BlueCross BlueShield of Illinois

Subject: Important Plan Changes Illinois Small Group 2027

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

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

HOW TO FIND PLAN

1. Locate 7-character Plan ID in renewal materials
2. Press CTRL + F
3. Enter the Plan ID or plan name

The following benefit changes will apply to all Small Group ACA plans in our product portfolio, not just ones listed on the following pages:

- Changes to the 2027 Health Insurance Drug List.
- Updates to the 2027 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Choice Preferred Bronze PPO 106; B535BCE

- In-network individual Deductible will change from $7,300 to $8,050.
- In-network family Deductible will change from $14,600 to $16,100.
- In-network individual Out-of-Pocket Maximum will change from $7,300 to $8,050.
- In-network family Out-of-Pocket Maximum will change from $14,600 to $16,100.
- Out-of-network individual Deductible will change from $14,600 to $16,100.
- Out-of-network family Deductible will change from $29,200 to $32,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $14,600 to $16,100.
- Out-of-network family Out-of-Pocket Maximum will change from $29,200 to $32,200.

Blue Choice Preferred Bronze PPO 401; B5N1BCE

- In-network individual Out-of-Pocket Maximum will change from $7,600 to $8,100.
- In-network family Out-of-Pocket Maximum will change from $15,200 to $16,200.

Blue Choice Preferred Gold PPO 123; G537BCE

- In-network individual Deductible will change from $3,200 to $3,250.
- In-network family Deductible will change from $9,600 to $9,750.
- In-network individual Out-of-Pocket Maximum will change from $3,200 to $3,250.
- In-network family Out-of-Pocket Maximum will change from $9,600 to $9,750.
- Out-of-network individual Deductible will change from $6,400 to $6,500.
- Out-of-network family Deductible will change from $19,200 to $19,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $6,400 to $6,500.
- Out-of-network family Out-of-Pocket Maximum will change from $19,200 to $19,500.

Blue Choice Preferred Bronze PPO 132; B536BCE

- In-network individual Out-of-Pocket Maximum will change from $7,400 to $8,150.
- In-network family Out-of-Pocket Maximum will change from $14,800 to $16,300.

Blue Choice Preferred Gold PPO 102 - Rx Copays; G531BCE

- In-network individual Out-of-Pocket Maximum will change from $5,250 to $5,500.
- In-network family Out-of-Pocket Maximum will change from $10,500 to $11,000.

Blue Choice Preferred Gold PPO 502 - Rx Copays; G5M2BCE

- In-network individual Out-of-Pocket Maximum will change from $7,500 to $7,750.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $15,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $15,000 to $15,500.
- Out-of-network family Out-of-Pocket Maximum will change from $30,000 to $31,000.
- In-network Inpatient copayment will change from $150 to $200.
- Out-of-network Inpatient copayment will change from $300 to $350.
- In-network Facility Surgery copayment will change from $100 to $150.
- Out-of-network Surgery copayment will change from $250 to $300.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Choice Preferred Platinum PPO 119 - Rx Copays; P5E2BCE

- In-networkindividual Out-of-Pocket Maximum will change from $1,750 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $5,250 to $7,500.
- Emergency Room Services copayment will change from $400 to $600.
- Emergency oom coinsurance will change from 80% to 100%.
- In-network Inpatient copayment will change from $200 to $250.
- Out-of-network Inpatient copayment will change from $300 to $350.
- In-network Inpatient coinsurance will change from 80% to 100%.
- Out-of-network Inpatient coinsurance will change from 50% to 100%.
- In-network Facility Surgery copayment will change from $150 to $200.
- Out-of-network Surgery copayment will change from $250 to $300.
- In-network Facility Surgery coinsurance will change from 80% to 100%.
- Out-of-network Facility Surgery coinsurance will change from 50% to 100%.

Blue Choice Preferred Silver PPO 104 - Rx Copays; S531BCE

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,900.
- Primary Care Provider office visit copayment will change from $50 to $60.
- Specialist Office Visit copayment will change from $75 to $85.
- Virtual Visit copayment will change from $50 to $60.
- Mental Health / Substance Usage copayment will change from $50 to $60.

Blue Choice Preferred Silver PPO 120 - Rx Copays; S532BCE

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,500.
- Primary Care Provider office visit copayment will change from $60 to $70.
- Specialist Office Visit copayment will change from $80 to $90.
- Virtual Visit copayment will change from $60 to $70.
- Mental Health / Substance Usage copayment will change from $60 to $70.

Blue Choice Preferred Platinum PPO 136 - Rx Copays; P5E1BCE

- In-network individual Out-of-Pocket Maximum will change from $1,750 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $5,250 to $7,500.
- Specialist Office Visit copayment will change from $50 to $60.
- Emergency Room Services copayment will change from $400 to $600.
- Emergency room coinsurance will change from 90% to 100%.
- In-network Inpatient copayment will change from $200 to $250.
- Out-of-network Inpatient copayment will change from $300 to $350.
- In-network Inpatient coinsurance will change from 90% to 100%.
- Out-of-network Inpatient coinsurance will change from 60% to 100%.
- In-network Facility Surgery copayment will change from $150 to $200.
- Out-of-network Surgery copayment will change from $250 to $300.
- In-network Facility Surgery coinsurance will change from 90% to 100%.
- In-network Facility Surgery coinsurance will change from 60% to 100%.

Blue Choice Preferred Silver PPO 105 - Rx Copays; S535BCE

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,900.
- Out-of-network individual Out-of-Pocket Maximum will change from $18,400 to $19,900.
- Out-of-network family Out-of-Pocket Maximum will change from $36,800 to $39,800.
- Primary Care Provider office visit copayment will change from $50 to $60.
- Specialist Office Visit copayment will change from $75 to $85.
- Virtual Visit copayment will change from $50 to $60.
- Mental Health / Substance Usage copayment will change from $50 to $60.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Choice Preferred Silver PPO 133; S534BCE

- In-network individual Deductible will change from $5,500 to $6,000.
- In-network family Deductible will change from $16,500 to $17,400.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,000.
- In-network family Out-of-Pocket Maximum will change from $16,500 to $17,400.
- Out-of-network individual Deductible will change from $10,900 to $12,000.
- Out-of-network family Deductible will change from $32,600 to $36,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $10,900 to $12,000.
- Out-of-network family Out-of-Pocket Maximum will change from $32,600 to $36,000.

Blue Choice Preferred Silver PPO 200; S5J1BCE

- In-network individual Deductible will change from $6,600 to $7,100.
- In-network family Deductible will change from $13,200 to $14,200.
- In-network individual Out-of-Pocket Maximum will change from $6,600 to $7,100.
- In-network family Out-of-Pocket Maximum will change from $13,200 to $14,200.
- Out-of-network individual Deductible will change from $13,200 to $14,200.
- Out-of-network family Deductible will change from $26,400 to $28,400.
- Out-of-network individual Out-of-Pocket Maximum will change from $13,200 to $14,200.
- Out-of-network family Out-of-Pocket Maximum will change from $26,400 to $28,400.

Blue Options Gold PPO 106 - Rx Copays; G508OPT

- In-network individual Deductible will change from $1,600 BC / $3,850 PPO to $1,700 BC / $3,900 PPO.
- In-network family Deductible will change from $4,800 BC / $11,550 PPO to $5,100 BC / $11,700 PPO.
- In-network individual Out-of-Pocket Maximum will change from $6,150 BC / $8,150 PPO to $6,400 BC / $8,400 PPO.
- In-network family Out-of-Pocket Maximum will change from $15,375 BC / $18,200 PPO to $16,000 BC / $19,000 PPO.
- Out-of-network individual Deductible will change from $7,700 to $7,800.
- Out-of-network family Deductible will change from $23,100 to $23,400.

Blue Options Gold PPO 102 - Rx Copays; G507OPT

- In-network individual Deductible will change from $2,100 BC / $3,600 PPO to $2,200 BC / $4,000 PPO.
- In-network family Deductible will change from $4,200 BC / $10,800 PPO to $4,400 BC / $12,000 PPO.
- In-network individual Out-of-Pocket Maximum will change from $4,600 BC / $7,600 PPO to $5,100 BC / $8,100 PPO.
- In-network family Out-of-Pocket Maximum will change from $9,550 BC / $18,400 PPO to $10,200 BC / $19,400 PPO.
- Out-of-network individual Deductible will change from $7,200 to $8,000.
- Out-of-network family Deductible will change from $21,600 to $24,000.
- Primary Care Provider office visit copayment will change from $40 BC / $65 PPO to $50 BC / $75 PPO.
- Specialist Office Visit copayment will change from $60 BC / $110 PPO to $70 BC / $110 PPO.
- Virtual Visit copayment will change from $40 to $50.
- Mental Health / Substance Usage copayment will change from $40 BC / $65 PPO to $50 BC / $75 PPO.
- In-network Inpatient copayment will change from $250 BC / $500 PPO to $350 BC / $600 PPO.
- Out-of-network Inpatient copayment will change from $600 to $700.
- In-network Facility Surgery copayment will change from $200 BC / $400 PPO to $300 BC / $500 PPO.
- Out-of-network Surgery copayment will change from $500 to $600.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Options Platinum PPO 403 - Rx Copays; P5N1OPT

- In-network individual Deductible will change from $350 BC / $850 PPO to $600 BC / $1,200 PPO.
- In-network family Deductible will change from $1,050 BC / $2,550 PPO to $1,800 BC / $3,600 PPO.
- In-network individual Out-of-Pocket Maximum will change from $2,500 BC / $7,000 PPO to $3,000 BC / $7,500 PPO.
- In-network family Out-of-Pocket Maximum will change from $7,500 BC / $18,400 PPO to $9,000 BC / $19,400 PPO.
- Out-of-network individual Deductible will change from $1,700 to $2,400.
- Out-of-network family Deductible will change from $7,650 to $10,800.
- Specialist Office Visit copayment will change from $40 BC / $70 PPO to $40 BC / $85 PPO.
- In-network Inpatient copayment will change from $150 BC / $450 PPO to $250 BC / $500 PPO.
- Out-of-network Inpatient copayment will change from $550 to $600.
- In-network Facility Surgery copayment will change from $100 BC / $300 PPO to $200 BC / $400 PPO.
- Out-of-network Surgery copayment will change from $400 to $500.

Blue Options Gold PPO 200; G5K1OPT

- In-network individual Deductible will change from $3,500 BC / $4,700 PPO to $3,800 BC / $5,200 PPO.
- In-network family Deductible will change from $10,500 BC / $14,100 PPO to $11,400 BC / $15,750 PPO.
- In-network individual Out-of-Pocket Maximum will change from $3,500 BC / $6,700 PPO to $3,800 BC / $7,200 PPO.
- In-network family Out-of-Pocket Maximum will change from $10,500 BC / $14,100 PPO to $11,400 BC / $15,750 PPO.
- Out-of-network individual Deductible will change from $9,900 to $10,400.
- Out-of-network family Deductible will change from $28,200 to $31,500.
- In-network Inpatient copayment will change from NA to $150 BC / $400 PPO.
- In-network Facility Surgery copayment will change from NA to $100 BC / $300 PPO.

Blue Options Silver PPO 104 - Rx Copays; S506OPT

- In-network individual Out-of-Pocket Maximum will change from $8,600 BC / $10,000 PPO to $9,500 BC / $11,500 PPO.
- In-network family Out-of-Pocket Maximum will change from $18,500 BC / $20,000 PPO to $19,000 BC / $23,000 PPO.
- Primary Care Provider office visit copayment will change from $55 BC / $75 PPO to $70 BC / $90 PPO.
- Specialist Office Visit copayment will change from $80 BC / $120 PPO to $90 BC / $120 PPO.
- Virtual Visit copayment will change from $55 to $70.
- Mental Health / Substance Usage copayment will change from $55 BC / $75 PPO to $70 BC / $90 PPO.
- In-network Inpatient copayment will change from $250 BC / $500 PPO to $350 BC / $600 PPO.
- Out-of-network Inpatient copayment will change from $600 to $700.
- In-network Facility Surgery copayment will change from $200 BC / $400 PPO to $300 BC / $500 PPO.
- Out-of-network Surgery copayment will change from $500 to $600.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Options Silver PPO 107; S507OPT

- In-network individual Deductible will change from $5,200 BC / $6,000 PPO to $5,900 BC / $7,500 PPO.
- In-network family Deductible will change from $15,600 BC / $16,900 PPO to $16,100 BC / $17,000 PPO.
- In-network individual Out-of-Pocket Maximum will change from $5,200 BC / $8,000 PPO to $5,900 BC / $8,500 PPO.
- In-network family Out-of-Pocket Maximum will change from $15,600 BC / $16,900 PPO to $16,100 BC / $17,000 PPO.
- Out-of-network individual Deductible will change from $16,500 to $17,000.
- Out-of-network family Deductible will change from $45,000 to $48,300.
- Plan coinsurance will change from 100% BC / 70% PPO to 100% BC / 80% PPO.
- Imaging Services coinsurance will change from 100% BC / 70% PPO to 100% BC / 80% PPO.
- In-network Inpatient copayment will change from NA to $150 BC / $400 PPO.
- In-network Facility Surgery copayment will change from NA to $100 BC / $300 PPO.
- In-network Facility Surgery coinsurance will change from 100% BC / 70% PPO to 100% BC / 80% PPO.
- Facility lab services coinsurance will change from 100% BC / 70% PPO to 100% BC / 80% PPO.
- Facility X-ray services coinsurance will change from 100% BC / 70% PPO to 100% BC / 80% PPO.

Blue Options Silver PPO 404; S5N1OPT

- In-network individual Deductible will change from $5,350 BC / $6,350 PPO to $6,000 BC / $7,000 PPO.
- In-network family Deductible will change from $13,350 BC / $15,200 PPO to $13,850 BC / $16,200 PPO.
- In-network individual Out-of-Pocket Maximum will change from $5,350 BC / $7,600 PPO to $6,000 BC / $8,000 PPO.
- In-network family Out-of-Pocket Maximum will change from $13,350 BC / $15,200 PPO to $13,850 BC / $16,200 PPO.
- Out-of-network individual Deductible will change from $19,050 to $21,000.
- Out-of-network family Deductible will change from $45,600 to $48,600.
- In-network Inpatient copayment will change from NA to $150 BC / $400 PPO.
- In-network Facility Surgery copayment will change from NA to $100 BC / $300 PPO.

Blue Precision Gold HMO 101 - Rx Copays; G532PSN

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $19,000.
- Primary Care Provider office visit copayment will change from $60 to $65.
- Specialist Office Visit copayment will change from $85 to $90.
- Urgent Care Office Visit copayment will change from $85 to $90.

Blue Precision Gold HMO 201 - Rx Copays; G5J2PSN

- In-network individual Out-of-Pocket Maximum will change from $5,000 to $5,550.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $16,650.
- Primary Care Provider office visit copayment will change from $50 to $55.
- Specialist Office Visit copayment will change from $70 to $80.
- Urgent Care Office Visit copayment will change from $70 to $80.
- Mental Health / Substance Usage copayment will change from $50 to $55.
- In-network Inpatient copayment will change from $300 to $400.
- In-network Facility Surgery copayment will change from $250 to $350.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Precision Platinum HMO 107 - Rx Copays; P506PSN

- In-network individual Out-of-Pocket Maximum will change from $1,750 to $2,600.
- In-network family Out-of-Pocket Maximum will change from $5,250 to $7,800.
- Primary Care Provider office visit copayment will change from $15 to $20.
- Specialist Office Visit copayment will change from $45 to $60.
- Urgent Care Office Visit copayment will change from $45 to $60.
- Mental Health / Substance Usage copayment will change from $15 to $20.
- In-network Inpatient copayment will change from $150 to $250.
- In-network Facility Surgery copayment will change from $100 to $200.
- In-network Facility Lab services copayment will change from $45 to $60.
- In-network Facility X-ray services copayment will change from $45 to $60.

Blue Precision Platinum HMO 200 - Rx Copays; P5J1PSN

- In-network individual Out-of-Pocket Maximum will change from $2,500 to $3,000.
- In-network family Out-of-Pocket Maximum will change from $7,500 to $9,000.

Blue Precision Silver HMO 106 - Rx Copays; S531PSN

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,700.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $19,400.
- Primary Care Provider office visit copayment will change from $35 to $45.
- Specialist Office Visit copayment will change from $75 to $85.
- Urgent Care Office Visit copayment will change from $75 to $85.
- Mental Health / Substance Usage copayment will change from $35 to $45.
- Emergency Room Services copayment will change from $500 to $600.
- In-network Facility Surgery copayment will change from $500 to $400.
- In-network Facility Surgery coinsurance will change from 70% to 100%.

Blue Precision Platinum HMO 110 - Rx Copays; P5E1PSN

- In-network individual Deductible will change from $1,100 to $1,400.
- In-network family Deductible will change from $3,300 to $4,200.
- In-network individual Out-of-Pocket Maximum will change from $3,100 to $4,000.
- In-network family Out-of-Pocket Maximum will change from $9,300 to $12,000.
- Specialist Office Visit copayment will change from $60 to $70.
- Urgent Care Office Visit copayment will change from $60 to $70.
- In-network Inpatient copayment will change from $200 to $400.
- In-network Facility Surgery copayment will change from $150 to $350.

Blue Precision Silver HMO 102 - Rx Copays; S530PSN

- In-network individual Out-of-Pocket Maximum will change from $9,500 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $19,000 to $20,000.
- Primary Care Provider office visit copayment will change from $60 to $65.
- Specialist Office Visit copayment will change from $85 to $95.
- Urgent Care Office Visit copayment will change from $85 to $95.
- Mental Health / Substance Usage copayment will change from $60 to $65.
- In-network Inpatient copayment will change from $300 to $400.
- In-network Facility Surgery copayment will change from $250 to $350.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue PPO Bronze 132; B536PPO

- In-network individual Out-of-Pocket Maximum will change from $7,400 to $8,150.
- In-network family Out-of-Pocket Maximum will change from $14,800 to $16,300.

Blue PPO Gold 102 - Rx Copays; G531PPO

- In-network individual Out-of-Pocket Maximum will change from $5,250 to $5,500.
- In-network family Out-of-Pocket Maximum will change from $10,500 to $11,000.

Blue PPO Gold 502 - Rx Copays; G5M2PPO

- In-network individual Out-of-Pocket Maximum will change from $7,500 to $7,750.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $15,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $15,000 to $15,500.
- Out-of-network family Out-of-Pocket Maximum will change from $30,000 to $31,000.
- In-network Inpatient copayment will change from $150 to $200.
- Out-of-network Inpatient copayment will change from $300 to $350.
- In-network Facility Surgery copayment will change from $100 to $150.
- Out-of-network Surgery copayment will change from $250 to $300.

Blue PPO Platinum 136 - Rx Copays; P5E1PPO

- In-network individual Out-of-Pocket Maximum will change from $1,750 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $5,250 to $7,500.
- Specialist Office Visit copayment will change from $50 to $60.
- Emergency Room Services copayment will change from $400 to $600.
- Emergency room coinsurance will change from 90% to 100%.
- In-network Inpatient copayment will change from $200 to $250.
- Out-of-network Inpatient copayment will change from $300 to $350.
- In-network Inpatient coinsurance will change from 90% to 100%.
- Out-of-network Inpatient coinsurance will change from 60% to 100%.
- In-network Facility Surgery copayment will change from $150 to $200.
- Out-of-network Surgery copayment will change from $250 to $300.
- In-network Facility Surgery coinsurance will change from 90% to 100%.
- Out-of-network Facility Surgery coinsurance will change from 60% to 100%.

Blue PPO Bronze 106; B535PPO

- In-network individual Deductible will change from $7,300 to $8,050.
- In-network family Deductible will change from $14,600 to $16,100.
- In-network individual Out-of-Pocket Maximum will change from $7,300 to $8,050.
- In-network family Out-of-Pocket Maximum will change from $14,600 to $16,100.
- Out-of-network individual Deductible will change from $14,600 to $16,100.
- Out-of-network family Deductible will change from $29,200 to $32,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $14,600 to $16,100.
- Out-of-network family Out-of-Pocket Maximum will change from $29,200 to $32,200.

Blue PPO Bronze 401; B5N1PPO

- In-network individual Out-of-Pocket Maximum will change from $7,600 to $8,100.
- In-network family Out-of-Pocket Maximum will change from $15,200 to $16,200.

Blue PPO Gold 123; G537PPO

- In-network individual Deductible will change from $3,200 to $3,250.
- In-network family Deductible will change from $9,600 to $9,750.
- In-network individual Out-of-Pocket Maximum will change from $3,200 to $3,250.
- In-network family Out-of-Pocket Maximum will change from $9,600 to $9,750.
- Out-of-network individual Deductible will change from $6,400 to $6,500.
- Out-of-network family Deductible will change from $19,200 to $19,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $6,400 to $6,500.
- Out-of-network family Out-of-Pocket Maximum will change from $19,200 to $19,500.

Blue Cross and Blue Shield of Illinois

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue PPO Platinum 119 - Rx Copays; P503PPO

- In-network individual Out-of-Pocket Maximum will change from $1,750 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $5,250 to $7,500.
- Emergency Room Services copayment will change from $400 to $600.
- Emergency room coinsurance will change from 80% to 100%.
- In-network Inpatient copayment will change from $200 to $250.
- Out-of-network Inpatient copayment will change from $300 to $350.
- In-network Inpatient coinsurance will change from 80% to 100%.
- Out-of-network Inpatient coinsurance will change from 50% to 100%.
- In-network Facility Surgery copayment will change from $150 to $200.
- Out-of-network Surgery copayment will change from $250 to $300.
- In-network Facility Surgery coinsurance will change from 80% to 100%.
- Out-of-network Facility Surgery coinsurance will change from 50% to 100%.

Blue PPO Silver 105 - Rx Copays; S535PPO

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,900.
- Out-of-network individual Out-of-Pocket Maximum will change from $18,400 to $19,900.
- Out-of-network family Out-of-Pocket Maximum will change from $36,800 to $39,800.
- Primary Care Provider office visit copayment will change from $50 to $60.
- Specialist Office Visit copayment will change from $75 to $85.
- Virtual Visit copayment will change from $50 to $60.
- Mental Health / Substance Usage copayment will change from $50 to $60.

Blue PPO Silver 133; S534PPO

- In-network individual Deductible will change from $5,500 to $6,000.
- In-network family Deductible will change from $16,500 to $17,400.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,000.
- In-network family Out-of-Pocket Maximum will change from $16,500 to $17,400.
- Out-of-network individual Deductible will change from $10,900 to $12,000.
- Out-of-network family Deductible will change from $32,600 to $36,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $10,900 to $12,000.
- Out-of-network family Out-of-Pocket Maximum will change from $32,600 to $36,000.

Blue PPO Silver 104 - Rx Copays; S531PPO

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,900.
- Primary Care Provider office visit copayment will change from $50 to $60.
- Specialist Office Visit copayment will change from $75 to $85.
- Virtual Visit copayment will change from $50 to $60.
- Mental Health / Substance Usage copayment will change from $50 to $60.

Blue PPO Silver 120 - Rx Copays; S532PPO

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,500.
- Primary Care Provider office visit copayment will change from $60 to $70.
- Specialist Office Visit copayment will change from $80 to $90.
- Virtual Visit copayment will change from $60 to $70.
- Mental Health / Substance Usage copayment will change from $60 to $70.

Blue PPO Silver 200; S5J1PPO

- In-network individual Deductible will change from $6,600 to $7,100.
- In-network family Deductible will change from $13,200 to $14,200.
- In-network individual Out-of-Pocket Maximum will change from $6,600 to $7,100.
- In-network family Out-of-Pocket Maximum will change from $13,200 to $14,200.
- Out-of-network individual Deductible will change from $13,200 to $14,200.
- Out-of-network family Deductible will change from $26,400 to $28,400.
- Out-of-network individual Out-of-Pocket Maximum will change from $13,200 to $14,200.
- Out-of-network family Out-of-Pocket Maximum will change from $26,400 to $28,400.