



SMALL GROUP 1-50 EMPLOYEES

## 2025 Small Group Plans

**More Value. More Choice.**

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



# 2025 Small Group Plans

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

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

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

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

## Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions — included as part of your 2025 benefit plan — offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

## Cancer Services and Support

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

## \$0 Emergency Use Medications

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

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

## Twin Health Metabolic Health Management

Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes — all offered as a covered benefit and at no cost.

## Member and Employer Savings with Member Rewards

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

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

## Complementary Programs Empowering Members to Take Control of Their Health

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

- **Blue365®:** Employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.
- **Hinge Health:** Members can participate in this digital musculoskeletal program led by physical therapists and health coaches from the comfort of their own homes at no extra cost.
- **Teladoc Health:** This personalized diabetes management program helps members improve glycemic control by helping them understand their blood sugar levels and developing healthy habits. The hypertension program supports members who have high blood pressure with a connected blood pressure monitor and support from expert health coaches to monitor their conditions.
- **Wondr™:** This online, digital weight management program teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

## Wellbeing Management

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

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

## Benefit Boost with Ancillary Plans

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

Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio																		
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out
Participating Provider Organizations (PPO)	Blue PPO Platinum <sup>SM</sup> 119 - Rx Copays	P503PPO	NA	\$350/ \$700	\$1,050/ \$2,100	\$1,750/ Unlimited	\$5,250/ Unlimited	80%/50%	\$35	\$70	\$70	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/ 50%
	Blue PPO Platinum <sup>SM</sup> 136 - Rx Copays	P5E1PPO	NA	\$600/ \$1,200	\$1,800/ \$3,600	\$1,750/ Unlimited	\$5,250/ Unlimited	90%/60%	\$25	\$50	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/ 50%
	Blue PPO Platinum <sup>SM</sup> 501 - Rx Copays	P5M1PPO	NA	\$1,500/ \$3,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$6,000/ \$12,000	100%/80%	\$15	\$30	\$50	DC	\$200 copay	DC/\$250	DC/\$200	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/ 100%
	Blue PPO Gold <sup>SM</sup> 114 - Rx Copays	G534PPO	NA	\$1,100/ \$2,200	\$3,300/ \$6,600	\$8,000/ Unlimited	\$16,000/ Unlimited	80%/50%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/ 50%
	Blue PPO Gold <sup>SM</sup> 107 - Rx Copays	G532PPO	NA	\$1,600/ \$3,200	\$3,200/ \$6,400	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/50%	\$45	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/ 50%
	Blue PPO Gold <sup>SM</sup> 116 - Rx Copays	G536PPO	NA	\$2,100/ \$4,200	\$6,300/ \$12,600	\$6,000/ Unlimited	\$18,000/ Unlimited	90%/60%	\$50	\$75	\$75	DC	\$500	\$200/\$300	\$150/\$250	\$10/\$20/\$60/\$110/\$350/\$450	\$20/\$30/\$80/\$130/\$350/\$450	70%/ 50%
	Blue PPO Gold <sup>SM</sup> 102 - Rx Copays	G531PPO	NA	\$2,600/ \$5,200	\$5,200/ \$10,400	\$5,250/ Unlimited	\$10,500/ Unlimited	80%/50%	\$25	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/ 50%
	Blue PPO Gold <sup>SM</sup> 502 - Rx Copays	G5M2PPO	NA	\$2,500/ \$5,000	\$5,000/ \$10,000	\$7,500/ \$15,000	\$15,000/ \$30,000	100%/80%	\$30	\$60	\$75	DC	\$300 copay	\$150/\$300	\$100/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/ 100%
	Blue PPO Gold <sup>SM</sup> 123	G537PPO	NA	\$3,200/ \$6,400	\$9,600/ \$19,200	\$3,200/ \$6,400	\$9,600/ \$19,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,6</sup>	100% <sup>5,6</sup>	100%/ 100%
	Blue PPO Silver <sup>SM</sup> 120 - Rx Copays	S532PPO	NA	\$3,700/ \$7,400	\$11,100/ \$22,200	\$9,200/ Unlimited	\$18,400/ Unlimited	60%/50%	\$60	\$80	\$80	\$500 copay <sup>2</sup>	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/ 50%
	Blue PPO Gold <sup>SM</sup> 101 - Rx Copays	G530PPO	NA	\$4,000/ \$8,000	\$12,000/ \$24,000	\$5,500/ \$11,000	\$16,500/ \$33,000	100%/100%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	100%/ 100%
	Blue PPO Silver <sup>SM</sup> 104 - Rx Copays	S531PPO	NA	\$5,100/ \$10,200	\$15,300/ \$30,600	\$9,200/ Unlimited	\$18,400/ Unlimited	70%/50%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/ 50%
	Blue PPO Silver <sup>SM</sup> 105 - Rx Copays	S535PPO	NA	\$8,000/ \$16,000	\$16,000/ \$32,000	\$9,200/ \$18,400	\$18,400/ \$36,800	100%/100%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/ 100%
	Blue PPO Gold <sup>SM</sup> 113	G533PPO	\$50   \$50-\$350	\$3,300/ \$6,600	\$9,900/ \$19,800	\$3,800/ Unlimited	\$11,400/ Unlimited	90%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/ 50%
	Blue PPO Gold <sup>SM</sup> 115	G535PPO	\$350   \$350-\$700	\$3,300/ \$6,600	\$9,900/ \$19,800	\$5,250/ Unlimited	\$14,000/ Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/ 50%
	Blue PPO Silver <sup>SM</sup> 133	S534PPO	\$0   \$0-\$40	\$5,350/ \$10,700	\$16,000/ \$32,000	\$5,350/ \$10,700	\$16,000/ \$32,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/ 100%
	Blue PPO Silver <sup>SM</sup> 200	S5J1PPO	\$150   \$150-\$400	\$6,350/ \$12,700	\$12,700/ \$25,400	\$6,350/ \$12,700	\$12,700/ \$25,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/ 100%
	Blue PPO Bronze <sup>SM</sup> 132	B536PPO	\$0   \$0	\$7,050/ \$14,100	\$14,100/ \$28,200	\$7,400/ Unlimited	\$14,800/ Unlimited	80%/50%	DC	DC	DC	DC	\$250	DC	\$125/\$225	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/ 50%
	Blue PPO Bronze <sup>SM</sup> 106	B535PPO	\$0   \$0	\$7,300/ \$14,600	\$14,600/ \$29,200	\$7,300/ \$14,600	\$14,600/ \$29,200	100%/100%	DC	DC	DC	DC	\$250	DC	\$125/\$225	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/ 100%
	Blue PPO Bronze <sup>SM</sup> 401	B5N1PPO	\$0   \$0	\$7,350/ \$14,700	\$14,700/ \$29,400	\$7,600/ Unlimited	\$15,200/ Unlimited	70%/50%	DC	DC	DC	DC	\$1,000	\$500/DC	\$250/\$350	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/ 50%

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

- All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
- Value is a flat copay. Deductible and coinsurance do not apply.
- Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.
- Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare.

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

Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio																		
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual Deductible In/Out	Family Deductible In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out
Blue Choice Preferred PPO (BCE)	Blue Choice Preferred Platinum PPO <sup>SM</sup> 119 - Rx Copays	P5E2BCE	NA	\$350/\$700	\$1,050/\$2,100	\$1,750/Unlimited	\$5,250/Unlimited	80%/50%	\$35	\$70	\$70	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/50%
	Blue Choice Preferred Platinum PPO <sup>SM</sup> 136 - Rx Copays	P5E1BCE	NA	\$600/\$1,200	\$1,800/\$3,600	\$1,750/Unlimited	\$5,250/Unlimited	90%/60%	\$25	\$50	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70% 50%
	Blue Choice Preferred Platinum PPO <sup>SM</sup> 501 - Rx Copays	P5M1BCE	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/80%	\$15	\$30	\$50	DC	\$200 copay	DC/\$250	DC/\$200	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 114 - Rx Copays	G534BCE	NA	\$1,100/\$2,200	\$3,300/\$6,600	\$8,000/Unlimited	\$16,000/Unlimited	80%/50%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 107 - Rx Copays	G532BCE	NA	\$1,600/\$3,200	\$3,200/\$6,400	\$6,500/Unlimited	\$13,000/Unlimited	80%/50%	\$45	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 116 - Rx Copays	G536BCE	NA	\$2,100/\$4,200	\$6,300/\$12,600	\$6,000/Unlimited	\$18,000/Unlimited	90%/60%	\$50	\$75	\$75	DC	\$500	\$200/\$300	\$150/\$250	\$10/\$20/\$60/\$110/\$350/\$450	\$20/\$30/\$80/\$130/\$350/\$450	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 102 - Rx Copays	G531BCE	NA	\$2,600/\$5,200	\$5,200/\$10,400	\$5,250/Unlimited	\$10,500/Unlimited	80%/50%	\$25	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 502 - Rx Copays	G5M2BCE	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$7,500/\$15,000	\$15,000/\$30,000	100%/80%	\$30	\$60	\$75	DC	\$300 copay	\$150/\$300	\$100/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 123	G537BCE	NA	\$3,200/\$6,400	\$9,600/\$19,200	\$3,200/\$6,400	\$9,600/\$19,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,6</sup>	100% <sup>5,6</sup>	100%/100%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 120 - Rx Copays	S532BCE	NA	\$3,700/\$7,400	\$11,100/\$22,200	\$9,200/Unlimited	\$18,400/Unlimited	60%/50%	\$60	\$80	\$80	\$500 copay <sup>2</sup>	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 101 - Rx Copays	G530BCE	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$16,500/\$33,000	100%/100%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	100%/100%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 104 - Rx Copays	S531BCE	NA	\$5,100/\$10,200	\$15,300/\$30,600	\$9,200/Unlimited	\$18,400/Unlimited	70%/50%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 105 - Rx Copays	S535BCE	NA	\$8,000/\$16,000	\$16,000/\$32,000	\$9,200/\$18,400	\$18,400/\$36,800	100%/100%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 113	G533BCE	\$50   \$50-\$350	\$3,300/\$6,600	\$9,900/\$19,800	\$3,800/Unlimited	\$11,400/Unlimited	90%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue Choice Preferred Gold PPO <sup>SM</sup> 115	G535BCE	\$350   \$350-\$700	\$3,300/\$6,600	\$9,900/\$19,800	\$5,250/Unlimited	\$14,000/Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 133	S534BCE	\$0   \$0-\$40	\$5,350/\$10,700	\$16,000/\$32,000	\$5,350/\$10,700	\$16,000/\$32,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue Choice Preferred Silver PPO <sup>SM</sup> 200	S5J1BCE	\$150   \$150-\$400	\$6,350/\$12,700	\$12,700/\$25,400	\$6,350/\$12,700	\$12,700/\$25,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue Choice Preferred Bronze PPO <sup>SM</sup> 132	B536BCE	\$0   \$0	\$7,050/\$14,100	\$14,100/\$28,200	\$7,400/Unlimited	\$14,800/Unlimited	80%/50%	DC	DC	DC	DC	\$250	DC	\$125/\$225	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%
	Blue Choice Preferred Bronze PPO <sup>SM</sup> 106	B535BCE	\$0   \$0	\$7,300/\$14,600	\$14,600/\$29,200	\$7,300/\$14,600	\$14,600/\$29,200	100%/100%	DC	DC	DC	DC	\$250	DC	\$125/\$225	100% <sup>1,5,6</sup>	100% <sup>1,5,6</sup>	100%/100%
	Blue Choice Preferred Bronze PPO <sup>SM</sup> 401	B5N1BCE	\$0   \$0	\$7,350/\$14,700	\$14,700/\$29,400	\$7,600/Unlimited	\$15,200/Unlimited	70%/50%	DC	DC	DC	DC	\$1,000	\$500/DC	\$250/\$350	90%/90%/80%/70%/60%/50% <sup>1,6</sup>	80%/80%/70%/60%/60%/50% <sup>1,6</sup>	70%/50%

**General Notes:**

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

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

- All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
- Value is a flat copay. Deductible and coinsurance do not apply.
- Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.
- Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare.

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

Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio																		
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual Deductible In/Out	Family Deductible In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out
Blue Options <sup>SM</sup> (BCO)	Blue Options Platinum PPO <sup>SM</sup> 403 - Rx Copays	P5N1OPT	NA	\$350 Tier 1/ \$850 Tier 2/ \$1,700 OON	\$1,050 Tier 1/ \$2,550 Tier 2/ \$7,650 OON	\$2,500 Tier 1/ \$7,000 Tier 2/ Unlimited OON	\$7,500 Tier 1/ \$18,400 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50%	\$20 Tier 1/ \$35 Tier 2	\$40 Tier 1/ \$70 Tier 2	\$75	DC	\$200	\$150 Tier 1/ \$450 Tier 2/ \$550 OON	\$100 Tier 1/ \$300 Tier 2/ \$400 OON	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%
	Blue Options Gold PPO <sup>SM</sup> 101 - Rx Copays	G506OPT	NA	\$850 Tier 1/ \$2,100 Tier2/ \$4,200 OON	\$2,550 Tier 1/ \$6,300 Tier 2/ \$12,600 OON	\$7,000 Tier 1/ \$8,750 Tier 2/ Unlimited OON	\$17,500 Tier 1/ \$18,400 Tier 2/ Unlimited OON	80% Tier 1/ 60% Tier 2/ 50%	\$45 Tier 1/ \$65 Tier 2	\$70 Tier 1/ \$110 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%
	Blue Options Gold PPO <sup>SM</sup> 106 - Rx Copays	G508OPT	NA	\$1,600 Tier 1/ \$3,850 Tier 2/ \$7,700 OON	\$4,800 Tier 1/ \$11,550 Tier 2/ \$23,100 OON	\$6,150 Tier 1/ \$8,150 Tier 2/ Unlimited OON	\$15,375 Tier 1/ \$18,200 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50%	\$40 Tier 1/ \$65 Tier 2	\$60 Tier 1/ \$110 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%
	Blue Options Gold PPO <sup>SM</sup> 102 - Rx Copays	G507OPT	NA	\$2,100 Tier 1/ \$3,600 Tier 2/ \$7,200 OON	\$4,200 Tier 1/ \$10,800 Tier 2/ \$21,600 OON	\$4,600 Tier 1/ \$7,600 Tier 2/ Unlimited OON	\$9,550 Tier 1/ \$18,400 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50%	\$40 Tier 1/ \$65 Tier 2	\$60 Tier 1/ \$110 Tier 2	\$75	DC	\$400	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%
	Blue Options Gold PPO <sup>SM</sup> 503 - Rx Copays	G5M3OPT	NA	\$3,000 Tier 1/ \$5,500 Tier 2/ \$11,000 OON	\$6,000 Tier 1/ \$11,000 Tier 2/ \$22,000 OON	\$7,500 Tier 1/ \$9,000 Tier 2/ Unlimited OON	\$15,000 Tier 1/ \$18,000 Tier 2/ Unlimited OON	100% Tier 1/ 80% Tier 2/ 50%	\$25 Tier 1/ \$50 Tier 2	\$50 Tier 1/ \$100 Tier 2	\$75	DC	\$300	\$150 Tier 1/ \$400 Tier 2/ \$600 OON	\$100 Tier 1/ \$300 Tier 2/ \$500 OON	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%
	Blue Options Silver PPO <sup>SM</sup> 104 - Rx Copays	S506OPT	NA	\$5,350 Tier 1/ \$6,350 Tier 2/ \$12,700 OON	\$16,050 Tier 1/ \$18,200 Tier 2/ \$36,400 OON	\$8,400 Tier 1/ \$9,200 Tier 2/ Unlimited OON	\$18,400 Tier 1/ \$18,400 Tier 2/ Unlimited OON	80% Tier 1/ 60% Tier 2/ 50%	\$55 Tier 1/ \$75 Tier 2	\$80 Tier 1/ \$120 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%
	Blue Options Gold PPO <sup>SM</sup> 200	G5K1OPT	\$50  \$50-\$325	\$3,300 Tier 1/ \$4,700 Tier 2/ \$9,900 OON	\$9,900 Tier 1/ \$14,100 Tier 2/ \$28,200 OON	\$3,300 Tier 1/ \$6,650 Tier 2/ Unlimited OON	\$9,900 Tier 1/ \$14,100 Tier 2/ Unlimited OON	100% Tier 1/ 80% Tier 2/ 60%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,7</sup>	100% <sup>1,5,7</sup>	70%/50%
	Blue Options Silver PPO <sup>SM</sup> 107	S507OPT	\$0 \$0	\$4,900 Tier 1/ \$5,600 Tier 2/ \$16,500 OON	\$14,700 Tier 1/ \$15,000 Tier 2/ \$45,000 OON	\$4,900 Tier 1/ \$7,350 Tier 2/ Unlimited OON	\$14,700 Tier 1/ \$15,000 Tier 2/ Unlimited OON	100% Tier 1/ 70% Tier 2/ 50%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,7</sup>	100% <sup>1,5,7</sup>	70%/50%
	Blue Options Silver PPO <sup>SM</sup> 404	S5N1OPT	\$0 \$0	\$5,350 Tier 1/ \$6,350 Tier 2/ \$19,050 OON	\$13,350 Tier 1/ \$15,200 Tier 2/ \$45,600 OON	\$5,350 Tier 1/ \$7,600 Tier 2/ Unlimited OON	\$13,350 Tier 1/ \$15,200 Tier 2/ Unlimited OON	100% Tier 1/ 70% Tier 2/ 50%	DC	DC	DC	DC	DC	DC	DC	100% <sup>1,5,7</sup>	100% <sup>1,5,7</sup>	70%/50%

**Blue Options<sup>SM</sup>:** A tiered network offering that utilizes benefit design to encourage members to use a network of more cost-efficient providers, while still allowing access to the broad PPO network.

Tier 1 refers to the benefit level when using the Blue Choice OPT PPO<sup>SM</sup> network, Tier 2 refers to the benefit level when using the PPO network. OON refers to out of network.

**General Notes:**

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

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

1. All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
2. Value is a flat copay. Deductible and coinsurance do not apply.
3. Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.
4. Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare.

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



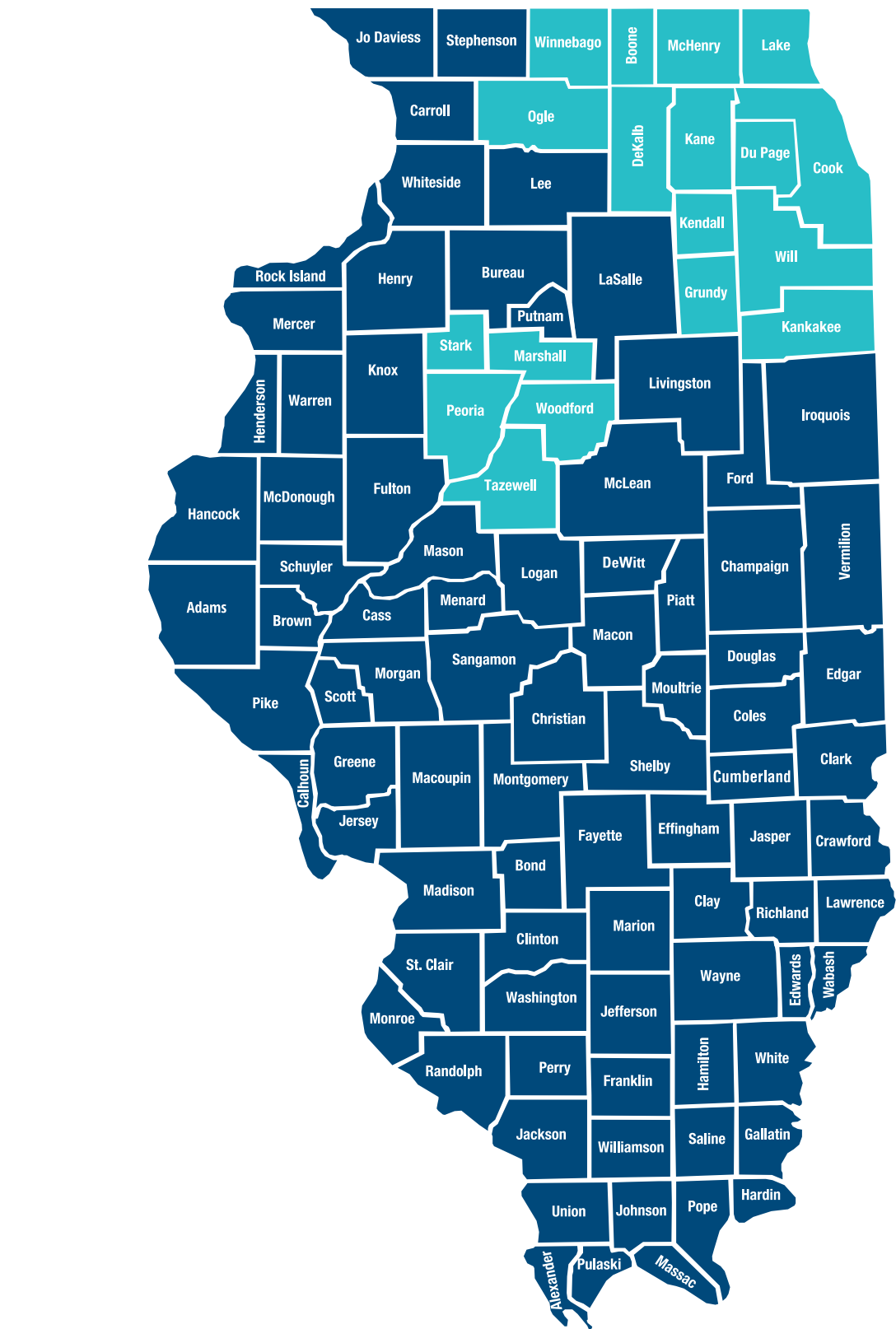
Blue Cross and Blue Shield of Illinois 2025 Small Group Plan Portfolio																		
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles <sup>3</sup> Annual deductible and coinsurance will apply after the per occurrence deductible			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual Deductible In/Out	Family Deductible In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit <sup>3</sup> In/Out	Inpatient <sup>3</sup> In/Out	Outpatient <sup>3</sup> In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental <sup>4</sup> In/Out
Blue Precision HMO <sup>SM</sup> (PSN)	Blue Precision Platinum HMO <sup>SM</sup> 107 - Rx Copays	P506PSN <sup>8</sup>	NA	\$0/ Not Covered	\$0/ Not Covered	\$1,750/ Not Covered	\$5,250/ Not Covered	100%/ Not Covered	\$15	\$45	\$45	\$250 copay <sup>2</sup>	\$300 copay <sup>2</sup>	\$150 copay <sup>2</sup> per visit/ Not Covered	\$100 copay <sup>2</sup> per visit/ Not Covered	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	100%/Not Covered
	Blue Precision Platinum HMO <sup>SM</sup> 200 - Rx Copays	P5J1PSN <sup>8</sup>	NA	\$0/ Not Covered	\$0/ Not Covered	\$2,500/ Not Covered	\$7,500/ Not Covered	100%/ Not Covered	\$25	\$40	\$40	\$250 copay <sup>2</sup>	\$300 copay <sup>2</sup>	\$150 copay <sup>2</sup> per visit/ Not Covered	\$100 copay <sup>2</sup> per visit/ Not Covered	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	100%/Not Covered
	Blue Precision Gold HMO <sup>SM</sup> 402 - Rx Copays	G5N1PSN <sup>8</sup>	NA	\$0/ Not Covered	\$0/ Not Covered	\$6,500/ Not Covered	\$13,000/ Not Covered	80%/ Not Covered	\$45	\$65	\$65	\$400 copay <sup>2</sup>	\$300 copay <sup>2</sup>	\$1,000 per visit/ Not Covered	\$1,000 per visit/ Not Covered	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	70%/Not Covered
	Blue Precision Gold HMO <sup>SM</sup> 201 - Rx Copays	G5J2PSN <sup>8</sup>	NA	\$0/ Not Covered	\$0/ Not Covered	\$5,000/ Not Covered	\$15,000/ Not Covered	100%/ Not Covered	\$50	\$70	\$70	\$400 copay <sup>2</sup>	\$500 copay <sup>2</sup>	\$300 copay <sup>2</sup> per visit/ Not Covered	\$250 copay <sup>2</sup> per visit/ Not Covered	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	100%/Not Covered
	Blue Precision Platinum HMO <sup>SM</sup> 110 - Rx Copays	P5E1PSN	NA	\$1,100/ Not Covered	\$3,300/ Not Covered	\$3,100/ Not Covered	\$9,300/ Not Covered	80%/ Not Covered	\$30	\$60	\$60	\$0 copay <sup>2</sup>	\$400	\$200 per visit/ Not Covered	\$150 per visit/ Not Covered	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	70%/Not Covered
	Blue Precision Gold HMO <sup>SM</sup> 101 - Rx Copays	G532PSN	NA	\$2,850/ Not Covered	\$8,550/ Not Covered	\$9,200/ Not Covered	\$18,200/ Not Covered	70%/ Not Covered	\$60	\$85	\$85	\$0 copay <sup>2</sup>	\$1,000	\$400 per visit/ Not Covered	\$350 per visit/ Not Covered	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	70%/Not Covered
	Blue Precision Silver HMO <sup>SM</sup> 106 - Rx Copays	S531PSN <sup>8</sup>	NA	\$3,350/ Not Covered	\$10,050/ Not Covered	\$9,200/ Not Covered	\$18,200/ Not Covered	70%/ Not Covered	\$35	\$70	\$70	\$750 copay <sup>2</sup>	\$500	\$750 copay <sup>2</sup> per day/ Not Covered	\$500 per visit/ Not Covered	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	\$10/\$20/\$50/\$100/\$250/\$350 <sup>5</sup>	70%/Not Covered
	Blue Precision Silver HMO <sup>SM</sup> 102 - Rx Copays	S530PSN <sup>8</sup>	NA	\$7,100/ Not Covered	\$17,200/ Not Covered	\$9,200/ Not Covered	\$18,200/ Not Covered	70%/ Not Covered	\$60	\$85	\$85	\$400 copay <sup>2</sup>	\$700	\$300 per visit/ Not Covered	\$250 per visit/ Not Covered	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	\$5/\$15/\$60/\$110/\$250/\$350 <sup>5</sup>	70%/Not Covered

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

1. All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
2. Value is a flat copay. Deductible and coinsurance do not apply.
3. Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.
4. Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare.

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

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



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

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

Illinois Small Group Network Offerings Comparison

Plan Name	Participating Provider Organization	Blue Choice Preferred PPO	Blue Options	Blue Precision HMO
Network/Network Name	PPO	Blue Choice Preferred PPO (Network Code: BCE)	Tier 1 - Blue Options (Network Code: BCO) Tier 2 - PPO	Blue Precision HMO (Network Code: BAV)
Availability	1-50	1-50	1-50	1-50
Residency Requirements	No	Yes, members must reside in Illinois to enroll.	No	Yes, members must live or work in the network service area to enroll.
Coverage	Statewide	Statewide	Tier 1 - Statewide Tier 2 - Statewide	Chicago, Peoria and partial Rockford rating areas
Medical Group Selection Required	No	No	No	Yes
Referral Required	No	No	No	Yes
OON Coverage	Yes	Yes	Yes	No
BlueCard®	Yes	Yes	Yes	Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care.
Away From Home Care® (AFHC)	NA	NA	NA	No
Blue Access for Members <sup>SM</sup>	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	No

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

MedsYourWay is administered by Prime Therapeutics, LLC, a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSIL and contracting pharmacies is that of independent contractors. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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

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

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

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

NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSIL.

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

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.