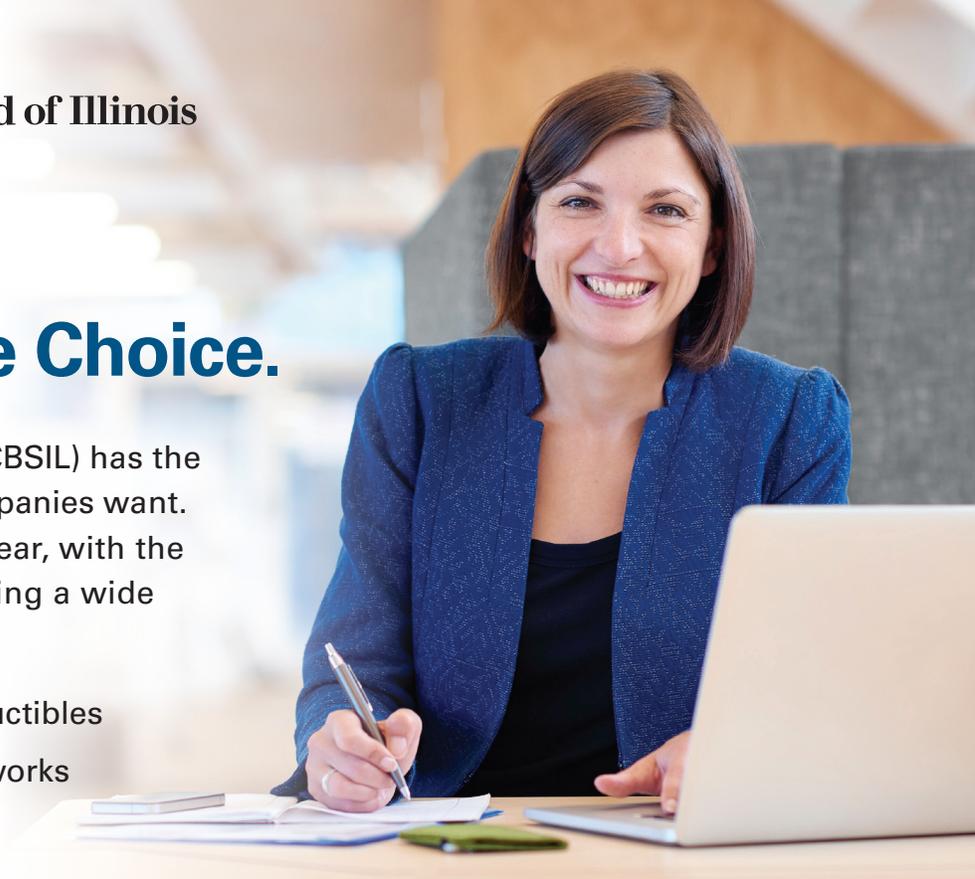




Same Value. More Choice.

Blue Cross and Blue Shield of Illinois (BCBSIL) has the flexibility and choice that growing companies want. We're providing a variety of plans this year, with the benefits you've come to expect, including a wide selection of:

- Copayments
- Deductibles
- Prescription Drug Benefits
- Networks



2019 Mid-Market Group Plans

The 2019 Mid-Market Portfolio will be launched on July 1, 2019 and available until June 30th, 2020. Employers can select a variety of plans for their employees to choose from. As always, our members have access to plenty of features and benefits. Here are some updates for 2019.

Site of Care Drug Infusion Therapy Program

Members who are receiving outpatient maintenance drug infusion therapy services may save more money by using a professional setting instead of a hospital setting.

If members go to an in-network, non-hospital facility (such as a physician's office or infusion center) or use home health care, the copay is \$50 versus a \$500 copay for an in-network outpatient hospital. Members pay only the copay, and the plan pays 100 percent of the remaining cost; the deductible does not need to be met for in-network care. This benefit applies to maintenance drugs only. Non-maintenance drugs will be subject to the deductible and coinsurance.

For out-of-network care, whether in a hospital or professional setting, the out-of-network plan deductible and coinsurance will apply. All infusion therapy services require pre-authorization.

NOTE: The above benefit does not apply to HMO products, HSA and Tiered plans.

Out-of-Network Pharmacy Costs

The out-of-network pharmacy cost has increased to 50 percent, to encourage members to use in-network pharmacies.

continued on page 2

Questions? Please contact your BCBSIL Account Representative.

**2019 Prescription Drug Plans:
Additional Payment Level of Five-Tier**

Prescription drug lists have different levels of coverage, which are called payment level tiers. Our pharmacy benefit includes five and six payment level tiers beginning July 2019.

Six-Tier Pharmacy Plans

Generic, brand and specialty drugs will each have preferred and non-preferred payment levels.

Generally, if a drug is in a lower payment level tier, out-of-pocket costs for that drug will be less.

Preferred Network: When you fill a prescription of a covered drug from a retail pharmacy that contracts in our Preferred Pharmacy Network, you may pay the lowest copay/coinsurance amount. If you fill a prescription at a non-preferred pharmacy that is in your network, you may pay a higher copay or coinsurance. For PPO plans, Walgreens pharmacies are included, while CVS pharmacies and some independent pharmacies are not in this network.

For HMO Plans: CVS is included in the pharmacy network, in addition to the other network pharmacies. Some independent pharmacies are not in the HMO pharmacy network.

Performance Drug List: This is a closed drug list, with most drug categories included. However, any drug not listed on the drug list would not be covered.



Five-Tier Pharmacy Plans

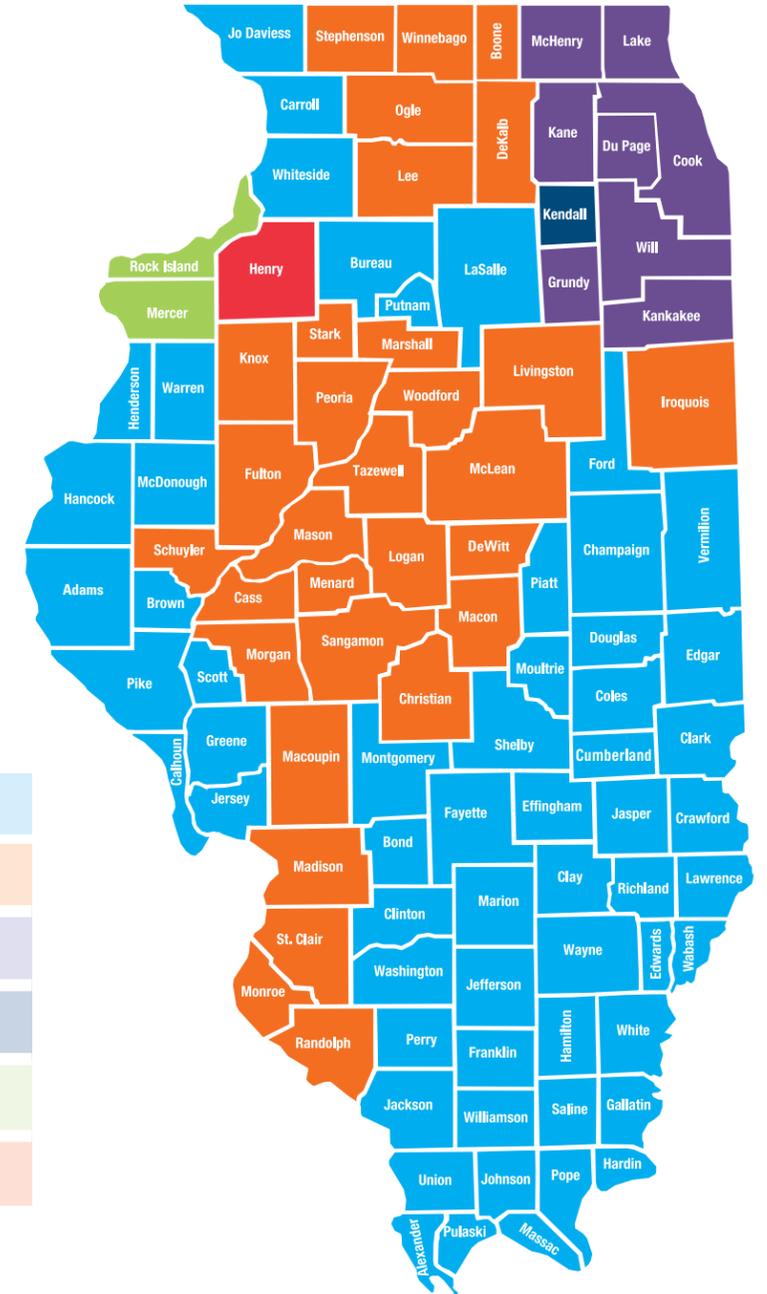
Generic and Brand drugs will each have preferred and non-preferred payment levels. Specialty drugs will only have one payment level regardless if the specialty drug is preferred or non-preferred.

Generally, if a drug is in a lower payment level tier, out-of-pocket costs for that drug will be less.

Advantage Network: Similar to the Preferred Network but with no copay/coinsurance differentials for using pharmacies not identified as Preferred. The Advantage Pharmacy Network includes most national and regional chains as well as independent pharmacies. Walgreens pharmacies are included, while CVS pharmacies and some independent pharmacies are not in this network.

Enhanced Drug List: Includes an open drug list that covers major drug classes, offering flexibility in the drugs available to the member.

2019 Illinois Mid-Market (51-150) Networks by County



BCBSIL 2019 Mid-Market Group Product Portfolio

			HSA Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Product	Plan Name	Plan ID	Aggregate/ Embedded ^{7,8}	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician	Virtual Visit Copay ⁴	Specialist Office Visit Copay	ER Visit	Urgent Care	Imaging In ¹	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
BluePrint PPO SM	BluePrint PPO SM 200	MIBPP200	Embedded	\$0/\$0	\$0/\$0	\$1,000/\$3,000	\$3,000/\$9,000	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 201	MIBPP201	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 202	MIBPP202	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 002 (5-tier Rx)	MIBPP002	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 203	MIBPP203	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/60%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 204	MIBPP204	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 205	MIBPP205	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 005 (5-tier Rx)	MIBPP005	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 206	MIBPP206	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 207	MIBPP207	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 007 (5-tier Rx)	MIBPP007	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 208	MIBPP208	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 209	MIBPP209	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 211	MIBPP211	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$3,500/\$10,500	\$10,500/\$31,500	90%/70%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 212	MIBPP212	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 012 (5-tier Rx)	MIBPP012	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷
	BluePrint PPO SM 213	MIBPP213	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 214	MIBPP214	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$20	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 216	MIBPP216	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$30	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePrint PPO SM 217	MIBPP217	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$5,600/\$16,800	\$12,000/\$36,000	80%/60%	\$40	\$40	\$60	\$250 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

1. Refers to MRI/CT/PET scans.

2. Copay only, no deductible/coinsurance.

3. Per occurrence deductible.

4. Virtual Visits use MDLIVE Providers.

7. Plan uses Advantage Pharmacy Network.

8. Aggregate HSA.

BCBSIL 2019 Mid-Market Group Product Portfolio																		
			HSA Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Product	Plan Name	Plan ID	Aggregate/ Embedded ^{7,9}	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician	Virtual Visit Copay ⁴	Specialist Office Visit Copay	ER Visit	Urgent Care	Imaging In ¹	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
BluePrint PPO SM	BluePrint PPO SM 218	MIBPP218	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 219	MIBPP219	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 220	MIBPP220	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice Select PPO SM	Blue Choice Select PPO SM 201	MIBCS201	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/50%	\$20	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 202	MIBCS202	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/60%	\$20	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 203	MIBCS203	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/50%	\$20	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 204	MIBCS204	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/60%	\$20	\$20	\$20	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 205	MIBCS205	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 207	MIBCS207	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 209	MIBCS209	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Select PPO SM 212	MIBCS212	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice Select PPO SM 216	MIBCS216	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/50%	\$30	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BlueEdge HSA SM	BlueEdge HSA SM 200	MIEEA200	Aggregate ⁸	\$1,500 ¹⁰	\$3,000 ¹⁰	\$3,000 ¹⁰	\$6,000 ¹⁰	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 201	MIEEA201	Aggregate ⁸	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$9,000	\$6,000/\$18,000	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 202	MIEEA202	Aggregate ⁸	\$2,500 ¹⁰	\$5,000 ¹⁰	\$5,000 ¹⁰	\$7,350 ¹⁰	100%/80%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{5,6}	100% ^{5,6}
	BlueEdge HSA SM 203	MIEEA203	Aggregate ⁸	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$15,000	\$7,350/\$22,050	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 204	MIEEE204	Embedded ⁹	\$2,800/\$5,600	\$5,600/\$11,200	\$2,800/\$5,600	\$5,600/\$11,200	100%/100%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{5,6}	100% ^{5,6}
	BlueEdge HSA SM 206	MIEEE206	Embedded ⁹	\$2,800/\$5,600	\$5,600/\$11,200	\$5,600/\$16,800	\$11,200/\$33,600	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 207	MIEEA207	Aggregate ⁸	\$3,500/\$7,000	\$7,000/\$14,000	\$5,800/\$17,400	\$7,350/\$22,050	80%/60%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵
	BlueEdge HSA SM 208	MIEEE208	Embedded ⁹	\$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	100% ^{5,6}

1. Refers to MRI/CT/PET scans.
2. Copay only, no deductible/coinsurance.
3. Per occurrence deductible.
4. Virtual Visits use MDLIVE Providers.
5. Coinsurance applies after deductible.

6. BCBSIL HMO & 100% plans do NOT have the Preferred Pharmacy Network.
7. Plan uses Advantage Pharmacy Network.
8. Aggregate HSA.
9. Embedded HSA.
10. In- and Out-of-Network Deductible and OPX cross-accumulate.

BCBSIL 2019 Mid-Market Group Product Portfolio

			HSA Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits		
Product	Plan Name	Plan ID	Aggregate/ Embedded ^{7,9}	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician	Virtual Visit Copay ⁴	Specialist Office Visit Copay	ER Visit	Urgent Care	Imaging In ¹	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
BlueEdge Select HSA SM	BlueEdge Select HSA SM 211	MIESA211	Aggregate ⁸	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$15,000	\$7,350/\$22,050	80%/50%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵	
	BlueEdge Select HSA SM 212	MIESA212	Aggregate ⁸	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	100%/100%	DC	DC	DC	DC	DC	DC	DC/\$300 ³	DC	100% ^{5,6}	100% ^{5,6}	
Blue Advantage HMO Value Choice SM	Blue Advantage HMO Value Choice SM 211	MIBAV211	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	\$40	NA	\$60	\$350 ²	\$60	DC	\$500 copay per day ² (3 days)/NA	\$250 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶		
	Blue Advantage HMO Value Choice SM 212	MIBAV212	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	\$50	NA	\$70	\$400 ²	\$70	DC	\$750 copay per day ² (3 days)/NA	\$300 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶		
Blue Advantage HMO SM	Blue Advantage HMO SM 200	MIBAH200	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	\$40	NA	\$60	\$350 ²	\$60	DC	\$250 copay per day ² (5 days)/NA	DC/NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶		
	Blue Advantage HMO SM 201	MIBAH201	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	\$30	NA	\$50	\$250 ²	\$50	DC	NC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶		
	Blue Advantage HMO SM 202	MIBAH202	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	\$20	NA	\$40	\$250 ²	\$40	DC	NC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶		
Product	Plan Name	Plan ID	Aggregate/ Embedded	Individual (Tier 1 In/Tier 2 In/Out)	Family (Tier 1 In/Tier 2 In/Out)	Individual OPX (Tier 1 In/Tier 2 In/Out)	Family OPX (Tier 1 In/Tier 2 In/Out)	Coinsurance (Tier 1 In/Tier 2 In/Out)	Primary Care Physician (Tier 1/ Tier 2)	Virtual Visit Copay	Specialist Office Visit Copay (Tier 1/ Tier 2)	ER Visit	Urgent Care	Imaging In ¹	Inpatient (Tier 1 In/Tier 2 In/Out)	Outpatient (Tier 1 In/Tier 2 In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Choice Options SM	Blue Choice Options SM 200	MIBCO200	Embedded	\$500 BCO/\$1,500 PPO/ \$3,000 OON	\$1,500 BCO/\$4,500 PPO/ \$9,000 OON	\$4,000 BCO/\$5,600 PPO/\$16,800 OON	\$10,200 BCO/\$10,200 PPO/ \$30,600 OON	90% BCO/70% PPO/50% OON	\$20 BCO/ \$50 PPO	\$20	\$40 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice Options SM 000 (5-Tier Rx)	MIBCO000	Embedded	\$500 BCO/\$1,500 PPO/ \$3,000 OON	\$1,500 BCO/\$4,500 PPO/ \$9,000 OON	\$4,000 BCO/\$5,600 PPO/\$16,800 OON	\$10,200 BCO/\$10,200 PPO/ \$30,600 OON	90% BCO/70% PPO/50% OON	\$20 BCO/ \$50 PPO	\$20	\$40 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷	
	Blue Choice Options SM 201	MIBCO201	Embedded	\$500 BCO/\$1,500 PPO/ \$3,000 OON	\$1,500 BCO/\$4,500 PPO/ \$9,000 OON	\$500 BCO/\$3,000 PPO/ \$9,000 OON	\$1,500 BCO/\$9,000 PPO/\$ 27,000 OON	100% BCO/70% PPO/50% OON	\$20 BCO/ \$50 PPO	\$20	\$40 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice Options SM 203	MIBCO203	Embedded	\$1,000 BCO/\$2,500 PPO/\$5,000 OON	\$3,000 BCO/\$7,500 PPO/\$15,000 OON	\$2,500 BCO/\$5,500 PPO/\$16,500 OON	\$7,500 BCO/\$10,200 PPO/ \$30,600 OON	90% BCO/70% PPO/50% OON	\$25 BCO/ \$50 PPO	\$25	\$50 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice Options SM 003 (5-Tier Rx)	MIBCO003	Embedded	\$1,000 BCO/\$2,500 PPO/\$5,000 OON	\$3,000 BCO/\$7,500 PPO/\$15,000 OON	\$2,500 BCO/\$5,500 PPO/\$16,500 OON	\$7,500 BCO/\$10,200 PPO/ \$30,600 OON	90% BCO/70% PPO/50% OON	\$25 BCO/ \$50 PPO	\$25	\$50 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$15/\$30/\$50/\$150 ⁷	\$0/\$15/\$30/\$50/\$150 ⁷	
	Blue Choice Options SM 204	MIBCO204	Embedded	\$1,500 BCO/\$3,500 PPO/\$7,000 OON	\$4,500 BCO/\$10,200 PPO/\$21,000 OON	\$3,000 BCO/\$5,500 PPO/\$16,500 OON	\$9,000 BCO/\$10,200 PPO/ \$30,600 OON	90% BCO/70% PPO/50% OON	\$30 BCO/ \$50 PPO	\$30	\$50 BCO/ \$100 PPO	\$400 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice Options SM 205	MIBCO205	Embedded	\$4,000 BCO/\$5,000 PPO/\$10,000 OON	\$10,200 BCO/\$10,200 PPO/\$26,400 OON	\$5,600 BCO/\$5,600 PPO/\$16,800 OON	\$10,200 BCO/\$10,200 PPO/ \$30,600 OON	80% BCO/60% PPO/50% OON	\$35 BCO/ \$60 PPO	\$35	\$55 BCO/ \$120 PPO	\$500 ³	\$75	DC	\$250 BCO3/\$500 PPO ³ / \$600 OON ³	\$200 BCO3/\$400 PPO ³ / \$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice Options SM 206	MIBCO206	Embedded ⁹	\$2,800 BCO/\$4,500 PPO/\$9,000 OON	\$7,800 BCO/\$12,900 PPO/\$25,800 OON	\$2,800 BCO/\$6,450 PPO/\$19,350 OON	\$7,800 BCO/\$12,900 PPO/ \$38,700 OON	100% BCO/80% PPO/60% OON	DC	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}
	Blue Choice Options SM 207	MIBCO207	Embedded ⁹	\$3,000 BCO/\$4,700 PPO/\$9,400 OON	\$8,000 BCO/\$13,100 PPO/\$26,200 OON	\$3,000 BCO/\$6,650 PPO/\$19,950 OON	\$8,000 BCO/\$13,300 PPO/ \$39,900 OON	100% BCO/80% PPO/60% OON	DC	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}

1. Refers to MRI/CT/PET scans.

2. Copay only, no deductible/coinsurance.

3. Per occurrence deductible.

4. Virtual Visits use MDLIVE Providers.

5. Coinsurance applies after deductible.

6. BCBSIL HMO & 100% plans do NOT have the Preferred Pharmacy Network.

7. Plan uses Advantage Pharmacy Network.

8. Aggregate HSA.

9. Embedded HSA.

10. In- and Out-of-Network Deductible and OPX cross-accumulate.

General Notes:

- a. NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network.
- b. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), and Health Mart Atlas (group of independent pharmacies).
- c. All plans include prescription drug benefits. The benefit plan is based on the Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy. Member Pay the Difference applies to all plans.

Footnotes:

1. The Imaging column refers to In-network high-dollar imaging services, such as MRIs, CT scans and PT scans.
2. Value is a flat copay. Deductible and coinsurance do not apply.
3. Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
4. Virtual visits are permitted in-network only and only through our network vendor.
5. Coinsurance applies after the medical deductible is met.
6. BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.
7. Plan uses the Advantage Pharmacy Network.
8. Aggregate Health Saving Account (HSA) plan. Family membership must meet the family deductible and out-of-pocket amounts.
9. Embedded Health Savings (HSA) plan. Once an individual within the family has met the Individual deductible, that particular member will be eligible for benefits.
10. In-Network and Out-of-Network Deductible and OPX cross accumulate.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSIL Representative.

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.

An "IL 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 "IL preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Blue Choice Options



Understanding and Using Your Benefits

With a Blue Cross Blue Shield of Illinois (BCBSIL) PPO benefit plan, you probably already know that you'll save money by visiting doctors and hospitals in the PPO network. But did you know that with your Blue Choice Options benefit plan, you can save even more money by using a doctor or hospital that participates in the Blue Choice OPT PPO network?

What Is a Blue Choice Options Plan?

Your Blue Choice Options benefit plan is designed in three tiers. You **save** the most when you use doctors and hospitals in tier 1 – the Blue Choice OPT PPO network. You **pay** the most when you visit those in tier 3 (out-of-network providers). Remember, you need to determine which network your doctor or hospital is in to know your coverage level.

Why Using a Blue Choice OPT PPO Network Provider Saves You Money

The Blue Choice OPT PPO network (tier 1) has a variety of doctors and hospitals in the Chicago metropolitan area and Quad City region that can meet all your health care needs. These doctors and hospitals, which all meet BCBSIL's quality criteria, have agreed to offer you the care and services you need for a lower cost. In addition, with your Blue Choice Options benefit plan, you also get the highest level of benefits when you visit the doctors and hospitals in the Blue Choice OPT PPO network. You still have the option of choosing a doctor from the larger, statewide PPO network (tier 2), but you will pay higher out-of-pocket costs than with the Blue Choice OPT PPO network.

Tier 1: Pay the least out-of-pocket expenses by using a participating provider in the Blue Choice OPT PPO network.

Tier 2: Pay additional out-of-pocket costs by choosing a participating provider in the larger, statewide PPO network.

Tier 3: Pay the highest out-of-pocket costs by selecting an out-of-network provider and may be required to pay those fees up front.

Compare Costs

You can see from the example below how costs and savings vary by tier. Even though your specific plan design may be different, it makes sense to use a doctor or hospital in tier 1, the Blue Choice OPT PPO network, or tier 2, the BCBSIL larger, statewide PPO network.

	Tier 1: Blue Choice OPT PPO Network	Tier 2: Larger Statewide PPO Network	Tier 3: Out-of-Network*
Doctor Visit	Cost is \$200 You pay \$15	Cost is \$200 You pay \$30	Cost is \$200 You pay \$200
Specialist Visit	Cost is \$200 You pay \$30	Cost is \$200 You pay \$50	Cost is \$200 You pay \$200
2-Day Inpatient Hospital Stay	Cost is \$5,000 You pay \$1,400	Cost is \$5,000 You pay \$2,900	Cost is \$5,000 You pay \$5,000

*Applied to member's deductible. Once deductible is met, pays at percentage designated by plan. Benefit information is based on a \$1,000 deductible and 90% coinsurance for tier 1, a \$2,000 deductible and 70% coinsurance for tier 2, and a \$8,000 deductible and 50% coinsurance for OON. These examples are stand-alone and do not track the member's out-of-pocket max.

How Do You Find a Tier 1 or Tier 2 Provider?

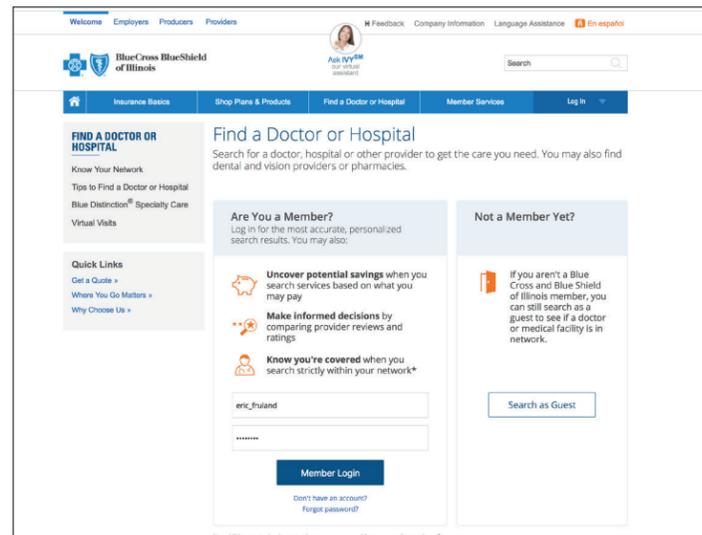
Now that you know it's most cost-effective to use a doctor or hospital in tier 1 or tier 2, let us help you find a participating network provider.

Log in to Blue Access for MembersSM (BAMSM) at bcbsil.com/member. To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

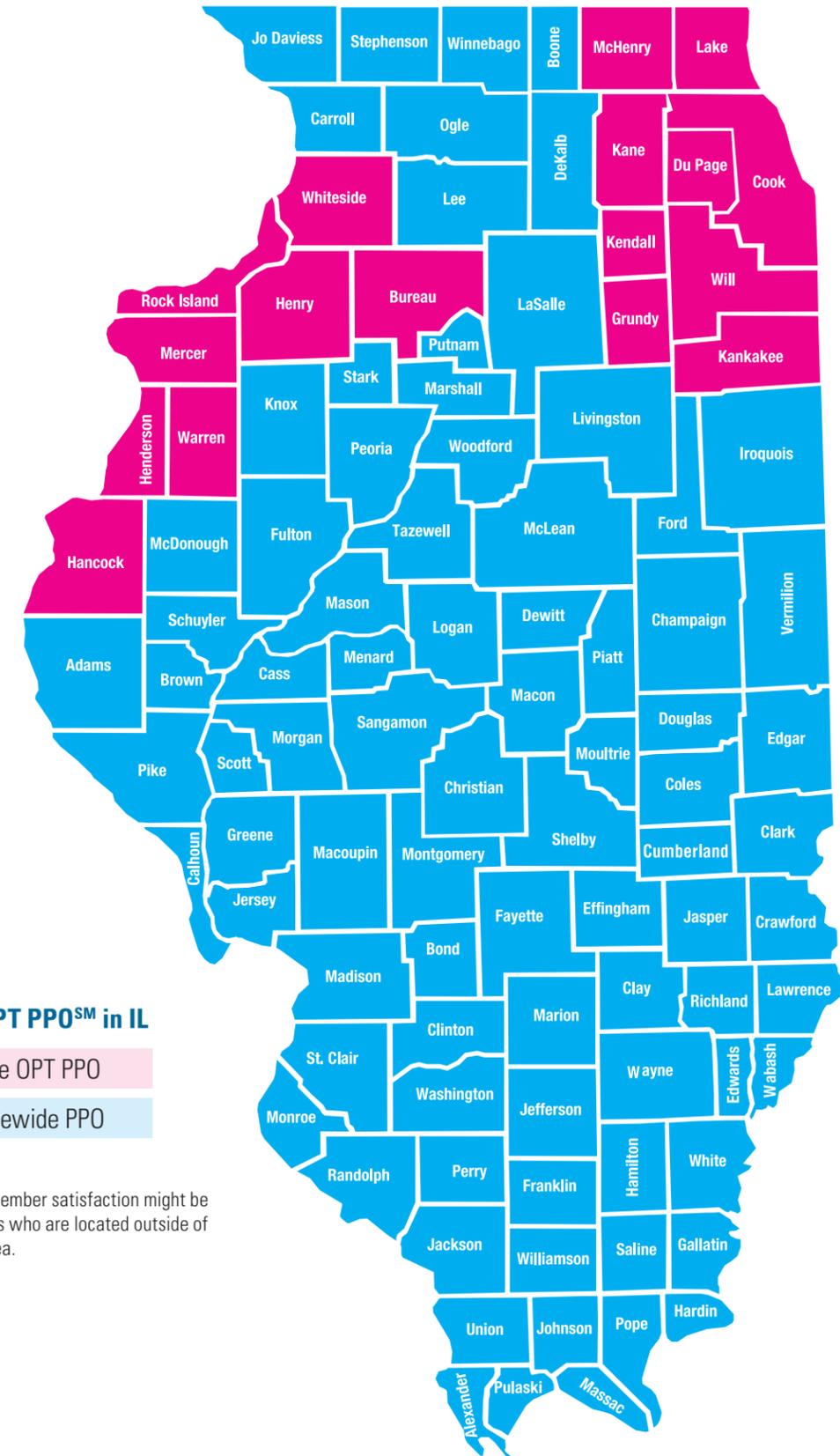
For basic provider searches, you can also access Provider Finder without logging in to BAM.

- Just visit bcbsil.com and click on the Find a Doctor or Hospital tab.
- Click Search as Guest
- Click Search In-Network Providers, to tell us about yourself. You will be prompted to answer a few questions to help in your search so the results contain all Tier 1, Blue Choice OPT PPO providers. To expand your search, click on Display All In-network Providers.

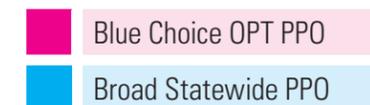
If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.



Blue Choice OPT PPO Network in IL



Blue Choice OPT PPOSM in IL



Overall savings and member satisfaction might be impacted for members who are located outside of the Chicago metro area.

Please see the next two pages for BlueCare DentalSM Plan Options.

Plan Options for Mid-Market¹

Contributory Plans

	DINHR01		DINHR02		DINHR03		DINHR04		DINLR06		DINLR07		DINHM08		DINHM10		DINLM11		DINHM12		DINHR20		DINLM21	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75	\$50		\$75		\$50		\$50		\$75		\$25	\$75	\$50		\$50	
Annual Maximum	\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$1,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$1,500		\$1,000		N/A		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000	
Diagnostic and Preventive²	100%		100%		100%		100%	80%	100%		90%		100%	100%	80%	90%	70%	100%		100%		100%		
Misc Preventive Services	100% ²		100% ²		100% ²		100% ²	80% ²	80%		70%		100% ²		100% ²	80% ²	70%	50%	100% ²		100% ¹		80%	
Basic Restorative	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	80% ³		80%		80%	
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	N/A		80%		80%	
Endodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%	
Oral Surgery	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%	
Surgical Periodontal	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		50%		50%	40%	50%	30%	N/A		50%		50%	
Implants	50%		50%		50%		50%		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics² (Adults and Children)	50%		50%		50%		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%	

¹ This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

² Waived Deductible applies to this service.

³ Only Basic Restorative Services are covered.

Voluntary Plan Options for Mid-Market¹

Voluntary Plans

	DINHR13		DINH14		DINH16		DINHR22		DINHR23		DINLR24		DINLM25		DINLM26	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$50		\$50		\$50		\$50		\$50	\$100
Annual Maximum	\$1,500		\$1,500	\$1,000	\$750		\$1,000		\$1,500		\$1,000		\$1,000		\$750	
Ortho Lifetime Maximum	\$1,500		N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A	
Diagnostic and Preventive²	100%		100%	80%	100%		100%		100%		100%		100%		100%	
Misc Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		100% ²		80%		80%		80%	50%
Basic Restorative	80%		80%	60%	80% ³		80%		80%		80%		80%		80%	50%
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	80%		80%	60%	N/A		80%		80%		80%		80%		80%	50%
Endodontics	80%		80%	60%	N/A		80%		80%		50%		50%		50%	
Oral Surgery	80%		80%	60%	N/A		80%		80%		50%		50%		50%	
Surgical Periodontal	80% ⁴		80% ⁴	60% ⁴	N/A		80% ⁴		80% ⁴		50% ⁴		50% ⁴		50% ⁴	
Major Restorative and Prosthodontics	50% ⁴		50% ⁴	40% ⁴	N/A		50% ⁴		50% ⁴		50% ⁴		50% ⁴		50% ⁴	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics² (Adults and Children)	50%		N/A		N/A		50%		N/A		N/A		50%		N/A	

For information on rates, contact your BCBSIL Account Representative.

¹ This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

² Waived Deductible applies to this service.

³ Only Basic Restorative Services are covered.

⁴ 12-month waiting period applies.

Illinois Mid-Market Network Offerings Comparison

Product Name	BluePrint PPO SM	Blue Choice Select PPO SM	Blue Choice Options SM	Blue Advantage HMO SM
Network Name	PPO (PPO)	Blue Choice PPO (BCS)	Tier 1 - Blue Choice OPT PPO (BCO) Tier 2 - PPO (PPO)	Blue Advantage HMO (ADV)
Network Type	Broad	Narrow (Smart)	Tiered	Broad
Coverage	Statewide	Chicago Metro and Quad City Regions	Tier 1 - Chicago Metro and Quad City Regions Tier 2 - Statewide PPO	Chicago, Springfield, Rockford, Peoria, Bloomington and East St. Louis
Must Live/Work in Network Service Area	No	Yes	Yes	Yes
Medical Group Selection Required	No	No	No	Yes
Referral Required	No	No	No	Yes
OON Coverage	Yes	Yes, but member is not held harmless. The member can be billed up to the billed amount.	Yes	No with the exception of emergency or accident
BlueCard[®]	Yes	Yes	Yes - Paid at Tier 1	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)	N/A	N/A	N/A	AFHC enables members to receive guest membership benefits from other participating Blue Cross and Blue Shield HMOs while traveling outside of their HMO service areas for at least 90 days. Affiliated HMOs are not available in all locations, and not all Blue Cross and Blue Shield Association HMOs participate in the AFHC program. Benefits and the way members access services might not be the same as their Illinois benefits. To apply for the AFHC program, members must contact Customer Service at 1-800-892-2803
Blue Access for MembersSM	Yes	Yes	Yes	Yes
Provider Finder[®]	Yes	Yes	Yes	Yes, displays PCP and Medical Group only for IL HMOs
Member Liability Estimator	Yes	Yes	Yes	No

MDLIVE, a separate company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Illinois and is solely responsible for its operations and for those of its contracted providers.

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