

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street Chicago, IL 60601

Subject: Important Plan Changes Illinois Midmarket Group 2024

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plan(s).

Included with this letter is a list of all Blue Cross and Blue Shield of Illinois (BCBSIL) midmarket group plans and their benefit level changes. Note: This is only a list of plans with benefits changes – not all BCBSIL plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s), in the "Current Health Plans" section of your renewal exhibit
- Use that seven-digit plan ID to find your group's benefit changes in the "Plan Changes" document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us at 855-649-9653 with questions. A Benefit Plan Selection form (BPS) must be completed and returned to us for any changes to your group's coverage. You can also contact Get Covered Illinois at 866-311-1119 or the Office of Consumer Health at 877-527-9431.

Our goal is to serve your health care coverage needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois 2023-2024 Standard Plans (51+)

To find your renewal group's 2023-2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

BlueEdge HSA 2000; MIEEA2000

- In 2023, your plan id will change to MIEEA3003 and your plan name will change to BlueEdge HSA 3003.
- In 2023, your in-network individual Deductible will change to \$1,600 from \$1,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Deductible will change to \$1,600 from \$1,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge HSA 2010; MIEEA2010

- In 2023, your plan id will change to MIEEA3013 and your plan name will change to BlueEdge HSA 3013.
- In 2023, your in-network individual Deductible will change to \$1,600 from \$1,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$6,400 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$9,600 from \$9,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$19,200 from \$18,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge HSA 2030; MIEEA2030

- In 2023, your plan id will change to MIEEA3033 and your plan name will change to BlueEdge HSA 3033.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge HSA 2041; MIEEE2041

- In 2023, your plan id will change to MIEEE3043 and your plan name will change to BlueEdge HSA 3043.
- In 2023, your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$12,400 from \$11,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$12,400 from \$11,600. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

The below changes are for renewals effective on or after 1/1/2024:

- In 2024, your plan id will change to MIEEE4044 and your plan name will change to BlueEdge HSA 4044.
- In 2024, your in-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your out-of-network individual Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your in-network family Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your out-of-network family Deductible will change to \$12,800 from \$12,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2024, your out-of-network individual Out-of-Pocket Maximum will change to \$6,400 from \$6,200. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2024, your in-network individual Out-of-Pocket Maximum will change to \$6,400 from \$6,200. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2024, your out-of-network family Out-of-Pocket Maximum will change to \$12,800 from \$12,400. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.

BlueEdge HSA 2061; MIEEE2061

- In 2023, your plan id will change to MIEEE3063 and your plan name will change to BlueEdge HSA 3063.
- In 2023, your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$12,400 from \$11,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$18,600 from \$17,400. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$12,400 from \$11,600. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$37,200 from \$34,800. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

The below changes are for renewals effective on or after 1/1/2024:

- In 2024, your plan id will change to MIEEE4064 and your plan name will change to BlueEdge HSA 4064.
- In 2024, your in-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your out-of-network individual Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your in-network family Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your out-of-network family Deductible will change to \$12,800 from \$12,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

BlueEdge HSA 2070; MIEEA2070

- In 2023, your plan id will change to MIEEA3093 and your plan name will change to BlueEdge HSA 3093.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge HSA 1051; MIEEE1051

- In 2023, your plan id will change to MIEEE3053 and your plan name will change to BlueEdge HSA 3053.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge HSA 1071; MIEEE1071

- In 2023, your plan id will change to MIEEE3073 and your plan name will change to BlueEdge HSA 3073.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge HSA 2080; MIEEE2080

- In 2023, your plan id will change to MIEEE3083 and your plan name will change to BlueEdge HSA 3083.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge Select HSA 2110; MIESA2110

- In 2023, your plan id will change to MIESA3113 and your plan name will change to BlueEdge Select HSA 3113.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge Select HSA 1151; MIESE1151

- In 2023, your plan id will change to MIESE3153 and your plan name will change to BlueEdge Select HSA 3153.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

BlueEdge Select HSA 2181; MIESE2181

- In 2023, your plan id will change to MIESE3183 and your plan name will change to BlueEdge Select HSA 3183.

 In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

Blue Choice Options 2061; MICOE2061

- In 2023, your plan id will change to MICOE3063 and your plan name will change to Blue Choice Options 3063.
- In 2023, your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$9,200 from \$8,700. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$9,200 from \$8,700. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

The below changes are for renewals effective on or after 1/1/2024:

- In 2024, your plan id will change to MICOE4064 and your plan name will change to Blue Choice Options 4064.
- In 2024, your in-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2024, your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100. The out-of-pocket maximum is the total amount of deductible and coinsurance each Member must pay for covered medical expenses incurred during the benefit period.

Blue Choice Options 1051- HSA; MICOE1051

- In 2023, your plan id will change to MICOE3053 and your plan name will change to Blue Choice Options 3053.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.

Blue Choice Options 1071 – HSA; MICOE1071

- In 2023, your plan id will change to MICOE3073 and your plan name will change to Blue Choice Options 3073.
- In 2023, this plan will cover select HDHP-HSA preventive prescription drugs with no member cost share. Please see myprime.com for more information.