% ²		80%		100% ²		80%	
Basic Restorative	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	80% ³		80%		80%		100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%	
Endodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Oral Surgery	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Surgical Periodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%	
Implants	50%		50%		50%		50%		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A	
Orthodontics ²	50%		50%		50%		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%	
OON Reimbursement	90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		MAC		90th R&C		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.
2. Waived Deductible applies to this service.
3. Only Basic Restorative Services are covered.
4. Preventive services will not count toward maximum annual benefit.

Voluntary Plans

	DINHR43		DINHM44		DINHM46		DINHR52		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
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$750		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%	80%	100%		100%		100%		100%		100%		100%		100%		100% ⁵	
Misc. Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		100% ²		80%		80%		80%	50%	100% ²		80%	
Basic Restorative	80%		80%	60%	80% ³		80%		80%		80%		80%		80%	50%	100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%	60%	N/A		80%		80%		80%		80%		80%	50%	100%		80%	
Endodontics	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Surgical Periodontics	80% ⁴		80% ⁴	60% ⁴	N/A		80% ⁴		80% ⁴		50% ⁴		50% ⁴		50% ⁴		100% ⁴		50% ⁴	
Major Restorative and Prosthodontics	50% ⁴		50% ⁴	40% ⁴	N/A		50% ⁴		50% ⁴		50% ⁴		50% ⁴		50% ⁴		60% ⁴		50% ⁴	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics ²	50%		N/A		N/A		50%		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		MAC		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.
2. Waived Deductible applies to this service.
3. Only Basic Restorative Services are covered.
4. 12-month waiting period applies.
5. Preventive services will not count toward maximum annual benefit.

For information on rates, contact your BCBSIL Account Representative.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these plans, please contact your BCBSIL Representative.

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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.

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