



**BLUE CROSS BLUE SHIELD OF IL
2026 EMPLOYER CONTRIBUTION BY PLAN**

HEALTH	BLUE CHOICE HSA	BLUE OPTIONS PPO		BLUE CHOICE PREFERRED PPO		
	G533BCE	G507OPT	G508OPT	P5E1BCE	G532BCE	G531BCE
Employee	100%	100%	100%	100%	100%	100%
Employee + Spouse	60%	60%	60%	60%	60%	60%
Employee + Children	60%	60%	60%	60%	60%	60%
Employee + Family	60%	60%	60%	60%	60%	60%

BI-WEEKLY PAYROLL DEDUCTIONS

HEALTH	BLUE CHOICE HSA	BLUE OPTION	BLUE OPTION	SMALL PPO	SMALL PPO	SMALL PPO
	G533BCE	G507OPT	G508OPT	P5E1BCE	G532BCE	G531BCE
EE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E + S	\$185.92	\$210.96	\$207.93	\$227.17	\$192.71	\$193.94
E + C	\$158.03	\$179.32	\$176.74	\$193.09	\$163.80	\$164.85
FAMILY	\$343.95	\$390.28	\$384.67	\$420.27	\$356.52	\$358.80