



Blue Balance FundedSM

The Level-Funded Solution

Jan. 1 through Dec. 31, 2025

Blue Cross and Blue Shield of Illinois offers Blue Balance Funded, an administrative and stop loss coverage suite of services that includes consistent monthly payments for employers.

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

Blue Balance Funded features:

Predictable Monthly Payments¹

Blue Balance Funded's monthly invoice includes the employer cost for claims funding, administrative fees and stop loss premiums. For added convenience, BCBSIL manages all three with an online billing system available through Blue Access for EmployersSM.

Stop Loss Coverage

Stop loss insurance provides protection for covered claims costs resulting from individual and aggregate claims exceeding the predetermined stop loss levels.

Possible Credit

After the annual settlement, if the actual claims cost is less than the claims funding, groups will be eligible for a credit toward future monthly payments.

Blue Balance Funded provides a wide array of services and resources including:

- Expansion to include groups with up to 150 employees
- Claims adjudication
- Customer service for members
- Access to a network of contracting health care providers
- Pharmacy benefit management
- Virtual Visits by MDLIVE[®]
- Wondr[™] online, digital weight management program that teaches members science-based skills that help them lose weight, sleep better, manage stress and more
- The BlueCard[®] program, which provides access to a nationwide network of providers
- Wellbeing Management integrated medical and behavioral health management programs
- Well onTarget[®] wellness tools and resources (including health assessments, self-directed courses and a rewards program that reinforces positive lifestyle changes) to help promote good health
- Blue InsightSM reporting, an online analysis and reporting system which allows employers to identify claims costs and utilization trends using a wide variety of standard reports and profiles, providing opportunities to manage your benefits
- Employee Assistance Program, through which members have access to clinical therapy sessions; family, legal and financial counseling; and online guidance resources



The decision to self-insure is an important one and involves certain responsibilities on the employer's part.

To learn if Blue Balance Funded might be right for your groups, talk with your BCBSIL sales executive or account manager. Groups should also consult with their legal and tax advisers.

1. The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, and obtaining and paying for their own accounting and legal services.

Blue Balance Funded--Effective Jan. 1, 2025. Plans are subject to change. Available to ACA-defined small employer groups.*															
BluePrint PPO															
Plan ID	Plan Name	HSA Y/N	Coins Plan	Indiv Ded	Fam Ded	Indiv OPX	Fam OPX	Primary Care Office Visits Copay	Specialist Visit Copay	ER Facility			Urgent Visit Copay		Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share			
AIBPP201	BluePrint PPO A201	No	80%	\$500	\$1,500	\$2,500	\$7,500	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250	
AIBPP202	BluePrint PPO A202	No	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250	
AIBPP303	BluePrint PPO A303	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250	
AIBPP204	BluePrint PPO A204	No	80%	\$3,500	\$10,500	\$5,500	\$12,000	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250	
AIBPP205	BluePrint PPO A205	No	80%	\$5,000	\$12,000	\$5,600	\$12,000	\$40	\$60	\$250	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250	
Blue Choice Options															
AIBCO201	Blue Choice Options A201	No	90% / 70%	\$500 / \$1,500	\$1,500 / \$4,500	\$4,000 / \$5,600	\$10, 200 / \$10,200	\$20 / \$50	\$40 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250	
AIBCO202	Blue Choice Options A202	No	90% / 70%	\$1,500 / \$3,500	\$4,500 / \$10,200	\$3,000 / \$5,500	\$9,000 / \$10,200	\$30 / \$50	\$50 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250	
AICOE591	Blue Choice Options AE591	Yes - Embedded ²	100% / 80%	\$3,300 / \$4,600	\$9,400 / \$13,800	\$3,300 / \$6,550	\$9,400 / \$14,000	DC	DC	NA	NA	DC (Tier 1)	DC	100%	
AICOE492	Blue Choice Options AE492	Yes - Embedded ²	100% / 80%	\$4,000 / \$5,700	\$12,000 / \$14,800	\$4,000 / \$7,500	\$12,000 / \$15,000	DC	DC	NA	NA	DC (Tier 1)	DC	100%	
AICOE493	Blue Choice Options AE493	Yes - Embedded ²	80% / 60%	\$5,000 / \$6,000	\$10,000 / \$12,000	\$6,000 / \$7,000	\$12,000 / \$14,000	DC	DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%	
Blue Choice Select PPO															
AIBCS401	Blue Choice Select PPO A401	No	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250	
AIBCS202	Blue Choice Select PPO A202	No	80%	\$1,500	\$4,500	\$3,500	\$10,500	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250	
AIBCS402	Blue Choice Select PPO A402	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250	
BlueEdge HSA															
AIEEA291	BlueEdge HSA AA291	Yes - Aggregate ¹	100%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	100%	
AIEEE591	BlueEdge HSA AE591	Yes - Embedded ²	100%	\$3,300	\$6,600	\$3,300	\$6,600	DC	DC	NA	NA	DC	DC	100%	
AIEEE592	BlueEdge HSA AE592	Yes - Embedded ²	80%	\$3,300	\$6,600	\$6,600	\$13,200	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%	
AIEEE493	BlueEdge HSA AE493	Yes - Embedded ²	100%	\$6,000	\$12,000	\$6,000	\$12,000	DC	DC	NA	NA	DC	DC	100%	
BlueEdge Select HSA															
AIESA491	BlueEdge Select HSA AA491	Yes - Aggregate ¹	80%	\$2500	\$5000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%	

*Requires a minimum of ten enrolled.

Notes:

Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.

1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.

2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.

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.

These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balance Funded--Effective Jan. 1, 2025 Plans are subject to change. All are available to mid-market employer groups.*														
BluePrint PPO SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care Office Visits Copay	Specialist Visit Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIBPP501M	BluePrint PPO A501	No	90%	\$0	\$0	\$1,000	\$3,000	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP201	BluePrint PPO A201	No	80%	\$500	\$1,500	\$2,500	\$7,500	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP502M	BluePrint PPO A502	No	80%	\$250	\$750	\$1,250	\$3,750	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBPP503M	BluePrint PPO A503	No	90%	\$500	\$1,500	\$1,500	\$4,500	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP504M	BluePrint PPO A504	No	80%	\$500	\$1,500	\$6,000	\$17,100	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP505M	BluePrint PPO A505	No	90%	\$1,000	\$3,000	\$2,000	\$6,000	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP506M	BluePrint PPO A506	No	80%	\$1,000	\$3,000	\$4,000	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP202	BluePrint PPO A202	No	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP516M	BluePrint PPO A516	No	80%	\$1,500	\$4,500	\$3,500	\$10,500	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP507M	BluePrint PPO A507	No	80%	\$1,500	\$4,500	\$4,500	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBPP508M	BluePrint PPO A508	No	80%	\$2,000	\$6,000	\$4,000	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBPP509M	BluePrint PPO A509	No	80%	\$2,000	\$6,000	\$6,000	\$17,100	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBPP303	BluePrint PPO A303	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP510M	BluePrint PPO A510	No	90%	\$2,500	\$7,500	\$3,500	\$10,500	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP511M	BluePrint PPO A511	No	80%	\$2,500	\$7,500	\$5,500	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP512M	BluePrint PPO A512	No	80%	\$3,000	\$9,000	\$6,000	\$17,100	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP204	BluePrint PPO A204	No	80%	\$3,500	\$10,500	\$5,500	\$12,000	\$20	\$40	\$150	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP513M	BluePrint PPO A513	No	80%	\$4,000	\$12,000	\$5,500	\$12,000	\$30	\$50	\$150	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBPP205	BluePrint PPO A205	No	80%	\$5,000	\$12,000	\$5,600	\$12,000	\$40	\$60	\$250	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP514M	BluePrint PPO A514	No	80%	\$5,000	\$12,000	\$8,550	\$17,100	\$40	\$60	\$250	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBPP515M	BluePrint PPO A515	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	DC	DC	NA	NA	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250

*Additional plans are available to employer group sizes 51-150, please refer to your proposal document for these options.

Notes:
Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.
1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
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.
These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balance Funded--Effective Jan. 1, 2025 Plans are subject to change. All are available to mid-market employer groups.*														
Blue Choice Options SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care Office Visits Copay	Specialist Visit Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIBCO501M	Blue Choice Options A501	No	90% / 70%	\$250 / \$1,000	\$750 / \$3,000	\$750 / \$1,250	\$2,250 / \$3,750	\$20 / \$40	\$40 / \$80	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO201	Blue Choice Options A201	No	90% / 70%	\$500 / \$1,500	\$1,500 / \$4,500	\$4,000 / \$5,600	\$10,200 / \$10,200	\$20 / \$50	\$40 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO502M	Blue Choice Options A502	No	100% / 70%	\$500 / \$1,500	\$1,500 / \$4,500	\$500 / \$3,000	\$1,500 / \$9,000	\$20 / \$50	\$40 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO503M	Blue Choice Options A503	No	90% / 70%	\$1,000 / \$2,500	\$3,000 / \$7,500	\$2,500 / \$5,500	\$7,500 / \$10,200	\$25 / \$50	\$50 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO202	Blue Choice Options A202	No	90% / 70%	\$1,500 / \$3,500	\$4,500 / \$10,200	\$3,000 / \$5,500	\$9,000 / \$10,200	\$30 / \$50	\$50 / \$100	\$400	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO504M	Blue Choice Options A504	No	80% / 60%	\$2,500 / \$4,000	\$7,500 / \$12,000	\$4,500 / \$5,500	\$13,500 / \$16,500	DC / DC	DC / DC	NA	NA	DC (Tier 1)	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBCO505M	Blue Choice Options A505	No	80% / 60%	\$4,000 / \$5,000	\$10,200 / \$10,200	\$5,600 / \$5,600	\$10,200 / \$10,200	\$35 / \$60	\$55 / \$120	\$500	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AIBCO506M	Blue Choice Options A506	No	80% / 60%	\$5,000 / \$6,000	\$10,000 / \$12,000	\$6,600 / \$7,600	\$13,200 / \$15,200	\$40 / \$65	\$60 / \$120	\$500	POD	DC (Tier 1)	\$75	\$0/\$10/\$35/\$75/\$150/\$250
AICOE591	Blue Choice Options AE591	Yes - Embedded ²	100% / 80%	\$3,300 / \$4,600	\$9,400 / \$13,800	\$3,300 / \$6,550	\$9,400 / \$14,000	DC / DC	DC / DC	NA	NA	DC (Tier 1)	DC	100%
AICOE592M	Blue Choice Options AE592	Yes - Embedded ²	80% / 60%	\$3,500 / \$5,000	\$7,000 / \$10,000	\$5,500 / \$7,000	\$11,000 / \$14,000	DC / DC	DC / DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%
AICOE492	Blue Choice Options AE492	Yes - Embedded ²	100% / 80%	\$4,000 / \$5,700	\$12,000 / \$14,800	\$4,000 / \$7,500	\$12,000 / \$15,000	DC / DC	DC / DC	NA	NA	DC (Tier 1)	DC	100%
AICOE493	Blue Choice Options AE493	Yes - Embedded ²	80% / 60%	\$5,000 / \$6,000	\$10,000 / \$12,000	\$6,000 / \$7,000	\$12,000 / \$14,000	DC / DC	DC / DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%
AICOE593M	Blue Choice Options AE593	Yes - Embedded ²	80% / 60%	\$6,000 / \$7,000	\$12,000 / \$14,000	\$7,000 / \$7,500	\$14,000 / \$15,000	DC / DC	DC / DC	NA	NA	DC (Tier 1)	DC	90%/90%/80%/70%/60%/50%

*Additional plans are available to employer group sizes 51-150, please refer to your proposal document for these options.

Notes:
Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.
1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
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.
These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balance Funded--Effective Jan. 1, 2025 Plans are subject to change. All are available to mid-market employer groups.*														
Blue Choice Select PPO SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care Office Visits Copay	Specialist Visit Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIBCS502M	Blue Choice Select PPO A502	No	80%	\$250	\$750	\$1,250	\$3,750	\$20	\$20	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS503M	Blue Choice Select PPO A503	No	90%	\$500	\$1,500	\$1,500	\$4,500	\$20	\$20	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBCS201M	Blue Choice Select PPO A201	No	80%	\$500	\$1,500	\$2,500	\$7,500	\$20	\$20	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBCS505M	Blue Choice Select PPO A505	No	90%	\$1,000	\$3,000	\$2,000	\$6,000	\$20	\$20	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBCS401	Blue Choice Select PPO A401	No	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS202	Blue Choice Select PPO A202	No	80%	\$1,500	\$4,500	\$3,500	\$10,500	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS507M	Blue Choice Select PPO A507	No	80%	\$1,500	\$4,500	\$4,500	\$12,000	\$30	\$50	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS508M	Blue Choice Select PPO A508	No	80%	\$2,000	\$6,000	\$4,000	\$12,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS402	Blue Choice Select PPO A402	No	80%	\$2,500	\$7,500	\$4,500	\$12,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBCS512M	Blue Choice Select PPO A512	No	80%	\$3,000	\$9,000	\$6,000	\$17,100	\$30	\$50	\$200	Copay	100%	DC	\$0/\$10/\$50/\$100/\$150/\$250
AIBCS204M	Blue Choice Select PPO A204	No	80%	\$3,500	\$10,500	\$5,500	\$12,000	\$20	\$40	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS513M	Blue Choice Select PPO A513	No	80%	\$4,000	\$12,000	\$5,500	\$12,000	\$30	\$30	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS205M	Blue Choice Select PPO A205	No	80%	\$5,000	\$12,000	\$5,600	\$12,000	\$40	\$60	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250
AIBCS514M	Blue Choice Select PPO A514	No	80%	\$5,000	\$12,000	\$8,550	\$17,100	\$40	\$60	\$200	Copay	100%	DC	\$0/\$10/\$35/\$75/\$150/\$250

*Additional plans are available to employer group sizes 51-150, please refer to your proposal document for these options.

Notes:
Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.
1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
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.
These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.
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.

Blue Balance Funded--Effective Jan. 1, 2025 Plans are subject to change. All are available to mid-market employer groups.*														
BlueEdge HSA SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care Office Visits Copay	Specialist Visit Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIEEA591M	BlueEdge HSA AA591	Yes - Aggregate ¹	100%	\$1,700	\$3,300	\$3,300	\$6,600	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEA592M	BlueEdge HSA AA592	Yes - Aggregate ¹	80%	\$1,700	\$3,300	\$3,300	\$6,600	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEA291	BlueEdge HSA AA291	Yes - Aggregate ¹	100%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	100%
AIEEA593M	BlueEdge HSA AA593	Yes - Aggregate ¹	80%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEE591	BlueEdge HSA AE591	Yes - Embedded ²	100%	\$3,300	\$6,600	\$3,300	\$6,600	DC	DC	NA	NA	DC	DC	100%
AIEEE592	BlueEdge HSA AE592	Yes - Embedded ²	80%	\$3,300	\$6,600	\$6,600	\$13,200	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEA594M	BlueEdge HSA AA594	Yes - Aggregate ¹	80%	\$3,500	\$7,000	\$5,800	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEE593M	BlueEdge HSA AE593	Yes - Embedded ²	80%	\$3,500	\$7,000	\$7,000	\$14,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEE594M	BlueEdge HSA AE594	Yes - Embedded ²	100%	\$4,000	\$8,000	\$4,000	\$8,000	DC	DC	NA	NA	DC	DC	100%
AIEEE595M	BlueEdge HSA AE595	Yes - Embedded ²	80%	\$5,000	\$10,000	\$7,000	\$14,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIEEE596M	BlueEdge HSA AE596	Yes - Embedded ²	100%	\$5,000	\$10,000	\$5,000	\$10,000	DC	DC	NA	NA	DC	DC	100%
AIEEE493	BlueEdge HSA AE493	Yes - Embedded ²	100%	\$6,000	\$12,000	\$6,000	\$12,000	DC	DC	NA	NA	DC	DC	100%
AIEEE597M	BlueEdge HSA AE597	Yes - Embedded ²	100%	\$7,500	\$15,000	\$7,500	\$15,000	DC	DC	NA	NA	DC	DC	100%

*Additional plans are available to employer group sizes 51-150, please refer to your proposal document for these options.

Notes:
Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.
1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
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.
These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

Blue Balance Funded--Effective Jan. 1, 2025 Plans are subject to change. All are available to mid-market employer groups.*														
BlueEdge Select HSA SM														
Plan ID (MPI)	Plan Name	HSA Y/N	Coinsurance Plan	Individual Deductible	Family Deductible	Individual OPX	Family OPX	Primary Care Office Visits Copay	Specialist Visit Copay	ER Facility			Urgent Visit Copay	Preferred Drug Plan
										Cost	Per Occurrence Deductible/Copay	Share		
AIESA491	BlueEdge Select HSA AA491	Yes - Aggregate ¹	80%	\$2,500	\$5,000	\$5,000	\$7,350	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIESA593M	BlueEdge Select HSA AA593	Yes - Aggregate ¹	100%	\$2,500	\$5,000	\$2,500	\$5,000	DC	DC	NA	NA	DC	DC	100%
AIESE598M	BlueEdge Select HSA AE598	Yes - Embedded ²	80%	\$3,500	\$7,000	\$7,000	\$14,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIESE594M	BlueEdge Select HSA AE594	Yes - Embedded ²	100%	\$4,000	\$8,000	\$4,000	\$8,000	DC	DC	NA	NA	DC	DC	100%
AIESE596M	BlueEdge Select HSA AE596	Yes - Embedded ²	100%	\$5,000	\$10,000	\$5,000	\$10,000	DC	DC	NA	NA	DC	DC	100%
AIESE595M	BlueEdge Select HSA AE595	Yes - Embedded ²	80%	\$5,000	\$10,000	\$7,000	\$14,000	DC	DC	NA	NA	DC	DC	90%/90%/80%/70%/60%/50%
AIESE599M	BlueEdge Select HSA AA599	Yes - Embedded ²	100%	\$6,000	\$12,000	\$6,000	\$12,000	DC	DC	NA	NA	DC	DC	100%
AIESE597M	BlueEdge Select HSA AE597	Yes - Embedded ²	100%	\$7,500	\$15,000	\$7,500	\$15,000	DC	DC	NA	NA	DC	DC	100%

*Additional plans are available to employer group sizes 51-150, please refer to your proposal document for these options.

Notes:

Coins = Coinsurance. OV = Office Visit. SPC OV = Specialist Office Visit. OPX = Out-of-Pocket Maximum. DC = Deductible and Coinsurance. POD = Per Occurrence Deductible.

- 1. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
- 2. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.

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.

These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet for more details.

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.

Twin Health, Inc. 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.

MDLIVE® is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois and 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 written permission.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and related other services.

BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A “preferred” or “participating” pharmacy has a contract with BCBSIL or BCBSIL’s pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate.

The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.