





2022 Group Health Insurance Plan Options

	 BlueCross BlueShield of Illinois \$500 Deductible PPO (P5E1PPO)	 BlueCross BlueShield of Illinois \$2,900 Deductible PPO (G533PPO) (HSA Compatible)	 BlueCross BlueShield of Illinois \$1,500/\$3,250 Deductible PPO (G508OPT)	 BlueCross BlueShield of Illinois No Deductible HMO (P506PSN)					
Medical Benefits	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>BlueChoice In-Network</u>	<u>PPO In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible	\$500 (3x's family)	\$1,500 (2x's family)	\$2,900 (3x's family) **Embedded Deductible	\$8,700 (\$16,800 family)	\$1,500 (3x's family)	\$3,250 (3x's family)	\$6,000 (3x's family)	No Deductible	Not Covered
Benefits Paid at Following	PPO Discount	Usual & Customary	PPO Discount	Usual & Customary	PPO Discount	PPO Discount	Usual & Customary	HMO Discount	Not Covered
Hospital Stay	\$200 co-pay then 90% after deductible	\$300 co-pay then 60% after deductible	90% after deductible	60% after deductible	\$250 co-pay then 90% after deductible	\$500 co-pay then 70% after deductible	\$600 co-pay then 50% after deductible	\$150 co-pay then 100%	Not Covered
Out-patient Surgical Care	\$150 co-pay then 90% after deductible	\$250 co-pay then 60% after deductible	90% after deductible	60% after deductible	\$200 co-pay then 90% after deductible	\$400 co-pay then 70% after deductible	\$500 co-pay then 50% after deductible	\$100 co-pay then 100%	Not Covered
Out-patient Non-Surgical Care	90% after deductible	60% after deductible	90% after deductible	60% after deductible	90% after deductible	70% after deductible	50% after deductible	\$250 co-pay then 100%	Not Covered
Emergency Room	\$400 co-pay then 90% after deductible		90% after deductible		\$600 co-pay then 90% after deductible			\$300 co-pay then 100%	
Urgent Care	\$75 co-pay	60% after deductible	90% after deductible	60% after deductible	\$75 co-pay	\$75 co-pay	50% after deductible	\$45 co-pay	Not Covered
Virtual Care	\$20 co-pay	60% after deductible	90% after deductible	60% after deductible	\$30 co-pay	\$30 co-pay	50% after deductible	Not Covered	Not Covered
Doctor Office Visits	\$20 co-pay	60% after deductible	90% after deductible	60% after deductible	\$30 co-pay	\$55 co-pay	50% after deductible	\$10 co-pay	Not Covered
Specialist Office Visits	\$40 co-pay	60% after deductible	90% after deductible	60% after deductible	\$45 co-pay	\$95 co-pay	50% after deductible	\$45 co-pay	Not Covered
Preventive Care	Coverage at 100% Deductible does not apply	60% after deductible	Coverage at 100% Deductible does not apply	60% after deductible	Coverage at 100% Deductible does not apply	Coverage at 100% Deductible does not apply	50% after deductible	Coverage at 100%	Not Covered
Prescription Drugs - Retail	\$0 Tier 1 / \$10 Tier 2 \$50 Tier 3 / \$100 Tier 4 \$150 Tier 5 / \$250 Tier 6		*Deductible Applies Towards RX 90% Tier 1 / 90% Tier 2 80% Tier 3 / 70% Tier 4 60% Tier 5 / 50% Tier 6		\$10 Tier 1 / \$20 Tier 2 \$50 Tier 3 / \$100 Tier 4 \$250 Tier 5 / \$350 Tier 6			\$0 Tier 1 / \$10 Tier 2 \$50 Tier 3 / \$100 Tier 4 \$150 Tier 5 / \$250 Tier 6	
Prescription Drugs - Mail Order	3x's co-pay - 90 day supply		3x's co-pay - 90 day supply		3x's co-pay - 90 day supply			3x's co-pay - 90 day supply	
Annual Out of Pocket Maximum (Includes Deductible)									
-Individual	\$1,500	Unlimited	\$3,600	Unlimited	\$5,250	\$7,250	Unlimited	\$1,500	N/A
-Family	\$4,500	Unlimited	\$10,800	Unlimited	\$13,750	\$17,400	Unlimited	\$4,500	N/A
Lifetime Medical Maximum	Unlimited		Unlimited		Unlimited			Unlimited	N/A
Network Website Access	Participating Provider Organization www.bcbsil.com		Participating Provider Organization www.bcbsil.com		Blue Options PPO www.bcbsil.com			Blue Precision HMO www.bcbsil.com	

**Embedded Deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits. This spreadsheet represents a brief summary of benefits. Please refer to policy certificate for actual benefits.

2022 Group Health Insurance Plan Rates

\$500 Deductible PPO (P5E1PPO)

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
<15	\$418.35	23	\$546.86	32	\$646.94	41	\$712.01	50	\$976.69	59	\$1,423.48
15	\$455.53	24	\$546.86	33	\$655.14	42	\$724.59	51	\$1,019.89	60	\$1,484.18
16	\$469.75	25	\$549.05	34	\$663.89	43	\$742.09	52	\$1,067.47	61	\$1,536.68
17	\$483.97	26	\$559.98	35	\$668.26	44	\$763.96	53	\$1,115.59	62	\$1,571.13
18	\$499.28	27	\$573.11	36	\$672.64	45	\$789.67	54	\$1,167.55	63	\$1,614.33
19	\$514.60	28	\$594.44	37	\$677.01	46	\$820.29	55	\$1,219.50	64+	\$1,640.58
20	\$530.45	29	\$611.94	38	\$681.39	47	\$854.74	56	\$1,275.82		
21	\$546.86	30	\$620.69	39	\$690.14	48	\$894.12	57	\$1,332.70		
22	\$546.86	31	\$633.81	40	\$698.89	49	\$932.94	58	\$1,393.40		

\$2,900 Deductible PPO (G533PPO)

(HSA Compatible)

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
<15	\$344.23	23	\$449.98	32	\$532.33	41	\$585.87	50	\$803.66	59	\$1,171.30
15	\$374.83	24	\$449.98	33	\$539.08	42	\$596.22	51	\$839.21	60	\$1,221.25
16	\$386.53	25	\$451.78	34	\$546.28	43	\$610.62	52	\$878.36	61	\$1,264.44
17	\$398.23	26	\$460.78	35	\$549.88	44	\$628.62	53	\$917.96	62	\$1,292.79
18	\$410.83	27	\$471.58	36	\$553.48	45	\$649.77	54	\$960.71	63	\$1,328.34
19	\$423.43	28	\$489.13	37	\$557.08	46	\$674.97	55	\$1,003.40	64+	\$1,349.94
20	\$436.48	29	\$503.53	38	\$560.68	47	\$703.32	56	\$1,049.80		
21	\$449.98	30	\$510.73	39	\$567.87	48	\$735.72	57	\$1,096.60		
22	\$449.98	31	\$521.53	40	\$575.07	49	\$767.67	58	\$1,146.50		

\$1,500/\$3,250 Deductible PPO (G508OPT)

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
<15	\$291.16	23	\$380.60	32	\$450.25	41	\$495.54	50	\$679.75	59	\$990.70
15	\$317.04	24	\$380.60	33	\$455.96	42	\$504.30	51	\$709.82	60	\$1,032.95
16	\$326.94	25	\$382.12	34	\$462.05	43	\$516.47	52	\$742.93	61	\$1,069.49
17	\$336.83	26	\$389.73	35	\$465.09	44	\$531.70	53	\$776.42	62	\$1,093.46
18	\$347.49	27	\$398.87	36	\$468.14	45	\$549.59	54	\$812.58	63	\$1,123.53
19	\$358.14	28	\$413.71	37	\$471.18	46	\$570.90	55	\$848.74	64+	\$1,141.80
20	\$369.18	29	\$425.89	38	\$474.23	47	\$594.88	56	\$887.94		
21	\$380.60	30	\$431.98	39	\$480.32	48	\$622.28	57	\$927.52		
22	\$380.60	31	\$441.12	40	\$486.41	49	\$649.30	58	\$969.77		

No Deductible HMO (P506PSN)

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
<15	\$280.77	23	\$367.02	32	\$434.18	41	\$477.86	50	\$655.50	59	\$955.35
15	\$305.73	24	\$367.02	33	\$439.69	42	\$486.30	51	\$684.49	60	\$996.09
16	\$315.27	25	\$368.49	34	\$445.56	43	\$498.05	52	\$716.42	61	\$1,031.33
17	\$324.81	26	\$375.83	35	\$448.50	44	\$512.73	53	\$748.72	62	\$1,054.45
18	\$335.09	27	\$384.64	36	\$451.43	45	\$529.98	54	\$783.59	63	\$1,083.44
19	\$345.37	28	\$398.95	37	\$454.37	46	\$550.53	55	\$818.45	64+	\$1,101.06
20	\$356.01	29	\$410.70	38	\$457.31	47	\$573.65	56	\$856.26		
21	\$367.02	30	\$416.57	39	\$463.18	48	\$600.08	57	\$894.43		
22	\$367.02	31	\$425.38	40	\$469.05	49	\$626.14	58	\$935.17		

The above rates are effective as of January 1, 2022.



SMALL GROUP 1-50 EMPLOYEES

2022 Small Group Plans

More Value. More Choice.

2022 Small Group Plans

The 2022 Blue Cross and Blue Shield of Illinois (BCBSIL) Small Group Portfolio is available from January 1 until December 31, 2022. All our plans offer features and benefits designed with members' health and wellbeing in mind. We're making access to care even easier with more digital options for medical visits and wellness programs. **Here are the highlights of our 2022 Small Group portfolio.***

New in 2022

Digital Options to Expand Access to Care

Digital capabilities are key to expanding access to care and staying well. That's why we're expanding these new healthy living programs and services to new and renewing small groups in 2022. It's just one more way we can help employers get more value for their health care dollars and keep their employees and business healthy.

- **Hinge Health** helps members manage chronic back, hip, shoulder, neck and knee pain through personalized online exercise therapy and unlimited one-on-one virtual coaching.
- **Livongo® for Diabetes and Livongo for Hypertension programs** offer personalized online coaching support for members. They will have access to a mobile app and website to help them track their progress, learn to make healthy lifestyle choices and manage their medications.
- **Wondr™ Health** is a 52-week, online program that helps members lose weight and improve their health through smart eating for the real world.

Mental Health

We have a strong commitment to the health of our members, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan.

Beginning in 2022, **Digital Mental Health** by Learn to Live will also be included at no extra cost with each new or renewing small group plan. Members can use Blue Access for MembersSM (BAMSM) to easily access private, online programs to help keep their mental health on track through:

- **Support** – an online assessment helps members pinpoint helpful programs.
- **Quick, easy online lessons** – give members access to proven therapy-based techniques.
- **Expert coaches** – to guide and inspire members to reach their goals.
- **Privacy** – personal results, programs and messages are always private.

*Availability may differ between PPO and HMO. Talk with your BCBSIL sales representative to learn more.



Their Trusted Benefits and Services Are Here to Stay

Virtual Visits/Telehealth

The Doctor Is in – Your Phone or Computer

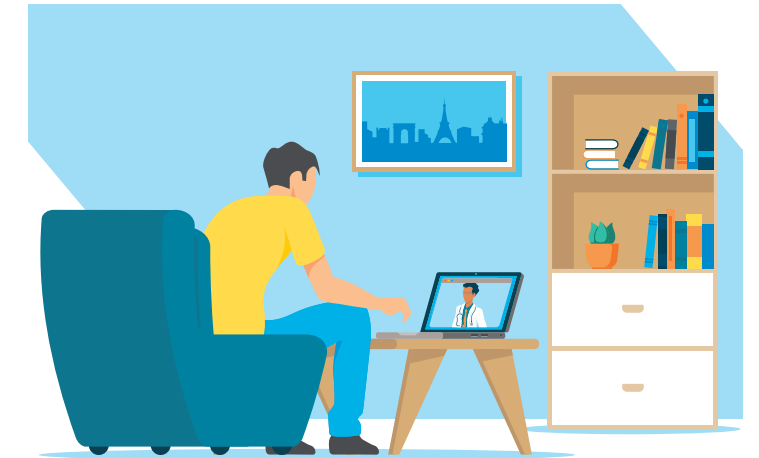
Convenient, safe access to health care has never been more important. That's why we make care available through our in-network telehealth providers or through Virtual Visits powered by MDLIVE®. We're making it easy for members to prioritize their health. They can save time and money and get the care they need wherever they are.

What's Telehealth?

Telehealth is a kind of health care delivery that lets members consult with their own doctors by telephone or secure video. Their in-network, BCBSIL doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor's office. Doctors can even send an e-prescription to the member's pharmacy of choice.

What are Virtual Visits?

Virtual Visits provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member's BCBSIL provider is closed, or when the member is traveling.



Encourage members to make sure their doctors can provide consultations by phone or secure video.

	Telehealth	Virtual Visits
Members consult with their regular BCBSIL network doctors	X	
24/7 Access		X
Doctors can send e-prescriptions to local pharmacies	X	X
Consultations are available by phone, secure video or mobile app	X	X
Includes behavioral health consultations	X	X

\$0 Copay for Preventive and Maintenance Drugs is Back in 2022

Employers can choose from select Health Savings Account (HSA) compatible plans with the \$0 member cost-share for certain preventive and maintenance drugs built right into their pharmacy benefits. This supports members' treatment plans, helps keep medical conditions under control and keeps costs low for everyone.

Boost Their Benefits with Ancillary Plans

We understand that competitive benefits are essential to helping employers attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. Talk with your BCBSIL representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
- Life Insurance
- Short- and/or Long-Term Disability
- Accident and Critical Illness
- Vision

Blue Cross and Blue Shield of Illinois 2022 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		Pediatric Dental	
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family 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 In (MRI, CT, & PET)	ER Visit ³ In/Out	Inpatient ³ In/Out	Outpatient ³ In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental ⁴ In/Out	
Participating Provider Organization (Network Code: PPO)	Blue PPO Platinum SM 119	P503PPO	NA	\$250/\$500	\$750/\$1,500	\$1,250/Unlimited	\$3,750/Unlimited	80%/50%	\$30	\$60	\$60	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue PPO Platinum SM 136	P5E1PPO	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,500/Unlimited	\$4,500/Unlimited	90%/60%	\$20	\$40	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Gold SM 114	G534PPO	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$6,750/Unlimited	\$17,100/Unlimited	80%/50%	\$50	\$70	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Gold SM 107	G532PPO	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$5,500/Unlimited	\$11,000/Unlimited	80%/50%	\$40	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue PPO Gold SM 116	G536PPO	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000/Unlimited	\$15,000/Unlimited	90%/60%	\$45	\$65	\$75	DC	\$500	\$200/\$300	\$150/\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue PPO Gold SM 102	G531PPO	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/Unlimited	\$10,000/Unlimited	80%/50%	\$20	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue PPO Gold SM 123	G537PPO	NA	\$2,600/\$5,200	\$7,800/\$15,600	\$2,600/\$5,200	\$7,800/\$15,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%
	Blue PPO Silver SM 120	S532PPO	NA	\$3,250/\$6,500	\$9,750/\$19,500	\$8,550/Unlimited	\$17,100/Unlimited	60%/50%	\$50	\$70	\$75	\$500 copay ²	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Gold SM 101	G530PPO	NA	\$3,750/\$7,500	\$11,250/\$22,500	\$3,750/\$7,500	\$11,250/\$22,500	100%/100%	\$35	\$55	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%	
	Blue PPO Silver SM 104	S531PPO	NA	\$4,700/\$9,400	\$14,100/\$28,200	\$8,550/Unlimited	\$17,100/Unlimited	80%/50%	\$45	\$65	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Silver SM 105	S535PPO	NA	\$7,550/\$15,100	\$15,100/\$30,200	\$7,550/\$15,100	\$15,100/\$30,200	100%/100%	\$30	\$50	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%	
	Blue PPO Gold SM 113	G533PPO	\$50-\$350	\$2,900/\$5,800	\$8,700/\$17,400	\$3,600/Unlimited	\$10,800/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-\$700	\$2,900/\$5,800	\$8,700/\$17,400	\$5,250/Unlimited	\$14,000/Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵	70%/50%
	Blue PPO Silver SM 133	S534PPO	\$0-\$115	\$4,800/\$9,600	\$13,800/\$27,600	\$4,800/\$9,600	\$13,800/\$27,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%
	Blue PPO Silver SM 200	S5J1PPO	\$150-\$400	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%
	Blue PPO Bronze SM 132	B536PPO	\$0	\$6,650/\$13,300	\$13,800/\$27,600	\$6,900/Unlimited	\$13,800/Unlimited	80%/50%	DC	DC	DC	DC	\$250	DC	\$125/\$125	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵	70%/50%	
	Blue PPO Bronze SM 106	B535PPO	\$0	\$6,900/\$13,800	\$13,800/\$27,600	\$6,900/\$13,800	\$13,800/\$27,600	100%/100%	DC	DC	DC	DC	\$250	DC	\$125/\$125	100% ^{5,6}	100% ^{5,6}	100%/100%	

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.

Footnotes
1. Select 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 Dental PPOSM providers. You can find a provider at bcbsil.com/providers/dppo.htm.

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.
9. Urgent Care is covered at the Office Visit copay amount.

Blue Cross and Blue Shield of Illinois 2022 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		Pediatric Dental						
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family 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 In (MRI, CT, & PET)	ER Visit ³ In/Out	Inpatient ³ In/Out	Outpatient ³ In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental ⁴ In/Out						
Blue Choice Preferred PPO SM (Network Code: BCE)	Blue Choice Preferred Platinum PPO SM 119	P5E2BCE	NA	\$250/\$500	\$750/\$1,500	\$1,250/Unlimited	\$3,750/Unlimited	80%/50%	\$30	\$60	\$60	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%						
	Blue Choice Preferred Platinum PPO SM 136	P5E1BCE	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,500/Unlimited	\$4,500/Unlimited	90%/60%	\$20	\$40	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%						
	Blue Choice Preferred Gold PPO SM 107	G532BCE	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$5,500/Unlimited	\$11,000/Unlimited	80%/50%	\$40	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%						
	Blue Choice Preferred Gold PPO SM 102	G531BCE	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/Unlimited	\$10,000/Unlimited	80%/50%	\$20	\$60	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%						
	Blue Choice Preferred Silver PPO SM 120	S532BCE	NA	\$3,250/\$6,500	\$9,750/\$19,500	\$8,550/Unlimited	\$17,100/Unlimited	60%/50%	\$50	\$70	\$75	\$500 copay ²	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%						
	Blue Choice Preferred Gold PPO SM 101	G530BCE	NA	\$3,750/\$7,500	\$11,250/\$22,500	\$3,750/\$7,500	\$11,250/\$22,500	100%/100%	\$35	\$55	\$75	DC	\$400	\$200/\$300	\$150/\$250	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%						
	Blue Choice Preferred Silver PPO SM 104	S531BCE	NA	\$4,700/\$9,400	\$14,100/\$28,200	\$8,550/Unlimited	\$17,100/Unlimited	80%/50%	\$45	\$65	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%						
	Blue Choice Preferred Silver PPO SM 105	S535BCE	NA	\$7,550/\$15,100	\$15,100/\$30,200	\$7,550/\$15,100	\$15,100/\$30,200	100%/100%	\$30	\$50	\$75	DC	\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%						
	Blue Choice Preferred Gold PPO SM 113	G533BCE	\$50-\$350	\$2,900/\$5,800	\$8,700/\$17,400	\$3,600/Unlimited	\$10,800/Unlimited	90%/60%	DC	DC	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 Choice Preferred Gold PPO SM 115	G535BCE	\$350-\$700	\$2,900/\$5,800	\$8,700/\$17,400	\$5,250/Unlimited	\$14,000/Unlimited	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵	70%/50%		
	Blue Choice Preferred Silver PPO SM 133	S534BCE	\$0-\$115	\$4,800/\$9,600	\$13,800/\$27,600	\$4,800/\$9,600	\$13,800/\$27,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%	
	Blue Choice Preferred Silver PPO SM 200	S5J1BCE	\$150-\$400	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}	100%/100%
	Blue Choice Preferred Bronze PPO SM 132	B536BCE	\$0	\$6,650/\$13,300	\$13,800/\$27,600	\$6,900/Unlimited	\$13,800/Unlimited	80%/50%	DC	DC	DC	DC	DC	\$250	DC	\$125/\$125	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵	70%/50%					
	Blue Choice Preferred Bronze PPO SM 106	B535BCE	\$0	\$6,900/\$13,800	\$13,800/\$27,600	\$6,900/\$13,800	\$13,800/\$27,600	100%/100%	DC	DC	DC	DC	DC	\$250	DC	\$125/\$125	100% ^{5,6}	100% ^{5,6}	100%/100%					
Blue Options SM (Network Code: BCO)	Blue Options Gold PPO SM 101	G506OPT	NA	\$750 Tier 1/ \$1,750 Tier 2/ \$3,500 OON	\$2,250 Tier 1/ \$5,250 Tier 2/ \$10,500 OON	\$6,250 Tier 1/ \$8,000 Tier 2/ Unlimited OON	\$16,500 Tier 1/ \$17,400 Tier 2/ Unlimited OON	80% Tier 1/ 70% Tier 2/ 50% OON	\$40 Tier 1/ \$60 Tier 2	\$60 Tier 1/ \$100 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%						
	Blue Options Gold PPO SM 106	G508OPT	NA	\$1,500 Tier 1/ \$3,250 Tier 2/ \$6,500 OON	\$4,500 Tier 1/ \$9,750 Tier 2/ \$19,500 OON	\$5,250 Tier 1/ \$7,250 Tier 2/ Unlimited OON	\$13,750 Tier 1/ \$17,400 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50% OON	\$30 Tier 1/ \$55 Tier 2	\$45 Tier 1/ \$95 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%						
	Blue Options Gold PPO SM 102	G507OPT	NA	\$2,000 Tier 1/ \$3,500 Tier 2/ \$7,000 OON	\$4,000 Tier 1/ \$8,500 Tier 2/ \$17,000 OON	\$3,750 Tier 1/ \$6,750 Tier 2/ Unlimited OON	\$8,500 Tier 1/ \$17,400 Tier 2/ Unlimited OON	90% Tier 1/ 70% Tier 2/ 50% OON	\$35 Tier 1/ \$60 Tier 2	\$50 Tier 1/ \$100 Tier 2	\$75	DC	\$400	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%						
	Blue Options Silver PPO SM 104	S506OPT	NA	\$4,850 Tier 1/ \$5,850 Tier 2/ \$11,700 OON	\$14,550 Tier 1/ \$17,100 Tier 2/ \$34,200 OON	\$7,350 Tier 1/ \$8,700 Tier 2/ Unlimited OON	\$17,400 Tier 1/ \$17,400 Tier 2/ Unlimited OON	80% Tier 1/ 60% Tier 2/ 50% OON	\$40 Tier 1/ \$60 Tier 2	\$60 Tier 1/ \$100 Tier 2	\$75	DC	\$600	\$250 Tier 1/ \$500 Tier 2/ \$600 OON	\$200 Tier 1/ \$400 Tier 2/ \$500 OON	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/50%						
	Blue Options Gold PPO SM 200	G5K1OPT	\$50-\$325	\$2,900 Tier 1/ \$4,600 Tier 2/ \$9,200 OON	\$8,700 Tier 1/ \$13,800 Tier 2/ \$27,600 OON	\$2,900 Tier 1/ \$6,550 Tier 2/ Unlimited OON	\$8,700 Tier 1/ \$14,000 Tier 2/ Unlimited OON	100% Tier 1/ 80% Tier 2/ 60% OON	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,7}	100% ^{5,7}	70%/50%	
	Blue Options Silver PPO SM 107	S507OPT	\$0	\$4,000 Tier 1/ \$4,750 Tier 2/ \$9,500 OON	\$12,000 Tier 1/ \$13,800 Tier 2/ \$27,600 OON	\$4,000 Tier 1/ \$6,900 Tier 2/ Unlimited OON	\$12,000 Tier 1/ \$13,800 Tier 2/ Unlimited OON	100% Tier 1/ 80% Tier 2/ 50% OON	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,7}	100% ^{5,7}	70%/50%

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.

Footnotes

- Select HDHP-HSA preventive prescription drugs will be covered with no member cost share. Please see myprime.com for more information.
- Value is a flat copay. Deductible and coinsurance do not apply.
- Per occurrence deductible applies unless otherwise indicated. Annual deductible and coinsurance will apply after the per occurrence deductible.
- Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers. You can find a provider at bcbsil.com/providers/dppo.htm.

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.

9. Urgent Care is covered at the Office Visit copay amount.

Blue Cross and Blue Shield of Illinois 2022 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		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care Office Visits	Specialist Office Visits	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	ER Visit ³ In/Out	Inpatient ³ In/Out	Outpatient ³ In/Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental ⁴ In/Out
Blue Precision HMO SM (Network Code: BAV)	Blue Precision Platinum HMO SM 107	P506PSN ⁸	NA	\$0/NC	\$0/NC	\$1,500/NC	\$4,500/NC	100%/NC	\$10	\$45	\$45 ⁹	\$250 copay ²	\$300 copay ²	\$150 copay ² per visit/NC	\$100 copay ² per visit/NC	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	100%/NC
	Blue Precision Platinum HMO SM 200	P5J1PSN ⁸	NA	\$0/NC	\$0/NC	\$2,000/NC	\$6,000/NC	100%/NC	\$20	\$30	\$30 ⁹	\$250 copay ²	\$300 copay ²	\$150 copay ² per visit/NC	\$100 copay ² per visit/NC	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	100%/NC
	Blue Precision Gold HMO SM 201	G5J2PSN ⁸	NA	\$0/NC	\$0/NC	\$5,000/NC	\$15,000/NC	100%/NC	\$50	\$70	\$70 ⁹	\$400 copay ²	\$500 copay ²	\$300 copay ² per visit/NC	\$250 copay ² per visit/NC	\$10/\$20/\$50/\$100/\$250/\$350 ⁵	\$10/\$20/\$50/\$100/\$250/\$350 ⁵	100%/NC
	Blue Precision Platinum HMO SM 110	P5E1PSN	NA	\$1,000/NC	\$3,000/NC	\$3,000/NC	\$9,000/NC	80%/NC	\$25	\$50	\$50 ⁹	\$0 copay ²	\$400	\$200/NC	\$150/NC	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	70%/NC
	Blue Precision Gold HMO SM 101	G532PSN	NA	\$2,500/NC	\$7,500/NC	\$8,550/NC	\$17,100/NC	70%/NC	\$55	\$75	\$75 ⁹	\$0 copay ²	\$1,000	\$400/NC	\$350/NC	\$10/\$20/\$50/\$100/\$250/\$350 ⁵	\$10/\$20/\$50/\$100/\$250/\$350 ⁵	70%/NC
	Blue Precision Silver HMO SM 106	S531PSN ⁸	NA	\$3,000/NC	\$9,000/NC	\$8,550/NC	\$17,100/NC	80%/NC	\$40	\$60	\$60 ⁹	\$750 copay ²	\$1,000	\$750 copay ² per day/NC	\$500/NC	\$10/\$20/\$50/\$100/\$250/\$350 ⁵	\$10/\$20/\$50/\$100/\$250/\$350 ⁵	70%/NC
	Blue Precision Silver HMO SM 102	S530PSN ⁸	NA	\$7,000/NC	\$17,100/NC	\$7,900/NC	\$17,100/NC	70%/NC	\$55	\$75	\$75 ⁹	\$400 copay ²	\$700	\$300/NC	\$250/NC	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	\$0/\$10/\$50/\$100/\$150/\$250 ⁵	70%/NC

General Notes:

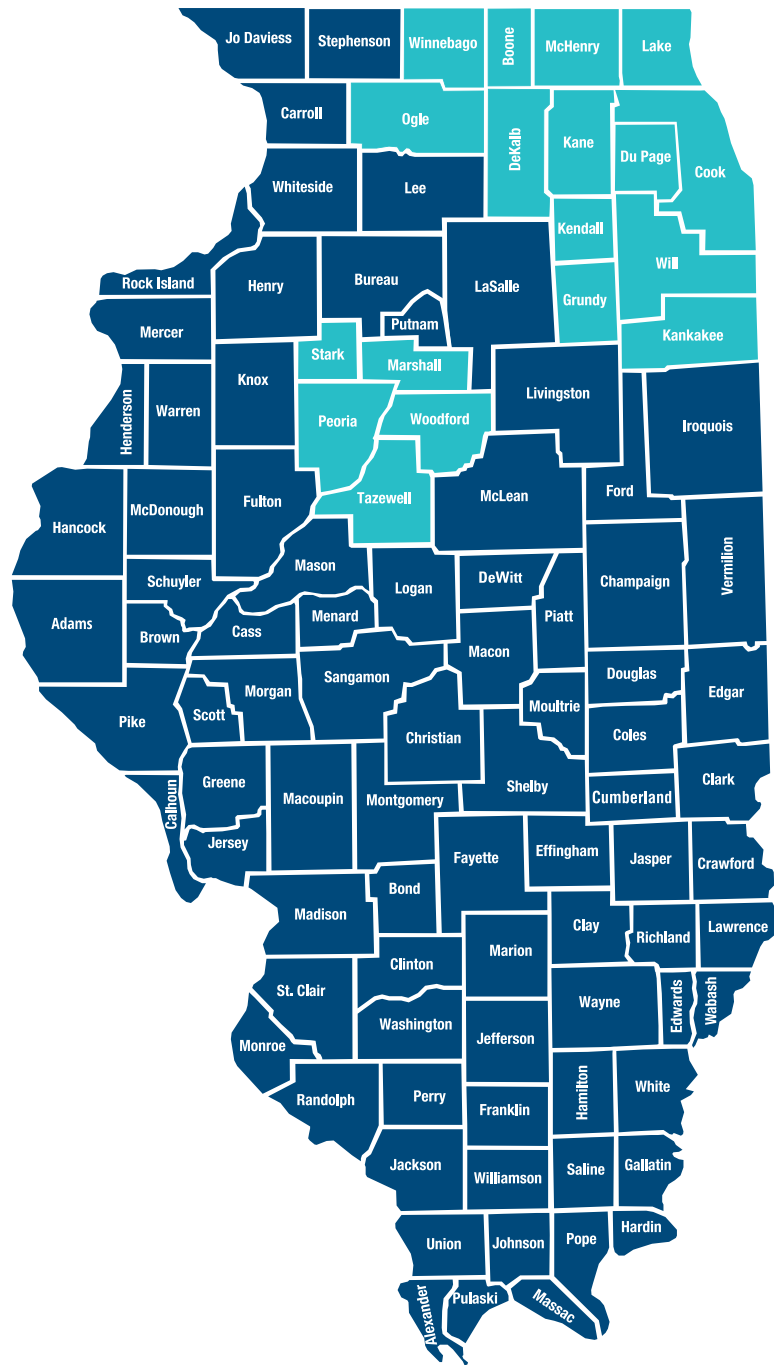
NA= Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network
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- BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.
- Coinsurance applies after the medical deductible is met.
- Coinsurance applies after the Tier 1 (Blue Choice OPT PPOSM) medical deductible is met.
- 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.
- Urgent Care is covered at the Office Visit copay amount.

2022 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: BAV)
Availability	1-50	1-50	1-50	1-50
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® (AFHC)	NA	NA	NA	No
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	No

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.

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Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Illinois.

Livongo, Wondr Health and Hinge Health are independent companies that have contracted with Blue Cross and Blue Shield of Illinois to provide condition management solutions for members with coverage through BCBSIL.

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