



SMALL GROUP 1-50 EMPLOYEES

2026 Small Group Plans

More Value. More Choice.

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

2026 Small Group Plans

The Blue Cross and Blue Shield of Illinois Small Group Portfolio is available from January 1 until December 31, 2026. All our plans offer features and benefits designed with members' health and wellbeing in mind. [Here are the highlights:](#)

Women's and Family Health

Meet Maven, your digital Maternity program! Members get personalized 24/7 virtual support, care, and guidance for pregnancy, postpartum and newborn care with Maven. Members can meet with providers anytime, day or night, so they can get the care they need, when they need it.

In addition to Maven Maternity, BCBSIL is here to support, educate and share information regarding high-risk conditions, such as gestational diabetes and preeclampsia. Together, BCBSIL and Maven, will get members the care they need for their pregnancy and postpartum journey.

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

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

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

Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions — included as part of your 2026 benefit plan — offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

Cancer Services and Support

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

\$0 Emergency Use Medications

Members have access to select acute medications typically used for emergency use or life-saving situations at a \$0 cost share. The benefit applies when they use any in-network pharmacy for these drug categories:

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

Twin Health Metabolic Health Management

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

Member and Employer Savings with Member Rewards

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

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

Complementary Programs Empowering Members to Take Control of Their Health

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

- **Blue365®:** Employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing, Nutrisystem, Reebok, Fitbit and more.
- **Hinge Health:** Members can participate in this digital musculoskeletal program led by physical therapists and health coaches from the comfort of their own homes at no extra cost.
- **Wondr:** This online, digital weight management program teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

Wellbeing Management

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

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

Benefit Boost with Ancillary Plans

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

Blue Cross and Blue Shield of Illinois 2026 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles ³ Annual deductible and coinsurance will apply after the per occurrence deductible.			Pharmacy Benefits			
Network	Plan Name	Plan ID	Range of Employer HSA Contribution	Individual Deductible (In/Out)	Family Deductible (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	Emergency Room (In/Out) ³	Inpatient (In/Out) ³	Outpatient (In/Out) ³	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out ⁴	
Participating Provider Organizations (PPO)	Blue PPO Platinum SM 119 - Rx Copays	P503PPO	NA	\$350/\$700	\$1,050/\$2,100	\$1,750/Unlimited	\$5,250/Unlimited	80%/50%	\$35	\$70	\$70	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/50%	
	Blue PPO Platinum SM 136 - Rx Copays	P5E1PPO	NA	\$600/\$1,200	\$1,800/\$3,600	\$1,750/Unlimited	\$5,250/Unlimited	90%/60%	\$25	\$50	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue PPO Gold SM 114 - Rx Copays	G534PPO	NA	\$1,100/\$2,200	\$3,300/\$6,600	\$8,000/Unlimited	\$16,000/Unlimited	80%/50%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue PPO Platinum SM 501 - Rx Copays	P5M1PPO	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/80%	\$15	\$30	\$50	DC	\$200 copay ²	DC/\$250	DC/\$200	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%	
	Blue PPO Gold SM 107 - Rx Copays	G532PPO	NA	\$1,600/\$3,200	\$3,200/\$6,400	\$6,500/Unlimited	\$13,000/Unlimited	80%/50%	\$45	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue PPO Gold SM 116 - Rx Copays	G536PPO	NA	\$2,100/\$4,200	\$6,300/\$12,600	\$6,000/Unlimited	\$18,000/Unlimited	90%/60%	\$50	\$75	\$75	DC	\$500	\$200/\$300	\$150/\$250	\$10/\$20/\$60/\$110/\$350/\$450	\$20/\$30/\$80/\$130/\$350/\$450	70%/50%	
	Blue PPO Gold SM 502 - Rx Copays	G5M2PPO	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$7,500/\$15,000	\$15,000/\$30,000	100%/80%	\$30	\$60	\$75	DC	\$300 copay ²	\$150/\$300	\$100/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%	
	Blue PPO Gold SM 102 - Rx Copays	G531PPO	NA	\$2,600/\$5,200	\$5,200/\$10,400	\$5,250/Unlimited	\$10,500/Unlimited	80%/50%	\$25	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/50%	
	Blue PPO Gold SM 123	G537PPO	NA	\$3,200/\$6,400	\$9,600/\$19,200	\$3,200/\$6,400	\$9,600/\$19,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%
	Blue PPO Silver SM 120 - Rx Copays	S532PPO	NA	\$3,700/\$7,400	\$11,100/\$22,200	\$9,200/Unlimited	\$18,400/Unlimited	60%/50%	\$60	\$80	\$80	\$500 copay ²	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue PPO Gold SM 101 - Rx Copays	G530PPO	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$16,500/\$33,000	100%/100%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	100%/100%	
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	Blue PPO Silver SM 105 - Rx Copays	S535PPO	NA	\$8,000/\$16,000	\$16,000/\$32,000	\$9,200/\$18,400	\$18,400/\$36,800	100%/100%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%	
	Blue PPO Gold SM 113	G533PPO	\$50/\$50-\$350	\$3,500/\$6,600	\$10,500/\$19,800	\$4,000/Unlimited	\$12,000/Unlimited	90%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% ^{1,6}	80%/80%/70%/60%/60%/50% ^{1,6}	70%/50%
	Blue PPO Gold SM 115	G535PPO	\$350/\$350-\$700	\$3,500/\$6,600	\$10,500/\$19,800	\$5,500/Unlimited	\$16,500/Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% ^{1,6}	80%/80%/70%/60%/60%/50% ^{1,6}	70%/50%
	Blue PPO Silver SM 133	S534PPO	\$0/\$0-\$40	\$5,500/\$10,900	\$16,500/\$32,600	\$5,500/\$10,900	\$16,500/\$32,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{1,5,6}	100% ^{1,5,6}	100%/100%
	Blue PPO Silver SM 200	S5J1PPO	\$150/\$150-\$400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{1,5,6}	100% ^{1,5,6}	100%/100%
	Blue PPO Bronze SM 132	B536PPO	\$0/\$0	\$7,050/\$14,100	\$14,100/\$28,200	\$7,400/Unlimited	\$14,800/Unlimited	80%/50%	DC	DC	DC	DC	\$250	DC	\$125/\$225	90%/90%/80%/70%/60%/50% ^{1,6}	80%/80%/70%/60%/60%/50% ^{1,6}	70%/50%	
Blue PPO Bronze SM 106	B535PPO	\$0/\$0	\$7,300/\$14,600	\$14,600/\$29,200	\$7,300/\$14,600	\$14,600/\$29,200	100%/100%	DC	DC	DC	DC	\$250	DC	\$125/\$225	100% ^{1,5,6}	100% ^{1,5,6}	100%/100%		
Blue PPO Bronze SM 401	B5N1PPO	\$0/\$0	\$7,350/\$14,700	\$14,700/\$29,400	\$7,600/Unlimited	\$15,200/Unlimited	70%/50%	DC	DC	DC	DC	\$1,000	\$500/DC	\$250/\$350	90%/90%/80%/70%/60%/50% ^{1,6}	80%/80%/70%/60%/60%/50% ^{1,6}	70%/50%		

Blue OptionsSM: A tiered network offering that utilizes benefit design to encourage members to use a network of more cost-efficient providers, while still allowing access to the broad PPO network.
Tier 1 refers to the benefit level when using the Blue Choice OPT PPOSM network.
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General Notes:
NA= Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network
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1. All HSA plans include the HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
2. Value is a flat copay. Deductible and coinsurance do not apply.
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4. Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare.

5. BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.
6. Coinsurance applies after the medical deductible is met.
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Blue Choice Preferred PPO SM (BCE)	Blue Choice Preferred Platinum PPO SM 119 - Rx Copays	P5E2BCE	NA	\$350/\$700	\$1,050/\$2,100	\$1,750/Unlimited	\$5,250/Unlimited	80%/50%	\$35	\$70	\$70	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/50%	
	Blue Choice Preferred Platinum PPO SM 136 - Rx Copays	P5E1BCE	NA	\$600/\$1,200	\$1,800/\$3,600	\$1,750/Unlimited	\$5,250/Unlimited	90%/60%	\$25	\$50	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue Choice Preferred Gold PPO SM 114 - Rx Copays	G534BCE	NA	\$1,100/\$2,200	\$3,300/\$6,600	\$8,000/Unlimited	\$16,000/Unlimited	80%/50%	\$50	\$75	\$80	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue Choice Preferred Platinum PPO SM 501 - Rx Copays	P5M1BCE	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/80%	\$15	\$30	\$50	DC	\$200 copay ²	DC/\$250	DC/\$200	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	100%/100%	
	Blue Choice Preferred Gold PPO SM 107 - Rx Copays	G532BCE	NA	\$1,600/\$3,200	\$3,200/\$6,400	\$6,500/Unlimited	\$13,000/Unlimited	80%/50%	\$45	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue Choice Preferred Gold PPO SM 116 - Rx Copays	G536BCE	NA	\$2,100/\$4,200	\$6,300/\$12,600	\$6,000/Unlimited	\$18,000/Unlimited	90%/60%	\$50	\$75	\$75	DC	\$500	\$200/\$300	\$150/\$250	\$10/\$20/\$60/\$110/\$350/\$450	\$20/\$30/\$80/\$130/\$350/\$450	70%/50%	
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	Blue Choice Preferred Gold PPO SM 102 - Rx Copays	G531BCE	NA	\$2,600/\$5,200	\$5,200/\$10,400	\$5,250/Unlimited	\$10,500/Unlimited	80%/50%	\$25	\$70	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	70%/50%	
	Blue Choice Preferred Gold PPO SM 123	G537BCE	NA	\$3,200/\$6,400	\$9,600/\$19,200	\$3,200/\$6,400	\$9,600/\$19,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%
	Blue Choice Preferred Silver PPO SM 120 - Rx Copays	S532BCE	NA	\$3,700/\$7,400	\$11,100/\$22,200	\$9,200/Unlimited	\$18,400/Unlimited	60%/50%	\$60	\$80	\$80	\$500 copay ²	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$60/\$110/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350	70%/50%	
	Blue Choice Preferred Gold PPO SM 101 - Rx Copays	G530BCE	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$11,000	\$16,500/\$33,000	100%/100%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$5/\$15/\$45/\$85/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350	100%/100%	
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	Blue Choice Preferred Silver PPO SM 200	S5J1BCE	\$150/\$150-\$400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{1,5,6}	100% ^{1,5,6}	100%/100%
	Blue Choice Preferred Bronze PPO SM 132	B536BCE	\$0/\$0	\$7,050/\$14,100	\$14,100/\$28,200	\$7,400/Unlimited	\$14,800/Unlimited	80%/50%	DC	DC	DC	DC	\$250	DC	\$125/\$225	90%/90%/80%/70%/60%/50% ^{1,6}	80%/80%/70%/60%/60%/50% ^{1,6}	70%/50%	
	Blue Choice Preferred Bronze PPO SM 106	B535BCE	\$0/\$0	\$7,300/\$14,600	\$14,600/\$29,200	\$7,300/\$14,600	\$14,600/\$29,200	100%/100%	DC	DC	DC	DC	\$250	DC	\$125/\$225	100% ^{1,5,6}	100% ^{1,5,6}	100%/100%	
	Blue Choice Preferred Bronze PPO SM 401	B5N1BCE	\$0/\$0	\$7,350/\$14,700	\$14,700/\$29,400	\$7,600/Unlimited	\$15,200/Unlimited	70%/50%	DC	DC	DC	DC	\$1,000	\$500/DC	\$250/\$350	90%/90%/80%/70%/60%/50% ^{1,6}	80%/80%/70%/60%/60%/50% ^{1,6}	70%/50%	

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				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments				Per Occurrence Deductibles ³ <small>Annual deductible and coinsurance will apply after the per occurrence deductible.</small>			Pharmacy Benefits						
Network	Plan Name	Plan ID	Range of Employer HSA Contribution	Individual Deductible (In/Out)	Family Deductible (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care and Virtual Visits Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	Emergency Room (In/Out) ³	Inpatient (In/Out) ³	Outpatient (In/Out) ³	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out ⁴				
Blue Options (BCO SM)	Blue Options Platinum PPO SM 403 - Rx Copays	P5N1OPT	NA	\$350 BC/ \$850 PPO/ \$1,700	\$1,050 BC/ \$2,550 PPO/ \$7,650	\$2,500 BC/ \$7,000 PPO/ Unlimited	\$7,500 BC/ \$18,400 PPO/ Unlimited	90% BC/ 70% PPO/ 50%	\$20 BC/ \$35 PPO	\$40 BC/ \$70 PPO	\$75	DC	\$200	\$150 BC/ \$450 PPO/ \$550	\$100 BC/ \$300 PPO/ \$400	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%				
	Blue Options Gold PPO SM 101 - Rx Copays	G506OPT	NA	\$850 BC/ \$2,100 PPO/ \$4,200	\$2,550 BC/ \$6,300 PPO/ \$12,600	\$7,000 BC/ \$8,750 PPO/ Unlimited	\$17,500 BC/ \$18,400 PPO/ Unlimited	80% BC/ 60% PPO/ 50%	\$45 BC/ \$65 PPO	\$70 BC/ \$110 PPO	\$75	DC	\$600	\$250 BC/ \$500 PPO/ \$600	\$200 BC/ \$400 PPO/ \$500	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%				
	Blue Options Gold PPO SM 106 - Rx Copays	G508OPT	NA	\$1,600 BC/ \$3,850 PPO/ \$7,700	\$4,800 BC/ \$11,550 PPO/ \$23,100	\$6,150 BC/ \$8,150 PPO/ Unlimited	\$15,375 BC/ \$18,200 PPO/ Unlimited	90% BC/ 70% PPO/ 50%	\$40 BC/ \$65 PPO	\$60 BC/ \$110 PPO	\$75	DC	\$600	\$250 BC/ \$500 PPO/ \$600	\$200 BC/ \$400 PPO/ \$500	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%				
	Blue Options Gold PPO SM 102 - Rx Copays	G507OPT	NA	\$2,100 BC/ \$3,600 PPO/ \$7,200	\$4,200 BC/ \$10,800 PPO/ \$21,600	\$4,600 BC/ \$7,600 PPO/ Unlimited	\$9,550 BC/ \$18,400 PPO/ Unlimited	90% BC/ 70% PPO/ 50%	\$40 BC/ \$65 PPO	\$60 BC/ \$110 PPO	\$75	DC	\$400	\$250 BC/ \$500 PPO/ \$600	\$200 BC/ \$400 PPO/ \$500	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%				
	Blue Options Gold PPO SM 503 - Rx Copays	G5M3OPT	NA	\$3,000 BC/ \$5,500 PPO/ \$11,000	\$6,000 BC/ \$11,000 PPO/ \$22,000	\$7,500 BC/ \$9,000 PPO/ Unlimited	\$15,000 BC/ \$18,000 PPO/ Unlimited	100% BC/ 80% PPO/ 50%	\$25 BC/ \$50 PPO	\$50 BC/ \$100 PPO	\$75	DC	\$300	\$150 BC/ \$400 PPO/ \$600	\$100 BC/ \$300 PPO/ \$500	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%				
	Blue Options Silver PPO SM 104 - Rx Copays	S506OPT	NA	\$5,350 BC/ \$6,350 PPO/ \$12,700	\$16,050 BC/ \$18,200 PPO/ \$36,400	\$8,600 BC/ \$10,000 PPO/ Unlimited	\$18,500 BC/ \$20,000 PPO/ Unlimited	80% BC/ 60% PPO/ 50%	\$55 BC/ \$75 PPO	\$80 BC/ \$120 PPO	\$75	DC	\$600	\$250 BC/ \$500 PPO/ \$600	\$200 BC/ \$400 PPO/ \$500	\$15/\$25/\$60/\$110/\$350/\$450	\$25/\$35/\$80/\$130/\$350/\$450	70%/50%				
	Blue Options Gold PPO SM 200	G5K1OPT	\$50/ \$50-\$325	\$3,500 BC/ \$4,700 PPO/ \$9,900	\$10,500 BC/ \$14,100 PPO/ \$28,200	\$3,500 BC/ \$6,700 PPO/ Unlimited	\$10,500 BC/ \$14,100 PPO/ Unlimited	100% BC/ 80% PPO/ 60%		DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{1,5,7}	100% ^{1,5,7}	70%/50%	
	Blue Options Silver PPO SM 107	S507OPT	\$0/\$0	\$5,200 BC/ \$6,000 PPO/ \$16,500	\$15,600 BC/ \$16,900 PPO/ \$45,000	\$5,200 BC/ \$8,000 PPO/ Unlimited	\$15,600 BC/ \$16,900 PPO/ Unlimited	100% BC/ 70% PPO/ 50%		DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{1,5,7}	100% ^{1,5,7}	70%/50%
	Blue Options Silver PPO SM 404	S5N1OPT	\$0/\$0	\$5,350 BC/ \$6,350 PPO/ \$19,050	\$13,350 BC/ \$15,200 PPO/ \$45,600	\$5,350 BC/ \$7,600 PPO/ Unlimited	\$13,350 BC/ \$15,200 PPO/ Unlimited	100% BC/ 70% PPO/ 50%		DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{1,5,7}	100% ^{1,5,7}
Blue Precision HMO SM (PSN)	Blue Precision Platinum HMO SM 107 - Rx Copays	P506PSN ⁸	NA	\$0/NC	\$0/NC	\$1,750/NC	\$5,250/NC	100%/NC	\$15	\$45	\$45	\$250 copay ²	\$300 copay ²	\$150 copay ² Per Visit/NC	\$100 copay ² Per Visit/NC	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350	100%/NC				
	Blue Precision Platinum HMO SM 200 - Rx Copays	P5J1PSN ⁸	NA	\$0/NC	\$0/NC	\$2,500/NC	\$7,500/NC	100%/NC	\$25	\$40	\$40	\$250 copay ²	\$300 copay ²	\$150 copay ² Per Visit/NC	\$100 copay ² Per Visit/NC	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350	100%/NC				
	Blue Precision Gold HMO SM 201 - Rx Copays	G5J2PSN ⁸	NA	\$0/NC	\$0/NC	\$5,000/NC	\$15,000/NC	100%/NC	\$50	\$70	\$70	\$400 copay ²	\$500 copay ²	\$300 copay ² Per Visit/NC	\$250 copay ² Per Visit/NC	\$10/\$20/\$50/\$100/\$250/\$350	\$10/\$20/\$50/\$100/\$250/\$350	100%/NC				
	Blue Precision Gold HMO SM 402 - Rx Copays	G5N1PSN ⁸	NA	\$0/NC	\$0/NC	\$6,500/NC	\$13,000/NC	80%/NC	\$45	\$65	\$65	\$400 copay ²	\$300 copay ²	\$1000 Per Visit/NC	\$1000 Per Visit/NC	\$10/\$20/\$50/\$100/\$250/\$350	\$10/\$20/\$50/\$100/\$250/\$350	70%/NC				
	Blue Precision Platinum HMO SM 110 - Rx Copays	P5E1PSN ⁸	NA	\$1,100/NC	\$3,300/NC	\$3,100/NC	\$9,300/NC	80%/NC	\$30	\$60	\$60	\$0 copay ²	\$400	\$200 Per Visit/NC	\$150 Per Visit/NC	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350	70%/NC				
	Blue Precision Gold HMO SM 101 - Rx Copays	G532PSN ⁸	NA	\$2,850/NC	\$8,550/NC	\$9,200/NC	\$18,200/NC	70%/NC	\$60	\$85	\$85	\$0 copay ²	\$1,000	\$400 Per Visit/NC	\$350 Per Visit/NC	\$10/\$20/\$50/\$100/\$250/\$350	\$10/\$20/\$50/\$100/\$250/\$350	70%/NC				
	Blue Precision Silver HMO SM 106 - Rx Copays	S531PSN ⁸	NA	\$3,350/NC	\$10,050/NC	\$9,200/NC	\$18,200/NC	70%/NC	\$35	\$75	\$75	\$750 copay ²	\$500	\$750 copay ² Per Day/NC	\$500 Per Visit/NC	\$10/\$20/\$50/\$100/\$250/\$350	\$10/\$20/\$50/\$100/\$250/\$350	70%/NC				
	Blue Precision Silver HMO SM 102 - Rx Copays	S530PSN ⁸	NA	\$7,100/NC	\$17,200/NC	\$9,500/NC	\$19,000/NC	70%/NC	\$60	\$85	\$85	\$400 copay ²	\$700	\$300 Per Visit/NC	\$250 Per Visit/NC	\$5/\$15/\$60/\$110/\$250/\$350	\$5/\$15/\$60/\$110/\$250/\$350	70%/NC				

Blue Options: A tiered network offering that utilizes benefit design to encourage members to use a network of more cost-efficient providers, while still allowing access to the broad PPO network.
Tier 1 refers to the benefit level when using the Blue Choice OPT PPOSM network.
Tier 2 refers to the benefit level when using the PPO network. OON refers to out of network.
General Notes:
 NA= Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.

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

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

Blue Cross and Blue Shield of Illinois 2026 Covered Dental Services

Diagnostic and Preventive Services
Dental exams and cleanings (limited to 2 per plan year)
Bitewing X-rays (four horizontal images or eight vertical radiographic images once every plan year)
Full mouth and panoramic X-rays (limited to 1 every 60 months)
Fluoride treatment (to age 16, 2 per plan year)
Miscellaneous Services
Sealants – one per permanent (first and second) molar per lifetime for participants under age 14
Space maintainers – one appliance per arch per lifetime up to age 14
Restorative Services
Routine fillings (amalgams and resins) – up to one restorative service per tooth every 12 months
Pin retention
Simple extractions
General Services
Intravenous sedation
General anesthesia
Emergency Care – treatment for the relief of pain when treatment is not performed in conjunction with a definitive treatment or service
Endodontic Services
Root canals
Pulp caps
Apicoectomy/apexification
Periodontic Services
Scaling and root planning (limited to once per quadrant every 36 months)
Gingivectomy/gingivoplasty – benefit for one surgical periodontal procedure every 36 months
Osseous surgery – benefits are limited to one per quadrant every 36 months
Periodontal maintenance (limited to 2 per plan year combines with prophylaxis)
Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis – benefits are limited to one per lifetime
Oral Surgery Services
Surgical extractions
Alveoplasty
Vestibuloplasty
Crowns, Inlays/Onlays Services
Crowns, inlays/onlays (limited to one per tooth every 8 years)
Prefabricated posts and cores
Repair and recementation of crown, inlays/onlays
Bridges and dentures (limited to one every 8 years)
Reline/rebase of dentures (limited to once within first 6 months of initial denture installation and then once every 36 months thereafter)
Addition of tooth or clasp

TMJ
Not covered
Orthodontics
Coverage dependent on the dental plan chosen. See your Dental Schedule of Coverage for more information.
Diagnostic orthodontic records and radiographs – benefits limited to a lifetime maximum of once per participant
Limited, interceptive and comprehensive orthodontic treatment (all accumulate to the participants lifetime maximum)
Orthodontic retention – benefits limited to a lifetime maximum of one appliance per participant
Implant Services
Coverage dependent on the dental plan chosen. See your Dental Schedule of Coverage for more information.
Enhanced Benefits
Participants diagnosed and receiving active medical care for the following medical conditions as determined by the plan such as pregnancy, diabetes, and cardiovascular disease, may receive one of the following benefits after standard benefits are completed:
One of the following:
• Cleaning • Periodontal maintenance • Periodontal scaling and root planing (up to 2 quadrants)
Enhanced benefits apply to the annual benefit maximum.
Alternate Benefit Language
Included
Missing Tooth Exclusion Language
Missing tooth exclusion applies on all plans. Contributory plans waive continuity of coverage rule of 24 months for initial enrollees but apply on new hires.
Voluntary plans apply waiting period for all members initial enrollees and new hires unless a certificate of coverage is produced.
Deductible Carryover
Three month carryover is standard with all plans
Dental dependent age
Dependent children under age 26
Ortho dependent age
Dependent children under age 19

Blue Cross and Blue Shield of Illinois 2026 PPO Dental Plans - Contributory																		
		DILHR30	DILHR31	DILHR32	DILHR33	DILHR34	DILHR35	DILLR36	DILHM38	DILHM40	DILLM41	DILHM42	DILHR50	DILLM51	DILHM57	DILLR58 5	DILHR61	DILLR62
Coinsurance INN	Class I	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	80%	80%	80%	90%	80%	80%	80%	70%	80% ⁴	80%	80%	100%	80%	80%	80%
	Class III	50%	50%	50%	50%	50%	60%	50%	50%	50%	50%	N/A	50%	50%	60%	50%	50%	50%
	Class IV	50%	50%	50%	50%	50%	50%	N/A	50%	N/A	N/A	N/A	N/A	50%	50%	50%	50%	50%
Coinsurance OON	Class I	100%	100%	100%	100%	80%	100%	100%	100%	80%	70%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	80%	80%	60%	80%	80%	80%	60%	50%	80% ⁴	80%	80%	100%	80%	80%	80%
	Class III	50%	50%	50%	50%	50%	50%	50%	50%	40%	30%	N/A	50%	50%	60%	50%	50%	50%
	Class IV	50%	50%	50%	50%	50%	50%	N/A	50%	N/A	N/A	N/A	N/A	50%	50%	50%	50%	50%
Plan Type		Passive	Passive	Passive	Passive	Active	Active	Passive	Passive	Active	Active	Passive	Passive	Passive	Passive	Passive	Passive	Passive
Allocation ¹		High	High	High	High	High	High	Low	High	High	Low	High	High	Low	High	Low	High	Low
Deductible Waived ²		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual Maximum		\$5,000	\$3,000	\$2,000	\$1,500	\$1500/\$1000	\$2,000	\$1,000	\$1,000	\$1500/\$1000	\$1,000	\$750	\$1,500	\$1,000	\$1,500	\$1,000	\$2,000	\$1,500
Ortho Lifetime Maximum		\$2,000	\$2,000	\$2,000	\$1,500	\$1,000	\$2,000	N/A	\$1,000	N/A	N/A	N/A	N/A	\$1,000	\$1,500	\$1,000	\$1,000	\$1,000
Deductible INN/OON (3x Family Limit)		\$25/\$25	\$25/\$25	\$50/\$50	\$50/\$50	\$50/\$75	\$0/\$0	\$50/\$50	\$50/\$50	\$50/\$50	\$75/\$75	\$25/\$75	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50
OON Reimbursement		90th R&C	90th R&C	90th R&C	MAC	MAC	MAC	MAC	90th R&C	MAC	MAC	90th R&C	90th R&C	90th R&C				
Implants ⁶		Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	No	No	No
Waiting Periods ³		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Blue Cross and Blue Shield of Illinois 2026 PPO Dental Plans - Voluntary														
		DILHR43	DILHM44	DILHR45	DILHM46	DILLR47	DILLR48	DILLM49	DILHR53	DILLR54	DILLM55	DILLM56	DILHM59	DILLR60 ⁵
Coinsurance INN	Class I	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	90%	80% ⁴	80%	80%	80%	80%	80%	80%	80%	100%	80%
	Class III	50%	50%	60%	N/A	50%	50%	50%	50%	50%	50%	50%	60%	50%
	Class IV	50%	N/A	50%	N/A	N/A	50%	NA	N/A	N/A	50%	N/A	50%	50%
Coinsurance OON	Class I	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	60%	80%	80% ⁴	80%	80%	80%	80%	80%	80%	50%	100%	80%
	Class III	50%	40%	50%	N/A	50%	50%	50%	50%	50%	50%	50%	60%	50%
	Class IV	50%	N/A	50%	N/A	N/A	50%	NA	N/A	N/A	50%	N/A	50%	50%
Plan Type		Passive	Active	Active	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Active	Passive	Passive
Allocation ¹		High	High	High	High	Low	Low	Low	High	Low	Low	Low	High	Low
Deductible Waived ²		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual Maximum		\$1,500	\$1500/\$1000	\$2,000	\$750	\$1,500	\$1,500	\$1,000	\$1,500	\$1,000	\$1,000	\$750	\$1,500	\$1,000
Ortho Lifetime Maximum		\$1,500	N/A	\$2,000	N/A	N/A	\$1,000	NA	N/A	N/A	\$1,000	N/A	\$1,500	\$1,000
Deductible INN/OON (3x Family Limit)		\$50/\$50	\$50/\$50	\$25/\$75	\$25/\$75	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$100	\$50/\$50	\$50/\$50
OON Reimbursement		90th R&C	MAC	90th R&C	MAC	90th R&C	90th R&C	MAC	90th R&C	90th R&C	MAC	MAC	MAC	90th R&C
Implants ⁶		No	No	No	No	No	No	No	No	No	No	No	No	No
Waiting Periods ³		Yes	Yes	Yes	No	Yes	Yes	Yes						

	High Allocation Coinsurance ¹	Low Allocation Coinsurance ¹	Waiting Period ³
Diag Evaluations	Class I	Class I	
Preventive	Class I	Class I	
Diag Radiographs	Class I	Class I	
Misc Prev Services	Class I	Class II	
Basic Restorative	Class II	Class II	
Non-Surg Extractions	Class II	Class II	
Non-Surg Perio	Class II	Class II	
Adjunctive Services	Class II	Class II	
Endodontics	Class II	Class III	
Oral Surgery	Class II	Class III	
Surgical Perio	Class II	Class III	12 month
Major Restorative	Class III	Class III	12 month
Prosthodontics	Class III	Class III	12 month
Misc Rest & Prosth Services	Class III	Class III	12 month
Orthodontics (Adult & Child coverage)	Class IV	Class IV	N/A

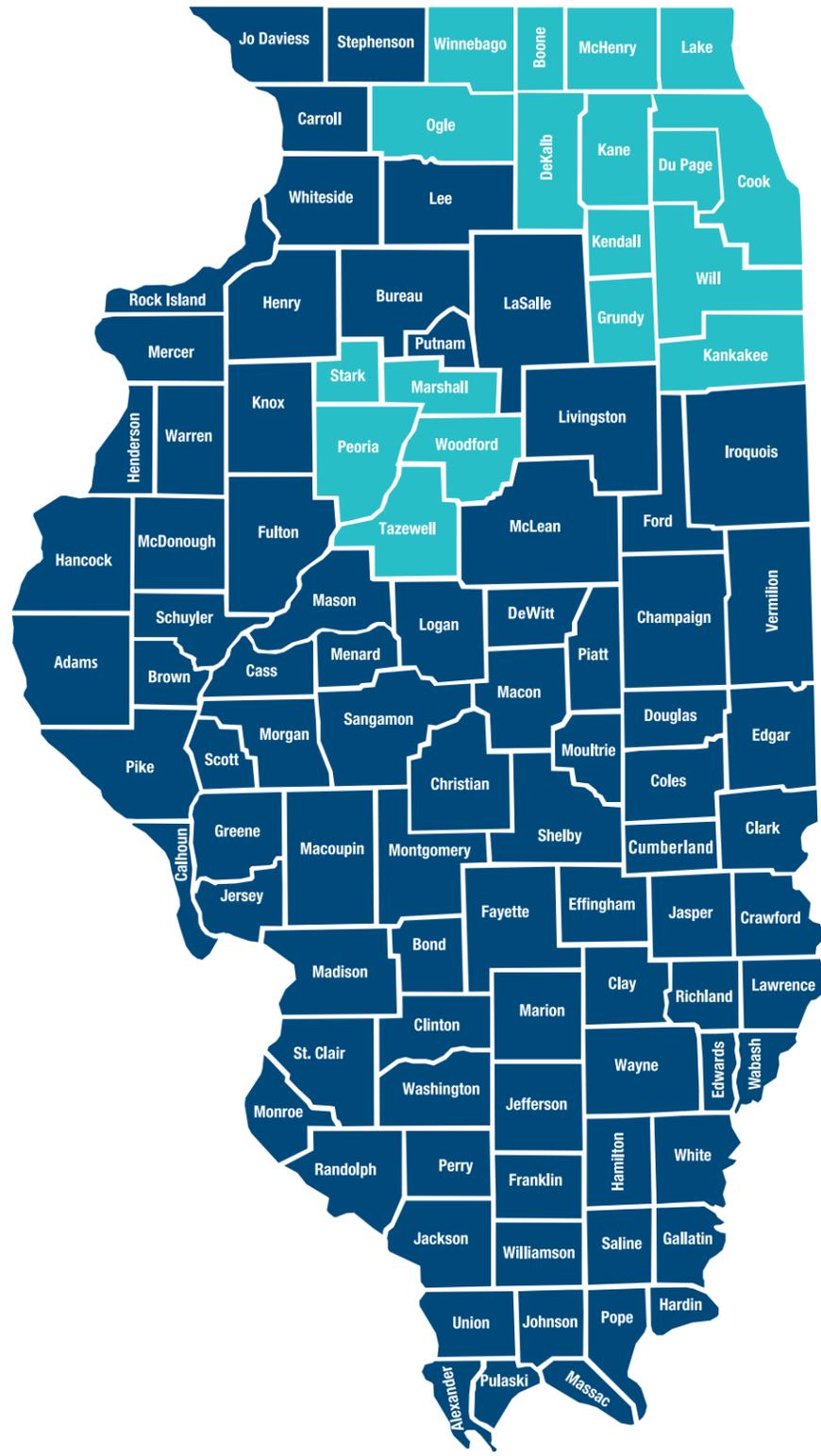
Plan Pairings (Groups 10+)
Any one contributory high option can be paired with any one contributory low option.
Any one voluntary high option can be paired with any one voluntary low option.
Voluntary plans and contributory plans may not be offered together.
Exception: DILHM57 can be paired with DILHR33.
Also, DILHM59 can be paired with DILHR43 respectively.
Also, DILHM42 can be paired with any contributory plan.
And DILHM46 can be paired with any voluntary plan.

Participation Requirements
Contributory
>70% participation
>50% employer contribution
Voluntary
>25% participation
<50% employer contribution

2. Waived Deductible applies to all Class I services and Class IV Orthodontic services.
4. Only Basic Restorative Services are covered.
5. Prev/Diag services do not count toward annual max.
6. Implants are covered at the same percentage as prosthodontics.

Blue Cross and Blue Shield of Illinois 2026 Stand Alone Vision Plans														
In Network Services	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14
	\$100 Series	\$130 Series			\$150 Series									
	12/12/24 \$100	12/12/24 \$130	12/12/24 FF \$130	12/12/12 \$130	12/12/24 \$150	12/12/12 \$150	12/12/12 \$150	12/12/24 \$130	12/12/24 \$150	12/12/12 \$150	12/12/12 \$130	12/12/24 \$200	12/12/12 \$200	12/12/24 \$200
Frequency - Once Every														
Eye Exam	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Frame	24 months	24 months	24 months	12 months	24 months	12 months	12 months	24 months	24 months	12 months	12 months	24 months	12 months	24 months
Spectacle Lenses or Contact Lenses	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Contact Lens Eval/Fitting	NA	NA	12 months	NA										
Copayments														
Eye Exam	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Standard Plastic Spectacle Lenses	\$25	\$10	\$10	\$10	\$10	\$10	\$10	\$25	\$25	\$25	\$25	\$10	\$25	\$25
Contact Lens Fit and Follow-Up	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Standard: \$0 copay, paid in full fit and two follow up visits; Premium: \$0 copay, 10% off retail price, then apply \$40 allowance	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium
Eyeglass Benefit - Frames														
Frame	\$0 Copay/\$100 Allowance/20% off balance over \$100	\$0 Copay/\$130 Allowance/20% off balance over \$130	\$0 Copay/\$130 Allowance/20% off balance over \$130	\$0 Copay/\$130 Allowance/20% off balance over \$130	\$0 Copay/\$150 Allowance/20% off balance over \$150	\$0 Copay/\$150 Allowance/20% off balance over \$150	\$0 Copay/\$150 Allowance/20% off balance over \$150	\$0 Copay/\$130 Allowance/20% off balance over \$130	\$0 Copay/\$150 Allowance/20% off balance over \$150	\$0 Copay/\$150 Allowance/20% off balance over \$150	\$0 Copay/\$130 Allowance/20% off balance over \$130	\$0 Copay/\$200 Allowance/20% off balance over \$200	\$0 Copay/\$200 Allowance/20% off balance over \$200	\$0 Copay/\$200 Allowance/20% off balance over \$200
Eyeglass Benefit - Standard Plastic Lenses														
Single Vision	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Bifocal	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Trifocal	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Lenticular	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Standard Progressive	\$90 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$10 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$75 copay	\$90 copay	\$90 copay
Premium Progressive (Tiers 1-3)	\$110/\$120/\$135	\$95 /\$105/\$120	\$95 /\$105/\$120	\$95 /\$105/\$120	\$95 /\$105/\$120	\$95 /\$105/\$120	\$30 /\$40/\$55	\$110/\$120/\$135	\$110/\$120/\$135	\$110/\$120/\$135	\$110/\$120/\$135	\$95 /\$105/\$120	\$110/\$120/\$135	\$110/\$120/\$135
Premium Progressive (Tier 4)	\$90 copay, 80% of charge less \$120 Allowance	\$75 copay, 80% of charge less \$120 Allowance	\$75 copay, 80% of charge less \$120 Allowance	\$75 copay, 80% of charge less \$120 Allowance	\$75 copay, 80% of charge less \$120 Allowance	\$75 copay, 80% of charge less \$120 Allowance	\$10 copay, 80% of charge less \$120 Allowance	\$90 copay, 80% of charge less \$120 Allowance	\$90 copay, 80% of charge less \$120 Allowance	\$90 copay, 80% of charge less \$120 Allowance	\$90 copay, 80% of charge less \$120 Allowance	\$75 copay, 80% of charge less \$120 Allowance	\$90 copay, 80% of charge less \$120 Allowance	\$90 copay, 80% of charge less \$120 Allowance
Tint (solid and gradient)	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Scratch Resistant Coating	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Polycarbonate Lenses	\$40 kids & adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults
Ultraviolet Coating	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Anti Reflective Coating	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68
High Index Lenses	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail
Polarized Lenses	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail
Photochromatic/Transitions Plastic	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Contact Lenses (in lieu of spectacle lenses)														
Conventional	\$0 copay/\$100 Allowance/15% off balance	\$0 copay/\$130 Allowance/15% off balance	\$0 copay/\$130 Allowance/15% off balance	\$0 copay/\$130 Allowance/15% off balance	\$0 copay/\$150 Allowance/15% off balance	\$0 copay/\$150 Allowance/15% off balance	\$0 copay/\$150 Allowance/15% off balance	\$0 copay/\$130 Allowance/15% off balance	\$0 copay/\$150 Allowance/15% off balance	\$0 copay/\$150 Allowance/15% off balance	\$0 copay/\$130 Allowance/15% off balance	\$0 copay/ \$200 Allowance/ 15% off balance	\$0 copay/\$200 Allowance/15% off balance	\$0 copay/\$200 Allowance/15% off balance
Disposable	\$0 copay/\$100 Allowance/Plus balance over \$100	\$0 copay/\$130 Allowance/Plus balance over \$130	\$0 copay/\$130 Allowance/Plus balance over \$130	\$0 copay/\$130 Allowance/Plus balance over \$130	\$0 copay/\$150 Allowance/Plus balance over \$150	\$0 copay/ \$150 Allowance/Plus balance over \$150	\$0 copay/\$150 Allowance/Plus balance over \$150	\$0 copay/\$130 Allowance/Plus balance over \$130	\$0 copay/\$150 Allowance/Plus balance over \$150	\$0 copay/\$150 Allowance/Plus balance over \$150	\$0 copay/\$130 Allowance/Plus balance over \$130	\$0 copay/\$200 Allowance/Plus balance over \$200	\$0 copay/\$200 Allowance/Plus balance over \$200	\$0 copay/\$200 Allowance/Plus balance over \$200
Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full

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



Network Names

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

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

Illinois Small Group Network Offerings Comparison

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

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

The Fitness Program is provided by Tivity Health, an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.

Maven Clinic 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.

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

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

Hinge Health and Wondr are independent companies contracted with Blue Cross and Blue Shield of Illinois to provide chronic disease prevention and management solutions for members with coverage through BCBSIL.

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

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

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

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

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.