



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

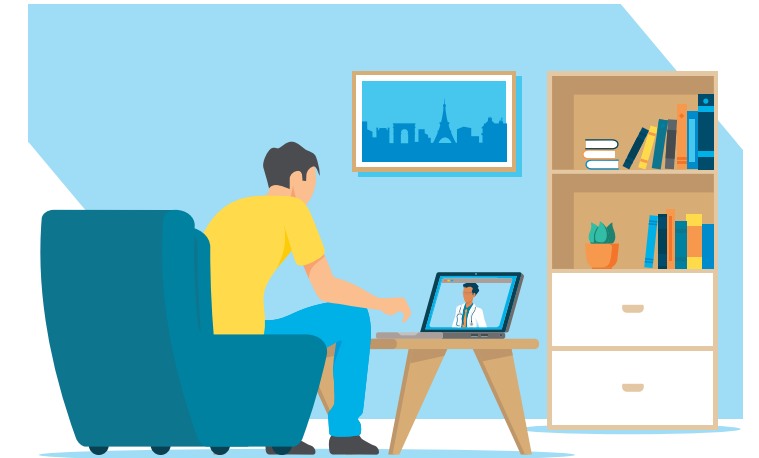
Convenient, safe access to health care has never been more important. That's why we make care available through our in-network telehealth providers or through Virtual Visits powered by MDLIVE®. We're making it easy for members to prioritize their health. They can save time and money and get the care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

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				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	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	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	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	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.

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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
 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.

- 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.

