BlueCross BlueShield

Illinois • Montana • New Mexico • Oklahoma • Texas

A PARTNER LIKE NO OTHER

Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma, and Texas,

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

KEVIN M. CASSIDY

President, National Accounts

Blue Cross and Blue Shield of Illinois,
Montana, New Mexico, Oklahoma, and Texas

THERE ARE THINGS **WE KNOW** AND THINGS **WE BELIEVE** IN. AND TOGETHER THEY DRIVE EVERYTHING WE DO.

Your national clients need a health care partner that understands the demands of an always-changing workforce diversified by geography, culture and need.

This reflects the national scope of our largest customers, while capitalizing on the depth of our account management expertise and a proven track record of driving down total cost of care through impactful data-driven solutions.

We offer our customers health insurance benefits best suited for their organizations' unique needs, turning health care solutions into a competitive advantage that illuminates talent.

For over 90 years, we have coordinated the access to quality care for millions of members. Our experience and industry knowledge drive innovations that further expand access, improve health outcomes and reduce costs — all while leveraging the breadth and strength of the Blue Cross and Blue Shield national network.

We have a reputation and proven track record, consistently delivering for you and your clients. It helps to have the name people know. That's a good thing when you're balancing cost and care. filing a claim or dealing with a life-changing diagnosis. The name they've always known. **The name they trust**.

WE BELIEVE THAT A STRONGER HEALTH CARE SYSTEM STARTS WITH A STRONG BELIEF SYSTEM.

As divisions of a non-investor-owned company, Blue Cross and Blue Shield of IL, MT, NM, OK, and TX National Accounts takes a measured, long-term approach to providing value to our stakeholders, focusing on our members and their needs. We have an exceptional ability to invest directly in solutions that benefit our customers and members.

We believe that expanding access to health care means delivering safe, high-quality care to members at every stage of their lives; eliminating inefficient spending; and encouraging and rewarding actions that doctors take to improve outcomes. We also believe in rewarding members for the actions they take to improve their own health.

Our company is growing with purpose. We continue to enhance the quality of our offerings and our ability to deliver them cost-effectively through continued investment in our products and technology, providing value that makes us a **partner like no other** for employers and members alike.

The Power of Blue Cross and Blue Shield Plans

THE DIVERSE NETWORKS OF NATIONAL ACCOUNTS MEET THE ARRAY OF EMPLOYER CUSTOMER NEEDS. BUILDING ON LOCAL RELATIONSHIPS ADDRESSES CUSTOMERS' NEED FOR A NETWORK BIG ENOUGH TO OFFER HEALTH CARE ACCESS TO THEIR EMPLOYEES AND THE LEVERAGE TO DRIVE THE HIGHEST FINANCIAL VALUE FOR THEIR BOTTOM LINE.

This Network Portfolio features:

- Integrated, affordable health care
- Local approach, driving national access and equity
- Member-centric focus, supporting healthier lives
- Empowerment of providers to deliver quality care

Blue Cross and Blue Shield Plans:

Cover **1 IN 3 AMERICANS** across every ZIP code

Serve **116M+ MEMBERS**

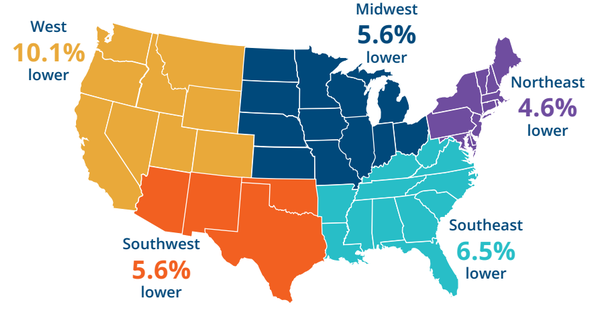
Partner with **2.2M+ DOCTORS AND HOSPITALS**

Feature one of the largest hospital and physician networks in the United States, with **97% OF ALL U.S. HOSPITALS AND 83% OF PHYSICIANS**

The Physician Efficiency, Appropriateness, & Quality℠* (PEAQ℠) program evaluates physician performance in a transparent and multidimensional way and helps guide members to in-network, high-quality and cost-efficient physicians who provide evidence-based, clinically appropriate care:

- Measured at the individual physician level, compared to their peers in their specialty and geographic market
- Measures adherence to established, accepted clinical guidelines
- Cost efficiency measured by looking at whole episodes of care, with a holistic view of the costs and resources used
- Appropriateness scoring based on inefficient, wasteful or inappropriate care
- Quality measurement holding providers accountable for doing the right things, and doing them well

A closer look at total cost of care advantage by U.S. region

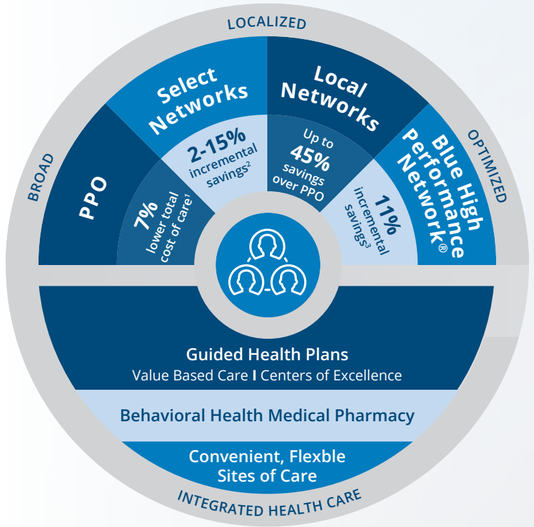


MARKET-LEADING TOTAL COST OF CARE, **7.5% LOWER** NATIONALLY THAN COMPETITORS

Source: 2025 Milliman, uses BCBS2022 claims experience relative to Merative Market Scan Benchmark Database on age, gender, risk and geography adjusted basis. Savings are on average. Results will vary based on employer locations and implementation.

WE KNOW THAT EVERY DOLLAR YOU INVEST IN HEALTH CARE MUST DELIVER MEASURABLE RESULTS.

WE BELIEVE IN DELIVERING THE BEST TOTAL COST OF CARE — CREATING REAL PROVEN VALUE AND BETTER OUTCOMES THROUGH SUPERIOR TOTAL COST OF CARE MANAGEMENT.



1. Leading Consulting Firm CY2019 Total Cost of Care Benchmark
2. Market Navigator Data, Feb. 2023
3. Consortium Health Plans analysis, Sept 2022

We exist to serve one purpose: **YOU**

Delivery Model Optionality

WE KNOW YOU FACE TOUGH DECISIONS BALANCING EMPLOYEE WELLBEING WITH BUSINESS PERFORMANCE.

WE BELIEVE IN PROVIDING TAILORED SOLUTIONS THAT DELIVER BOTH—TOOLS THAT EMPOWER YOUR EMPLOYEES AND SUPPORT THAT KEEPS THEM HEALTHY AND PRODUCTIVE.

Our delivery models meet the full spectrum of market demand, with a tailored solution for an employer's needs. Our "pathways to yes" strategy utilizes these innovative delivery models that enable customers to customize benefit plans, integrate targeted solutions and choose a financial model that best aligns with both employer and employee needs. These models are designed to cater to the unique requirements of each employer, emphasizing cost efficiency, user engagement and comprehensive health care management.

Each delivery model has a unique value proposition to meet the full spectrum of employer demands:

Full Service is our premier, established experience that offers a full array of solutions, featuring:

- Integrated member experience
- Robust product offerings and engagement tools
- Full spectrum of features that meet total population needs from healthy to high-cost claimants

Luminare Health® is a traditional TPA capable of flexible customizations, featuring:

- A total benefits solution and support for essential-only, complex or guided health plan designs
- Customization to meet industry-specific needs such as health systems and tribal groups
- Ability to bundle ancillary and integrate with many third-party vendors

Collective Health® is a member experience-focused TPA with integrated advocacy and care management, and connected broad ecosystem, featuring:

- A simplified, personal experience enabling members to better understand, access and pay for health care
- Choice and flexibility to bring together carved-out programs
- Easier, connected benefits administration

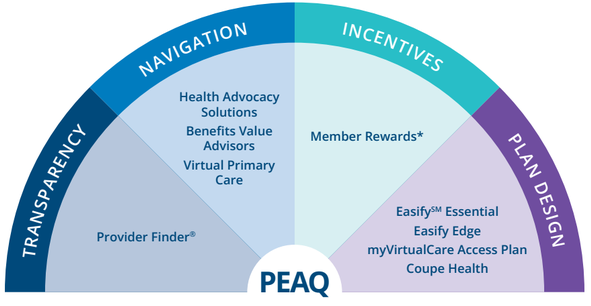
Guided Health Plans: A New Way of Experiencing Health Care

GUIDED HEALTH PLAN PRODUCTS REPRESENT THE NEXT EVOLUTION IN HEALTH BENEFIT DESIGN, RESULTING IN MORE PERSONALIZED CARE BY EMPOWERING MEMBERS TO MAKE WELL-INFORMED, CONFIDENT DECISIONS THAT LEAD TO HIGHER QUALITY, MORE COST-EFFECTIVE CARE.

Our guided solutions integrate data, clinical insights and navigation tools, unlocking long-term value for employers while delivering a more intuitive and supportive experience for members, built on:

- Simplicity in understanding: Clear, intuitive plan designs reduce confusion and improve engagement at the point of care.
- Confidence in value-based care: Structured guidance to high-quality, cost-effective providers supports better outcomes and affordability.
- Trust in decision-making: Personalized recommendations are evidence-based and support informed member choice.

For consultants and brokers, our guided health plan products offer a scalable framework to support client objectives—aligning benefit strategy with measurable improvements in experience, outcomes and total cost of care.



* Planned future enhancements

Full Service Delivery Model - Guided Health Plan Options

Essential, powered by Easify: A product offering that elevates high-value providers and aligns the richest benefit differentials to top-performing physicians, guiding members to the best care at a lower total cost and featuring:

- National data set powered by proprietary PEAQ methodology
- Benefit differentials based on PEAQ data
- National cost data transparency on 100% of shoppable services to engage in consumerism
- Top Performing Physicians identified in Provider Finder® for member engagement
- HSA/HDHP plan eligibility
- Compatible with other Product offerings to support meaningful navigation and access to care

Edge, powered by Easify: A differentiated product design that delivers and redirects price confidence and redirects members to high-value care without limiting or narrowing the network, in a single copay plan, featuring:

- Simplified, copay-only plan design with price confidence based on PEAQ data
- Full-service platform support for administrative continuity and full buy-up compatibility
- Innovative digital experience
- Embedded financing at 0% interest (optional)
- Early engagement to support product awareness and engagement in highest value care

Guided Health Plan Product Strategy

Two Products. One Core Capability. Purpose-Built for Unique Client Needs

Easify Essential

- Benefit differentials on high value providers
- HDHP pairing
- Traditional cost share benefits
- Full-service platform
- Product pairing
- Provider Finder display

CORE CAPABILITY DATA-DRIVEN INSIGHTS

Easify Edge

- Simplified copay
- High value provider display
- Early member engagement
- Embedded financing
- Integrated Member Rewards
- Customer service
- Full-service platform
- Product pairing

Easify is a proprietary health plan design by Health Care Service Corporation, a Mutual Legal Reserve Company.

Coupe Health

Coupe Health, available on the Luminare Health platform, uses transparency to simplify employee benefits, offering:

- Price confidence
- Seamless user experience
- Health valet service

myVirtualCare Access Plan

myVirtualCare Access Plan is a fully integrated virtual-first health plan available exclusively through Luminare Health. Members have a dedicated Teladoc primary care provider as their main point of care. myVCAP is a simple, high-touch alternative to traditional plans, delivering:

- Lower costs for both employers and members (estimated 5-10% savings over traditional plans)
- Faster access to care
- Strong chronic condition management
- Fewer unnecessary ER visits
- Simplified, whole-person care coordination

When members choose top-performing physicians, they are choosing the highest quality care for themselves and their families. This also means fewer unnecessary tests and treatments, reduced spending and overall better cost of care management.

Medical Cost Management

Medical Value Improvement
Proactive Identification and Management of Rising Cost

Utilization Management: Evaluation of medical necessity, appropriateness and efficiency of health care services, procedures and facilities

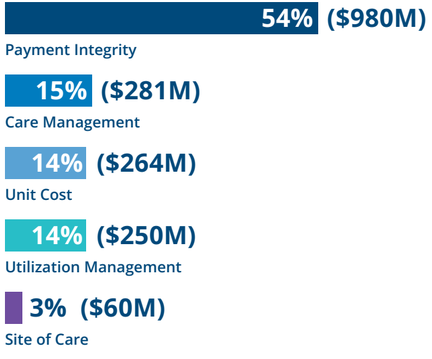
Site of Care: Redirection, steerage or migration to the most clinically appropriate alternative, location, setting or network

Payment Integrity: Ensuring claims submitted by the provider are accurate

Care Management: Activities intended to improve patient care by enhancing coordination of care and effectively manage health conditions

Unit Cost: Reducing the contracted rate for a service (inpatient, outpatient and physician)

2022-2026 Projected health care management Medical Cost Reduction Savings



Approx. 1% reduction in trend in 2024 and 2025

Our portfolio of clinical management and advocacy products provides comprehensive options for employers' needs in clinical management, advocacy, navigation, behavioral health and utilization management.

Enable offers a comprehensive and cost-effective package, supports the highest-risk, highest-cost members, while enabling everyone to take control of their wellbeing.

Empower+ offers a value-driven package offering higher doses of interventions that drive faster cost savings, programs that motivate members to adopt healthy behaviors and an ROI guarantee.

Health Advocacy Solutions is our highest-touch holistic, concierge and care management solution, utilizing human-led advocacy and proven outcomes to drive greater cost savings, unrivaled health care expertise and an unmatched member experience.

	Savings	Customer Satisfaction	Net Promoter Score
	Reduced unnecessary admissions, readmissions and ER visits, redirecting treatment toward evidence-based outcomes care	Increased employee productivity and retention through robust benefits that support members in returning to work faster	Improved employee experience with simplified access to care
Enable	~$15-$30 PEPM*	91.5%	68
Empower+	~$20-$40 PEPM	91.8%	69
HAS	~$48 PEPM	94.0%	76

*2025 Book of Business metrics

Reimagining Behavioral Health Access

WHETHER MEMBERS ARE THRIVING, SURVIVING, STRUGGLING OR IN CRISIS, APPROXIMATELY 76% OF WORKERS IN THE UNITED STATES REPORTED AT LEAST ONE SYMPTOM OF A MENTAL HEALTH CONDITION IN THE PAST YEAR, AND 81% REPORT THAT MENTAL HEALTH BENEFITS ARE AN IMPORTANT FACTOR IN CHOOSING AN EMPLOYER.

Employers who invest in mental health programs and benefits realize a $4 return in health outcomes and ability to work for every $1 invested in depression and anxiety treatment[1], and $2-$10 saved for every $1 invested in prevention and early intervention programs.[2]

Through cost savings and improved member experience, employers realize $3.76 PEPM average savings with our behavioral health product.[3]

We offer a digital-first, integrated behavioral health ecosystem that gets members to the right care sooner, improving outcomes while reducing the total cost of care.

Faster, Smarter Access

Early intervention and integrated benefits can increase savings and reduce utilization while improving health outcomes and care management engagement.

End-to-end support for mental health conditions include substance use disorders, pediatric mental illness, eating disorders and OCD. This includes digital cognitive behavioral therapy (Learn to Live), inpatient and outpatient management and predictive outreach to identify at-risk members early. Early interventions can lead to 15% decrease in inpatient admissions, 17% decrease in outpatient admissions and 50% fewer readmissions.

Regarding employers who provide our digital mental health product, 76% of members reported a more positive attitude toward their employer and 92% felt they made progress toward their personal goal. Members who worked with a Learn to Live coach reported up to 19% greater improvement over members who did not work with a coach.

Expanded Behavioral Health (available as buy-up)

Expanded support includes access to condition-specific specialists for complex needs, from prevention through intervention, and includes added employer resources such as Mental Health First Aid training and crisis support.

Integrated Employee Assistance Program (available as buy-up)

Our program offers confidential work, life and counseling support at no cost to employees and families, serving as an entry point to care with seamless escalation to longer-term treatment when needed. Integrated benefits can lead to an 11% decrease in inpatient utilization rates, 5% lower costs on average and 13% lower costs for members with depression.[4]

1. World Health Organization, 2016
2. National Academies of Sciences, Engineering and Medicine, 2018
3. Reflects average across all lines of business
4. Compared to employers without integrated medical, pharmacy and behavioral benefits carved-in

Driving Better Health with Technology

Connect to Care

A new solution, Connect to Care, reaches members where they are through a digital care management platform to increase engagement with care and drive meaningful outcomes for all risk levels. Connect to Care is designed to solve employers' challenges of lower engagement, higher medical spend and lost productivity:

- Healthier, more productive employees: Early identification and increased engagement help prevent issues from escalating, leading to better health outcomes and fewer productivity losses.
- Reaching the unreachable: The digital platform connects with disengaged members and those at lower risk who traditionally fall outside of outreach efforts, ensuring broader support across the organization.
- Reducing health care costs: By scaling engagement and addressing needs proactively, employers benefit from lower avoidable health care expenses and improved overall workforce health.

Unity℠ Health Hub, Powered by Solera Health

Unity Health Hub brings together technology, vendor management and clinical workflows into one operational platform, eliminating the need to manage multiple tools, portals and integrations.

Unity Health Hub delivers value through lower administrative fees via a carved-in billing model; improved medical outcomes and member engagement; a consolidated contract model; and reduced administrative burden.

- Digital Health Network: Pre-vetted programs organized by high-cost conditions, configurable to employer needs, with pay-for-performance arrangements
- Personalized Member Hub: Proprietary matching that guides members to the right solution at the right moment, reducing unnecessary utilization
- Employer Hub and Reporting: Timely analytics showing which programs perform—and which don't
- Integrated into Health Plan: Connected claims, care management, customer service and member portal/app

GO Wellbeing℠, Powered by Sharecare

GO Wellbeing offers a plug-and-play wellness experience for diverse employee populations. Foundational features deliver a modern and refreshed experience, including:

- RealAge test, an NCQA-certified health assessment that evaluates the true age of the member's body
- Health trackers with device or app integrations
- Rewards for engaging with holistic health content focusing on physical, social, mental and financial wellbeing
- Community Wellbeing Index measuring health across people and places
- Aggregated reporting for identifying employer population health risks and participation data

GO Wellbeing - Core

This model includes model includes a mobile app for on-the-go access; preventive care guides, engaging wellbeing challenges; and personalized member journeys.

GO Wellbeing - Configuration

This model includes model includes custom employer branding; preventive care guidance; company-level challenges; health assessment customization; lifestyle management coaching; and much more, including buy-up options for worksite wellness coordinators and consulting services (subject to minimum group size).

Unity and all associated digital and in-person health programs and services are powered by Solera Health, Inc. Solera Health is contracted by Blue Cross and Blue Shield of IL, MT, NM, OK, and TX to deliver a select collection of lifestyle programs, tools and apps.

GO Wellbeing and all associated digital programs are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of IL, MT, NM, OK, and TX to deliver a select collection of lifestyle programs, tools and apps.

Innovation by Intent

We understand the evolving priorities of employer groups and the evolving expectations of members, focusing on affordability, operational reliability and measurable outcomes. Our approach centers on objective, strategically grounded guidance, and we continue to invest in innovation with intent, discipline and accountability.

Recognizing the clinical, financial and operational stakes involved for employers, we invest where innovation can meaningfully improve performance, reduce friction and support long-term value.

Our deployment of artificial intelligence is responsible and human-centered. We use AI to augment decision-making, enhance consistency and improve speed—not to replace clinical or operational judgment—with governance and oversight critical to how these capabilities are implemented.

Member Interaction

Real-time intelligence enhances advocate effectiveness during live member interactions, improving efficiency and experience at critical moments:

Precision call routing: Calls are dynamically routed based on member needs, advocate expertise and urgency—improving first-contact resolution and appropriate escalation.

Whisper™ technology: In-call support analyzes speech patterns and language complexity to help advocates anticipate member needs, while filtering background noise to support clearer communication and more effective engagement.

Clinical Operations: Automation and advanced analytics are applied to reduce unnecessary administrative burden, accelerate access to care and allow clinicians to focus on the most complex cases.

AI-enabled prior authorization: Automated workflows operate 10 to 1,400 times faster than traditional processes, reducing turnaround time from 14.0 days to 1.8 days.

Document intelligence solutions: Intelligence tools enable 40-80% faster medical record review for nurses and coders, improving consistency while reducing review time.

Advanced Analytics

Our analytics inform strategy, not just reporting. Our dedicated professionals have backgrounds in data science, actuarial science, epidemiology, biostatistics, engineering and consulting:

Health Economics Team: HET applies advanced analytics across cost, quality, utilization and benefit design.

Multidisciplinary expertise: HET supports whole-person health strategies aligned to employer objectives.

Payment Integrity

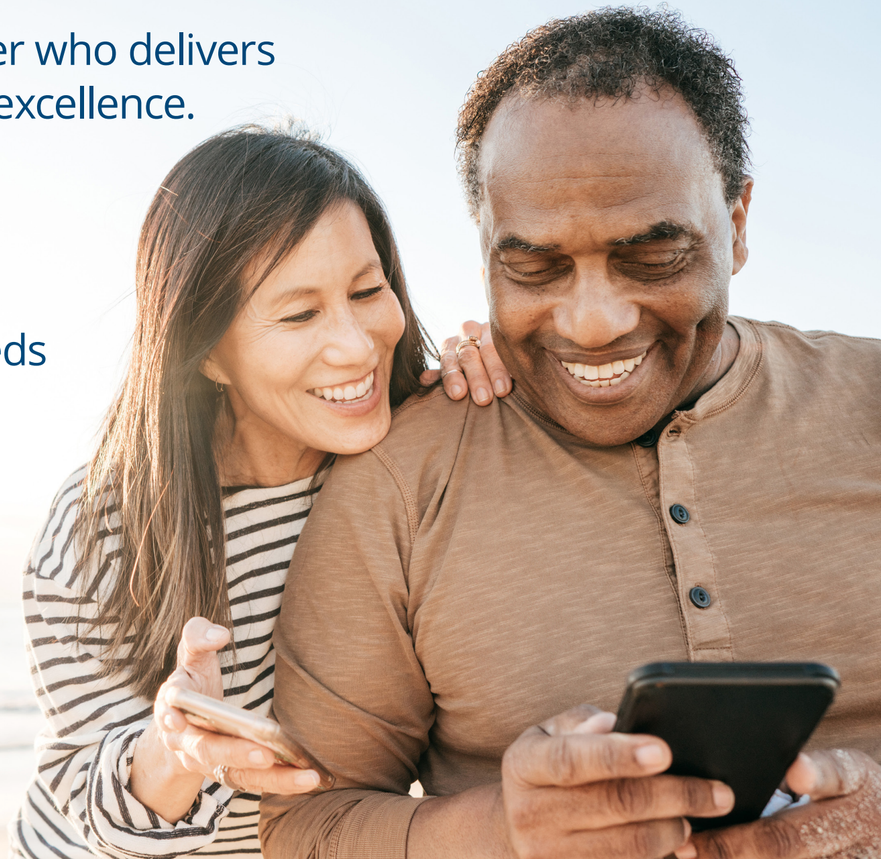
Our commitment to payment integrity ensures that we pay the correct amount to the correct provider, for the correct service within the correct benefit plan. We have expanded our use of AI tools such as machine learning models; predictive analytics; rules enhanced by learning models; and natural language processing.

AI-driven payment integrity:

- Keeps premiums more affordable
- Reduces unnecessary audits and provider friction
- Improves claims turnaround and accuracy
- Ensures benefits are administered consistently

WE KNOW
you need a partner who delivers affordability with excellence.

WE BELIEVE
in innovation that adapts to your organization's needs today and into the future.



Maximizing Pharmacy Value

OUR SUCCESS IS MEASURED BY THE **VALUE WE HELP YOU DELIVER TO YOUR CLIENTS**. BY PRIORITIZING INTEGRATED BENEFITS, INNOVATIVE PROGRAMS AND PARTNERSHIPS, AND AUTHENTIC MEMBER ENGAGEMENT. WE STAND APART FROM COMPETITORS FOCUSED SOLELY ON SHAREHOLDER RETURNS WITH OUR:

- **Commitment to customers and members, not shareholders**
- **Focus on flexibility and innovation**
- **Motivation to improve quality of care and lower costs**

We are a leader in transforming how pharmacy benefits are delivered through a unique, competitive and integrated solution. We know that it's more important than ever to better manage pharmacy costs without compromising health outcomes or support for employees.

Better Outcomes: Real-Time Data & Outreach

Integrating Medical and Pharmacy Data: Approaching members holistically across pharmacy, medical and behavioral care results in 15% lower ER utilization.[1]

Reaching Members When It Matters: Members with integrated pharmacy benefits have 29% greater engagement in care management programs. Our KeepWell™ GLP-1 lifestyle solution can help improve health while safeguarding the sustainability of your benefits program..

Leveraging Real-Time Data: Engaging members with outreach and targeted programs closes clinical gaps. Members with diabetes who had connected medical and pharmacy benefits were up to 126% more engaged with health care management services.

Lower Costs: Effective Programs and Partnerships

- Members can access copay assistance programs across multiple dispensing channels, including retail pharmacies. Savings opportunities on targeted drugs deliver up to $9 per member per month in gross savings.
- Our pharmacist outreach program integrates claims data to identify drug therapy optimization opportunities. In six months, this outreach resulted in significant savings across our commercial book ($25M).[2]
- With our CivicaScript partnership, we bring affordable versions of high-priced generic medicines to the market, resulting in significant savings. Currently, five such generic medications are available to members at a $0 copay.
- Our Pharmacy Match offering is a technology-enabled solution that uses market forces to create competition between a curated network of pharmacies to help drive down costs.

1. Leading Consulting Firm CY2019 Total Cost of Care Benchmark
2. Market Navigator Data, February 2023

Portfolio of Solutions

Group Retiree Solutions

Operating nationally but with deep connections to local providers, Group Retiree Solutions provides Medicare Advantage, Medicare Advantage Prescription Drug and Prescription Drug plans to meet the needs of retirees.*

Our deep knowledge of the private, public and union sectors, along with Medicare, allows our teams to develop strong partnerships with employer groups and retirees and provide best-in-class solutions to address their unique health challenges.

Our advantages include:

- A dedicated Sales team that develops a deep understanding of employers' financial and health program goals to recommend relevant solutions
- A portfolio of product solutions to address a retiree's health journey and support their whole-health outcomes
- Nationwide coverage providing retirees with access to care throughout the country
- A Medicare-dedicated clinical team with extensive knowledge about retiree populations, their unique medical needs and solutions to address their entire wellbeing
- A Medicare-dedicated account team that is a partner to employer groups and assists retirees who are transitioning coverage

Stop Loss Insurance

We are the seventh-largest Stop Loss carrier as ranked by premium. Our Stop Loss policies offer many advantages, including:

- Plan mirroring: Claims processed in accordance with medical plan
- No maximum benefit or actively-at-work clause
- Nationally competitive Stop Loss provisions and pricing
- Product flexibility aligned with employers' needs and the marketplace
- Integrated billing, reporting and timely claim reviews
- Additional Gene Therapy Protection

BlueCare Dental℠

With the largest dental network in the United States and deep national PPO network discounts, BlueCare Dental helps provide access to quality, affordable oral care. We focus on integration with medical, enhancing dental benefits and clinical engagement programs to make a difference in employees' overall health.

BlueCare Dental features:

- Medical and dental integration that provides insight into how preventive dental services for at-risk members can save them thousands of dollars in medical costs each year.
- Dental wellness to promote engagement and behavioral changes through informative outreach on diabetes, sealants, periodontal disease, pregnancy and cardiovascular disease.
- Enhanced dental benefits to help members receiving medical care for diabetes, cardiovascular disease or pregnancy with the goal of reducing serious complications. In addition to regular dental benefits, these members receive an additional one of the following: routine cleaning, periodontal maintenance cleaning or periodontal scaling and root planing.

BlueCare Vision℠

We partner best-in-service vision insurance with access to one of the nation's largest vision networks. Our Vision benefit package offers comprehensive eye exams and coverage at market value and cost savings for frames, lenses and contacts to support vision correction.

- Members conveniently receive vision care through a network with the right mix of independent, retail and online providers.
- Our Vision wellness program allows us to reach out to members who have our medical coverage and have been diagnosed with diabetes or cardiovascular conditions.
- Integration with self-service tools like Blue Access for Members℠ and our mobile app helps members manage their vision care, find a provider and see their explanation of benefits.

Supplemental Health Insurance

Our Supplemental Health portfolio includes accident, critical illness and hospital indemnity insurance, which provide cash payments to offset out-of-pocket costs after a medical event.

- Accident insurance reimburses a set benefit amount to members after treatment of an accidental injury.
- Critical illness insurance pays a lump sum cash benefit when members are diagnosed with a qualifying illness (e.g., cancer, heart attack, stroke).
- Hospital indemnity insurance pays a lump sum cash benefit to members when they are admitted to the hospital for more than one day.
- Supplemental health products are integrated with our medical coverage, allowing us to identify members after a qualifying medical event. This allows us to notify members by email, text and postcard that they could be eligible for a supplemental health benefit. With the member's digital authorization for our teams to share data, the claim is processed without additional claim forms.

*As Medicare Advantage plan is also known as Part C—a combination of Original Medicare—which combines Part A (hospital) and Part B (non-hospital services).
To be eligible for Group Retiree Solutions, an employee must be eligible for Medicare and satisfy additional eligibility requirements: retired and eligible for Part A and Part B.

Key Statistics

Meaningful Scale and Broad Industry Impact

27.4M
Members[1]

Includes 3.7M BlueCard members, 0.7M Luminare Health out of market members, and 1.1M ESI PDP members

$149.5B
Medical claims spend managed[1]

$86.5B
Revenue[1]

50
States where we have Blue and / or non-Blue offerings

Market Leadership in All End Markets

	Membership[1]	Revenue[1]	Ranking in Blue states[2]
Group[3]	15.5M	$40.5B	#1
IFM[4]	1.6M	$12.8B	#1
Medicare	4.6M	$21.6B	#4 (MA)[5]
Medicaid	1.0M	$11.7B	#2

Constellation of Capabilities*

Health plan offerings

BlueCross BlueShield — Illinois • Montana • New Mexico • Oklahoma • Texas

HealthSpring

Wholly owned subsidiaries

CareAllies · Dearborn Group™ · luminare health · Medecision

Strategic investments

Availity · Headway · Prime Therapeutics · Solera

Commitment to Our Communities

Over 183,000
Volunteer hours

3,100
Organizations served

1. Based on November 2025 financial forecast
2. Based on Mark Farrah Associates market data; Group, IFM, Medicaid as of Q3 2025, Medicare Advantage data as of 12/1/25
3. Includes 0.7M Luminare Health out-of-market members
4. Individual and Family Markets
5. Medicare Advantage

*Capabilities listed are those of HCSC, not Blue Cross and Blue Shield of IL, MT, NM OK and TX.

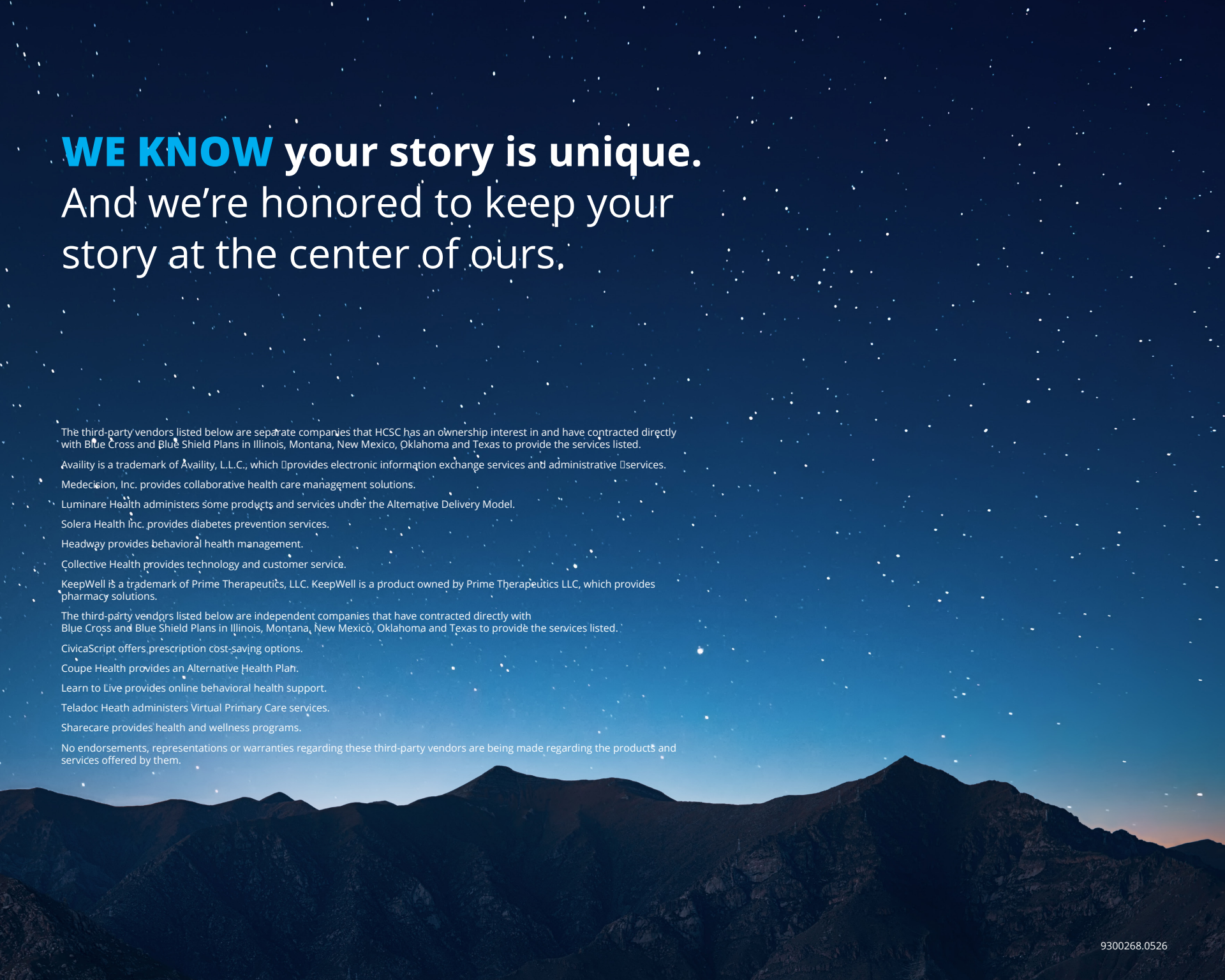
A PARTNER LIKE NO OTHER

OUR MEMBER-FIRST APPROACH TO EXPANDING ACCESS TO QUALITY HEALTH CARE IS
COMPLEMENTED BY OUR DEDICATION TO COST-EFFECTIVENESS, FLEXIBILITY AND INNOVATION.

Today's workforce demands benefits that matter. Employees need a partner that proves value and earns trust. With Blue Cross and Blue Shield Plans you get both: the brand people trust most and the partner that delivers results.

In 2026 and beyond, we will continue to drive positive change by operating as one company, with one mission, focusing on a commitment to medical value and administrative excellence. We continue to strengthen our capabilities to exceed the needs of our customers and members.

WE LOOK FORWARD TO MEETING THE MOMENT WITH YOU.



The third-party vendors listed below are separate companies that HCSC has an ownership interest in and have contracted directly with Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas to provide the services listed.

Availity is a trademark of Availity, L.L.C., which provides electronic information exchange services and administrative services.

Medecision, Inc. provides collaborative health care management solutions.

Luminare Health administers some products and services under the Alternative Delivery Model.

Solera Health Inc. provides diabetes prevention services.

Headway provides behavioral health management.

Collective Health provides technology and customer service.

KeepWell is a trademark of Prime Therapeutics, LLC. KeepWell is a product owned by Prime Therapeutics LLC, which provides pharmacy solutions.

The third-party vendors listed below are independent companies that have contracted directly with Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas to provide the services listed.

CivicaScript offers prescription cost-saving options.

Coupe Health provides an Alternative Health Plan.

Learn to Live provides online behavioral health support.

Teladoc Heath administers Virtual Primary Care services.

Sharecare provides health and wellness programs.

No endorsements, representations or warranties regarding these third-party vendors are being made regarding the products and services offered by them.

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