BlueCross BlueShield of Illinois

Subject: Important Plan Changes Illinois Small Group 2026

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 small 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 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

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2026 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

The following benefit changes will apply to all Small Group ACA plans:

- Viscosupplements* will now be a contract exclusion and are no longer a covered benefit.
  *Viscosupplement is a gel-like fluid called hyaluronic acid that is injected into the joint. Typically used for treatment of arthritis or osteoarthritis.
- Changes to the 2026 Health Insurance Drug List.
- Updates to the 2026 Preferred Pharmacy Network.

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Gold PPO 113; G533BCE

- Your in-network individual Deductible will change to $3,500 from $3,300.
- Your in-network family Deductible will change to $10,500 from $9,900.
- Your in-network individual Out-of-Pocket Maximum will change to $4,000 from $3,800.
- Your in-network family Out-of-Pocket Maximum will change to $12,000 from $11,400.

Blue Choice Preferred Gold PPO 115; G535BCE

- Your in-network individual Deductible will change to $3,500 from $3,300.
- Your in-network family Deductible will change to $10,500 from $9,900.
- Your in-network individual Out-of-Pocket Maximum will change to $5,500 from $5,250.
- Your in-network family Out-of-Pocket Maximum will change to $16,500 from $14,000.

Blue Choice Preferred Silver PPO 133; S534BCE

- Your in-network individual Deductible will change to $5,500 from $5,350.
- Your in-network family Deductible will change to $16,500 from $16,000.
- Your in-network individual Out-of-Pocket Maximum will change to $5,500 from $5,350.
- Your in-network family Out-of-Pocket Maximum will change to $16,500 from $16,000.
- Your out-of-network individual Deductible will change to $10,900 from $10,700.
- Your out-of-network family Deductible will change to $32,600 from $32,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to $10,900 from $10,700.
- Your out-of-network family Out-of-Pocket Maximum will change to $32,600 from $32,000.

Blue Choice Preferred Silver PPO 200; S5J1BCE

- Your in-network individual Deductible will change to $6,600 from $6,350.
- Your in-network family Deductible will change to $13,200 from $12,700.
- Your in-network individual Out-of-Pocket Maximum will change to $6,600 from $6,350.
- Your in-network family Out-of-Pocket Maximum will change to $13,200 from $12,700.
- Your out-of-network individual Deductible will change to $13,200 from $12,700.
- Your out-of-network family Deductible will change to $26,400 from $25,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to $13,200 from $12,700.
- Your out-of-network family Out-of-Pocket Maximum will change to $26,400 from $25,400.

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Options Gold PPO 200; G5K1OPT

- Your in-network individual Deductible will change to $3,500 BC / $4,700 PPO from $3,300 BC / $4,700 PPO.
- Your in-network family Deductible will change to $10,500 BC / $14,100 PPO from $9,900 BC / $14,100 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to $3,500 BC / $6,700 PPO from $3,300 BC / $6,650 PPO.
- Your in-network family Out-of-Pocket Maximum will change to $10,500 BC / $14,100 PPO from $9,900 BC / $14,100 PPO.

Blue Options Silver PPO 107; S507OPT

- Your in-network individual Deductible will change to $5,200 BC / $6,000 PPO from $4,900 BC / $5,600 PPO.
- Your in-network family Deductible will change to $15,600 BC / $16,900 PPO from $14,700 BC / $15,000 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to $5,200 BC / $8,000 PPO from $4,900 BC / $7,350 PPO.
- Your in-network family Out-of-Pocket Maximum will change to $15,600 BC / $16,900 PPO from $14,700 BC / $15,000 PPO.

Blue Options Silver PPO 104 - Rx Copays; S506OPT

- Your in-network individual Out-of-Pocket Maximum will change to $8,600 BC / $10,000 PPO from $8,400 BC / $9,200 PPO.
- Your in-network family Out-of-Pocket Maximum will change to $18,500 BC / $20,000 PPO from $18,400 BC / $18,400 PPO.

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 113; G533PPO

- Your in-network individual Deductible will change to $3,500 from $3,300.
- Your in-network family Deductible will change to $10,500 from $9,900.
- Your in-network individual Out-of-Pocket Maximum will change to $4,000 from $3,800.
- Your in-network family Out-of-Pocket Maximum will change to $12,000 from $11,400.

Blue PPO Gold 115; G535PPO

- Your in-network individual Deductible will change to $3,500 from $3,300.
- Your in-network family Deductible will change to $10,500 from $9,900.
- Your in-network individual Out-of-Pocket Maximum will change to $5,500 from $5,250.
- Your in-network family Out-of-Pocket Maximum will change to $16,500 from $14,000.

Blue PPO Silver 133; S534PPO

- Your in-network individual Deductible will change to $5,500 from $5,350.
- Your in-network family Deductible will change to $16,500 from $16,000.
- Your in-network individual Out-of-Pocket Maximum will change to $5,500 from $5,350.
- Your in-network family Out-of-Pocket Maximum will change to $16,500 from $16,000.
- Your out-of-network individual Deductible will change to $10,900 from $10,700.
- Your out-of-network family Deductible will change to $32,600 from $32,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to $10,900 from $10,700.
- Your out-of-network family Out-of-Pocket Maximum will change to $32,600 from $32,000.

Blue PPO Silver 200; S5J1PPO

- Your in-network individual Deductible will change to $6,600 from $6,350.
- Your in-network family Deductible will change to $13,200 from $12,700.
- Your in-network individual Out-of-Pocket Maximum will change to $6,600 from $6,350.
- Your in-network family Out-of-Pocket Maximum will change to $13,200 from $12,700.
- Your out-of-network individual Deductible will change to $13,200 from $12,700.
- Your out-of-network family Deductible will change to $26,400 from $25,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to $13,200 from $12,700.
- Your out-of-network family Out-of-Pocket Maximum will change to $26,400 from $25,400.

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Precision Silver HMO 106 - Rx Copays; S531PSN

- Your Specialist Office Visit copayment will change to $75 from $70.
- Your Urgent Care Office Visit copayment will change to $75 from $70.

Blue Precision Silver HMO 102 - Rx Copays; S530PSN

- Your in-network individual Out-of-Pocket Maximum will change to $9,500 from $9,200.
- Your in-network family Out-of-Pocket Maximum will change to $19,000 from $18,200.