



MID-MARKET 51-150 EMPLOYEES

2022 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.

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

2022 Mid-Market Group Plans

The 2022 Blue Cross and Blue Shield of Illinois Mid-Market Group Portfolio is available from July 1, 2022, through June 30, 2023. Check out what's in store this year to help employers reduce health care costs and improve the lives of their employees! And learn what we're doing to make it easier for members to stay healthy throughout the year.

Here are the highlights of our 2022 Mid-Market Group portfolio:

Network Expansion for More Member Options

We expanded two of our networks statewide – Blue Choice Select PPOSM and Blue Choice OptionsSM – along with our other statewide networks so that members have even more options. These options can help members save money and enjoy more flexibility in selecting a provider:

- **Blue Choice Select PPO** is a select, more affordable network than the broader PPO network. It has all the features of a PPO plan, with no referral required.
- **Blue Choice Options** is a three-tier PPO plan that helps members save money on out-of-pocket costs based on which tier of provider they choose.

More Programs Available to Help Members Take Control of Their Health

This year, we're empowering members to take control of their health through programs that can help them save money and prevent certain types of health conditions. We're also helping employers reduce health care costs by giving employees access to these programs, which can reduce doctor visits and hospitalizations:

- **Livongo[®]** is a personalized diabetes management program that helps members understand their blood sugar, develop healthy habits and improve glycemic control.
- **Wondr Health[™]** is a digital weight-management program that teaches members science-based skills that help members lose weight, sleep better, manage stress and more.
- **Hinge Health** is a digital musculoskeletal program for Wellbeing Management and Health Advocacy Solutions led by physical therapists and health coaches at no extra cost to the member and done in the comfort of the member's own home.

Digital Mental Health

Mental health is an important part of our approach to our commitment to our members. 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 group plan. Members can use **Blue Access for MembersSM (BAMSM)** to easily access private, online programs to help keep their mental health on track through:

- An online assessment supports and helps members pinpoint helpful programs.
- Quick, easy online lessons give members access to proven therapy-based techniques.
- Expert coaches guide and inspire members to reach their goals.
- Personal results, programs and messages are always private.

Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health doctor, addresses the mental, physical and emotional aspects of health issues for the most costly and complex member cases. Members can interact with their health advisor through email, secure messaging, phone and/or text. Automated touch points triggered by missed appointments, tests and prescription refills help engage members. Personalized reminders emphasize the importance of annual visits, preventive screenings and immunizations, while educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.

Reduce Your Premiums by Bundling Ancillary Programs

Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind.

Talk with your BCBSIL representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

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

Promote Wellness Year-Round with Well onTarget[®]

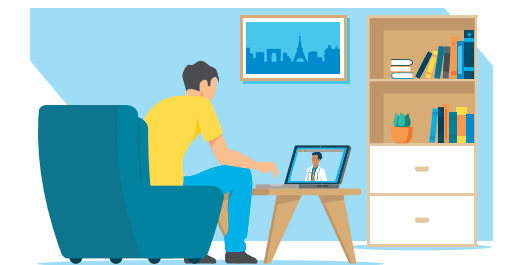
Well onTarget is a complete wellness solution that includes innovative tools that support members' lifelong journey of healthy living. Well onTarget is designed to:

- Enhance employee engagement
- Reduce costs
- Promote good health

Well onTarget offers cost-effective and low-risk solutions to help employers increase productivity, encourage employee engagement and enhance a culture of wellness in the workplace.

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing their non-emergency needs. Virtual Visits, powered by MDLIVE[®], and Telemedicine consultations through members' primary care physicians are conducted by phone, online video or mobile app.



	Virtual Visits	Telemedicine
Consultation with member's own primary care physician		X
24/7 access, 365 days a year	X	
E-prescriptions sent to local pharmacies	X	X
Consultations available by phone, online video or mobile app	X	X
Behavioral health consultations available	X	X

BCBSIL 2022 Mid-Market Group Plan Portfolio (Available Through June 2023)																		
			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 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 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 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 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
	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 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	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 BlueAdvantage 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. All drug lists include clinical programs such as Prior Authorization and Step Therapy.

Footnotes:
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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
Blue Choice PPO (Network Code: BCS)	BlueEdge Select HSA SM 2110	MIESA2110	Aggregate HSA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$15,000	\$7,350/\$22,050	80%/50%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge Select HSA SM 2122	MIESA2122	Aggregate HSA	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	100%/100%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{1,5}	100% ^{1,5}
	BlueEdge Select HSA SM 1151	MIESE1151	Embedded HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/50%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge Select HSA SM 2181	MIESE2181	Embedded HSA	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ⁵

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Participating Provider Organization (Network Code: PPO)	BlueEdge HSA SM 2000	MIEEA2000	Aggregate HSA	\$1,500 ⁶	\$3,000 ⁶	\$3,000 ⁶	\$6,000 ⁶	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 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 HSA	\$2,500 ⁶	\$5,000 ⁶	\$5,000 ⁶	\$7,350 ⁶	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{1,5}	100% ^{1,5}
	BlueEdge HSA SM 2030	MIEEA2030	Aggregate HSA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$15,000	\$7,350/\$22,050	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 2041	MIEEE2041	Embedded 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	100% ⁵
	BlueEdge HSA SM 2061	MIEEE2061	Embedded 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 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 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 2052	MIEEE2052	Embedded HSA	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$24,000	\$8,000/\$48,000	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{1,5}	100% ^{1,5}
	BlueEdge HSA SM 1071	MIEEE1071	Embedded 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 HSA	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ⁵	100% ⁵

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BCBSIL 2022 Mid-Market Group Plan Portfolio (Available Through June 2023)																		
			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	\$0	\$500 copay per day ² (3 days) /NA	\$250 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250	
	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	\$0	\$750 copay per day ² (3 days) /NA	\$300 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250	
	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	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250	
	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	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250	
	Blue Advantage HMO Value Choice SM 2152	MIBAV2152	Embedded	\$3,000/NA	\$9,000/NA	\$8,700/NA	\$17,500/NA	80%/NA	NA	\$20	\$40	\$400 ³	\$20	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250	
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	\$0	\$250 copay per day ² (5 days) /NA	NC/NA	\$0/\$10/\$35/\$75/\$150/\$250	
	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	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250	
	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	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250	

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BCBSIL 2022 Mid-Market Group Plan Portfolio (Available Through June 2023)																		
			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 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 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 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	100% ⁵
	Blue Choice Options SM 1051	MICOE1051	Embedded 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 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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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 - Statewide Tier 2 - Statewide	Cook, Lake, McHenry, DuPage, Kane, Grundy, Kankakee, Kendall, Will, Boone, DeKalb, Lee, Ogle, Stephenson, Winnebago, Fulton, Knox, Marshall, Peoria, Stark, Tazewell, Woodford, Cass, Christian, Logan, Macon, Mason, Menard, Morgan, Sangamon, and Schuyler counties
Must Live in Network Service Area	No	Yes	No	Yes
Medical Group Selection Required	No	No	No	Yes
Referral Required	No	No	No	Yes
OON Coverage	Yes, but member is not held harmless. The member can be billed up to the billed amount.	Yes, but member is not held harmless. The member can be billed up to the billed amount.	Yes, but member is not held harmless. The member can be billed up to the billed amount.	No with the exception of emergency or accident
BlueCard®/Away From Home Care® (AFHC)	Yes	Yes	Yes - Paid at Tier 1	Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care.
Guest Membership	N/A	N/A	N/A	Guest Membership enables members to receive guest membership benefits from other participating Blue Cross and Blue Shield HMOs while traveling outside of their HMO service areas for at least 90 days. Affiliated HMOs are not available in all locations, and not all Blue Cross and Blue Shield Association HMOs participate in the Guest Membership program. Benefits and the way members access services might not be the same as their Illinois benefits. To apply for the Guest Membership program, members must contact Customer Service at 1-800-892-2803.
Blue Access for Members 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 statewide. These doctors and hospitals, which all meet BCBSIL's quality criteria, have agreed to offer the care and services needed for a lower cost. In addition, with the Blue Choice Options benefit plan, members also get the highest level of benefits when visiting the doctors and hospitals in the Blue Choice OPT PPO network. Members still have the option of choosing a doctor from the larger, statewide PPO network (tier 2), but will pay higher out-of-pocket costs than with the Blue Choice OPT PPO network.

Tier 1	Tier 2	Tier 3
Pay the least out-of-pocket expenses by using a participating provider in the Blue Choice OPT PPO network.	Pay additional out-of-pocket costs by choosing a participating provider in the larger, statewide PPO network.	Pay the highest out-of-pocket costs by selecting an out-of-network provider and may be required to pay those fees up front.

Compare Costs

The example shows how costs and savings vary by tier. Even though a specific plan design may be different, it may make sense to use a doctor or hospital in tier 1, the statewide Blue Choice OPT PPO network, or tier 2, the BCBSIL larger, statewide PPO network.

	Tier 1: Statewide Blue Choice OPT PPO Network	Tier 2: Larger Statewide PPO Network	Tier 3: Out-of-Network*
Doctor Visit	Cost is \$200 You pay \$20	Cost is \$200 You pay \$30	Cost is \$200 You pay \$200
Specialist Visit	Cost is \$200 You pay \$30	Cost is \$200 You pay \$50	Cost is \$200 You pay \$200
2-Day Inpatient Hospital Stay	Cost is \$5,000 You pay \$1,400	Cost is \$5,000 You pay \$2,900	Cost is \$5,000 You pay \$5,000

*Applied to member's deductible. Once deductible is met, pays at percentage designated by plan. Benefit information is based on a \$1,000 deductible and 90% coinsurance for tier 1, a \$2,000 deductible and 70% coinsurance for tier 2, and a \$8,000 deductible and 50% coinsurance for OON. These examples are stand-alone and do not track the member's out-of-pocket max.

Finding a Tier 1 or Tier 2 Provider

To find a participating Blue Choice OPT PPO provider, visit [bcbsil.com](https://www.bcbsil.com) and select **Find Care**. Follow the prompts. Then, select **Blue Choice Options** from the network drop-down list or provider type. You can narrow search by specialty, patient ratings and more. You may also narrow your search to Tier 1 Providers only or All Tier Providers.

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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A “preferred” or “participating” pharmacy has a contract with BCBSIL or BCBSIL’s pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Virtual Visits may 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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