



Same
Value.
More
Choice.



MID-MARKET 51-150 EMPLOYEES

2020 Mid-Market Group Plans

Blue Cross and Blue Shield of Illinois (BCBSIL) offers health care plans with the choice, flexibility and affordable options that growing companies want.

The 2020 Mid-Market Portfolio will be launched on July 1, 2020 and available until June 30, 2021. Employers can select from a variety of plans. As always, members have access to plenty of features and benefits. Here are some updates for 2020.

Virtual Visits (Powered by MDLIVE)

Members in specific plans have access to virtual visits powered by MDLIVE at a zero-dollar cost share. To verify the plans with this benefit enhancement, please review the plan charts provided in this brochure.

\$0 Health Savings Account (HSA) Plan Preventive Drugs

This benefit enhancement is available on select HSA plans to allow certain preventive drugs to be filled at zero cost to our members. Those plans are marked with a footnote in the plan charts within this brochure.

Behavioral Health

- A new opioid/substance use effort identifies abuse risks and provides outreach and coordination of care for members facing these issues.
- We've made it easier for members to identify appropriate specialists – such as Medication Assisted Therapy (MAT) providers – in our online Provider Finder®.
- Advanced analytics and reporting add value by helping to keep an eye on the cost of care for both members and employers.

2020 Mid-Market Group Plans

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Wellbeing Management

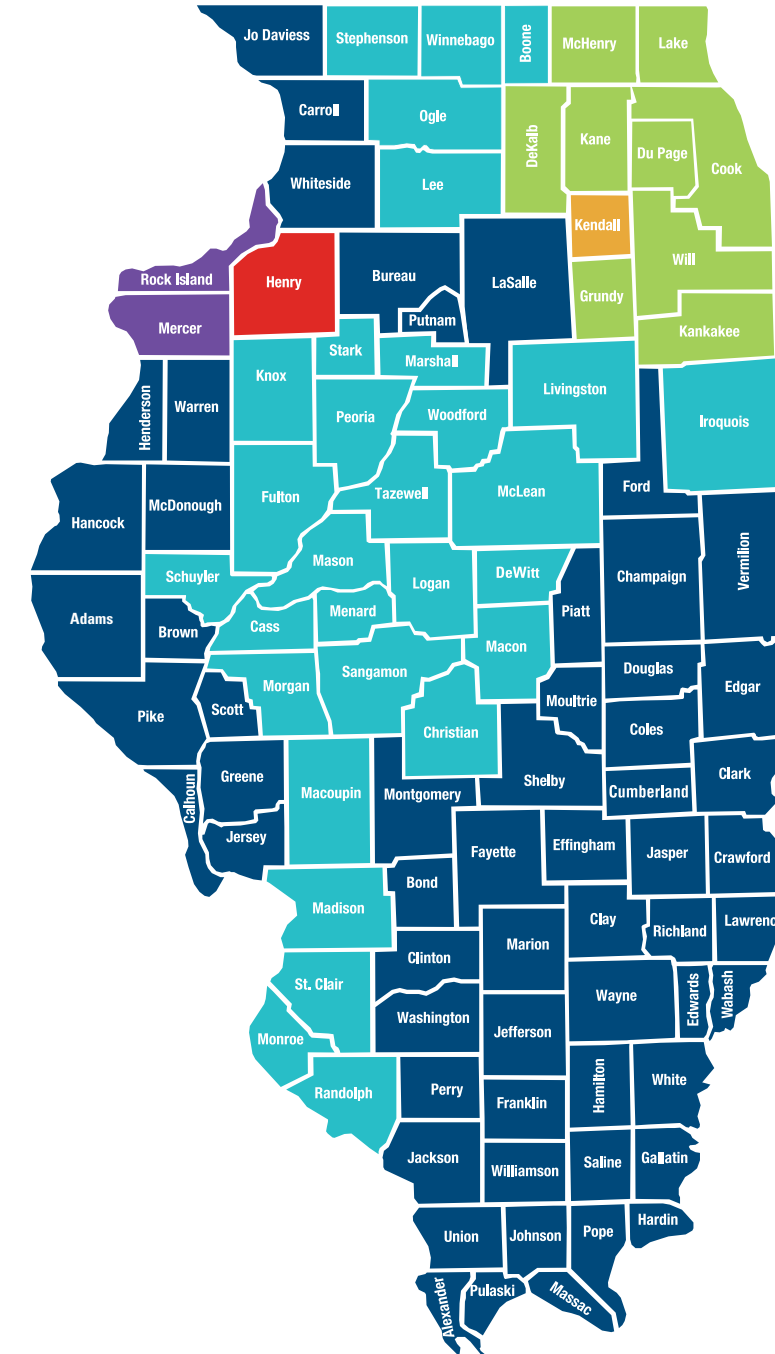
- This is an enhanced approach to improving health outcomes and helping ensure health care dollars are spent wisely. Members are supported across the health continuum – from chronic and complex conditions to lifelong wellness.
- A health advisor engages with and helps educate members facing high-cost, high-complexity health challenges. This specially trained clinician works with a multi-disciplinary team to address medical, pharmacy and behavioral issues, as well as barriers to health care.
- Personalized reminders of annual visits, preventive screenings and immunizations can also help to improve member health.
- Members can visit Well onTarget® to access tools and wellness resources to help manage their health:

- Earn points with the Blue PointsSM program by completing specific activities and achieving goals online, then redeem them in the online shopping mall
- Track healthy behaviors, sync fitness and nutrition devices with the Well onTarget portal or download the app
- The Special Beginnings[®] maternity program enables early identification of high-risk pregnancies and increased opportunities for interventions that can result in better clinical outcomes and cost savings.
- Registered nurses are available 24/7 to guide members to their doctors or emergency care if necessary. In addition, the 24/7 Nurseline can answer general health questions or direct members to an audio library of over 1,000 health topics.

Note: Some services mentioned above may not apply to Illinois HMO plans.



2020 Illinois Mid-Market (51-150) Provider Networks by County



Network Names

- PPO
- PPO and Blue Advantage HMOSM
- PPO, Blue Advantage HMO, Blue Choice PPOSM, and Blue Choice OPT PPOSM
- PPO, Blue Advantage HMO, and Blue Choice OPT PPO
- PPO and Blue Choice PPO
- PPO, Blue Advantage HMO, and Blue Choice PPO

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.

BCBSIL 2020 Mid-Market Group Plan Portfolio (Available Through June 2021)

			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits		
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Virtual Visit Copay ⁴	Primary Care Physician	Specialist Office Visit Copay	ER Visit	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Participating Provider Organization	BluePrint PPO SM 2000	MIBPP2000	Embedded	\$0/\$0	\$0/\$0	\$1,000/\$3,000	\$3,000/\$9,000	90%/70%	\$0	\$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 2010	MIBPP2010	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$0	\$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 2020	MIBPP2020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$0	\$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 0020 (5-tier Rx)	MIBPP0020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/70%	\$0	\$20	\$40	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/NA/\$150 ⁷	\$0/\$15/\$30/\$50/NA/\$150 ⁷	
	BluePrint PPO SM 2030	MIBPP2030	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/60%	\$0	\$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 2040	MIBPP2040	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/70%	\$0	\$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 2050	MIBPP2050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$0	\$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 0050 (5-tier Rx)	MIBPP0050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/NA/\$150 ⁷	\$0/\$15/\$30/\$50/NA/\$150 ⁷	
	BluePrint PPO SM 2060	MIBPP2060	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$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 2070	MIBPP2070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$0	\$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 0070 (5-tier Rx)	MIBPP0070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/NA/\$150 ⁷	\$0/\$15/\$30/\$50/NA/\$150 ⁷	
	BluePrint PPO SM 2080	MIBPP2080	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$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 2090	MIBPP2090	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/60%	\$0	\$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 2110	MIBPP2110	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$3,500/\$10,500	\$10,500/\$31,500	90%/70%	\$0	\$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 2120	MIBPP2120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$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 0120 (5-tier Rx)	MIBPP0120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/60%	\$0	\$30	\$50	\$150 ²	DC	DC	DC/\$300 ³	DC	\$0/\$15/\$30/\$50/NA/\$150 ⁷	\$0/\$15/\$30/\$50/NA/\$150 ⁷	
	BluePrint PPO SM 2130	MIBPP2130	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$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 2140	MIBPP2140	Embedded	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$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 2160	MIBPP2160	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/60%	\$0	\$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 2170	MIBPP2170	Embedded	\$5,000/\$10,000	\$12,000/\$24,000	\$5,600/\$16,800	\$12,000/\$36,000	80%/60%	\$0	\$40	\$60	\$250 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	BluePrint PPO SM 2180	MIBPP2180	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	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BluePrint PPO SM 2190	MIBPP2190	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	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePrint PPO SM 2200	MIBPP2200	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	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

All footnotes appear on the last page.

BCBSIL 2020 Mid-Market Group Plan Portfolio (Available Through June 2021)

			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Virtual Visit Copay ⁴	Primary Care Physician	Specialist Office Visit Copay	ER Visit	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/ Inpatient Out	Outpatient In/ Outpatient Out	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO	Blue Choice Select PPO SM 2010	MIBCS2010	Embedded	\$250/\$500	\$750/\$1,500	\$1,250/\$3,750	\$3,750/\$11,250	80%/50%	\$0	\$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 2020	MIBCS2020	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	90%/60%	\$0	\$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 2030	MIBCS2030	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,500/\$7,500	\$7,500/\$22,500	80%/50%	\$0	\$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 2040	MIBCS2040	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$6,000/\$18,000	90%/60%	\$0	\$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 2050	MIBCS2050	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/50%	\$0	\$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 2070	MIBCS2070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$10,500	\$10,500/\$31,500	80%/50%	\$0	\$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 2090	MIBCS2090	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	80%/50%	\$0	\$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 2120	MIBCS2120	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/\$13,500	\$12,000/\$36,000	80%/50%	\$0	\$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 2160	MIBCS2160	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$5,500/\$16,500	\$12,000/\$36,000	80%/50%	\$0	\$30	\$30	\$200 ²	DC	DC	DC/\$300 ³	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Choice PPO	BlueEdge Select HSA SM 2110	MIESA2110	Aggregate ⁸ HSA	\$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 2120	MIESA2120	Aggregate ⁸ HSA	\$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}
	BlueEdge Select HSA SM 2180	MIEEE2180	Embedded ⁹ HSA	\$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}
Participating Provider Organization	BlueEdge HSA SM 2000	MIEEA2000	Aggregate ⁸ HSA	\$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 2010	MIEEA2010	Aggregate ⁸ HSA	\$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% ^{1,5}	80%/80%/70%/60%/60%/50% ^{1,5}
	BlueEdge HSA SM 2020	MIEEA2020	Aggregate ⁸ HSA	\$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% ^{1,5,6}	100% ^{1,5,6}
	BlueEdge HSA SM 2030	MIEEA2030	Aggregate ⁸ HSA	\$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 2040	MIEEE2040	Embedded ⁹ HSA	\$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 2060	MIEEE2060	Embedded ⁹ HSA	\$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 2070	MIEEA2070	Aggregate ⁸ HSA	\$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 2080	MIEEE2080	Embedded ⁹ HSA	\$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}

All footnotes appear on the last page.

BCBSIL 2020 Mid-Market Group Plan Portfolio (Available Through June 2021)

			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Network	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Virtual Visit Copay ⁴	Primary Care Physician	Specialist Office Visit Copay	ER Visit	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	Inpatient In/Inpatient Out	Outpatient In/Outpatient Out	Pharmacy Plan	
Blue Advantage HMO	Blue Advantage HMO Value Choice SM 2110	MIBAV2110	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$40	\$60	\$350 ²	\$60	\$0	\$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 2120	MIBAV2120	Embedded	\$0/NA	\$0/NA	\$3,000/NA	\$6,000/NA	100%/NA	NA	\$50	\$70	\$400 ²	\$70	\$0	\$750 copay per day ² (3 days)/NA	\$300 copay ² /NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶	
	Blue Advantage HMO Value Choice SM 2130	MIBAV2130	Embedded	\$1,000/NA	\$3,000/NA	\$3,000/NA	\$9,000/NA	80%/NA	NA	\$50	\$70	\$250 ³	\$70	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶	
	Blue Advantage HMO Value Choice SM 2140	MIBAV2140	Embedded	\$1,500/NA	\$4,500/NA	\$4,500/NA	\$13,500/NA	80%/NA	NA	\$50	\$70	\$400 ³	\$70	\$0	\$200 ³ /NA	\$150 ³ /NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶	
Blue Advantage HMO	Blue Advantage HMO SM 2000	MIBAH2000	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$40	\$60	\$350 ²	\$60	\$0	\$250 copay per day ² (5 days)/NA	NC/NA	\$0/\$10/\$35/\$75/\$150/\$250 ⁶	
	Blue Advantage HMO SM 2010	MIBAH2010	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$30	\$50	\$250 ²	\$50	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶	
	Blue Advantage HMO SM 2020	MIBAH2020	Embedded	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	NA	\$20	\$40	\$250 ²	\$40	\$0	NC/NA	NC/NA	\$0/\$10/\$50/\$100/\$150/\$250 ⁶	

All footnotes appear on the last page.

BCBSIL 2020 Mid-Market Group Plan Portfolio (Available Through June 2021)

			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Inpatient & Outpatient		Pharmacy Benefits	
Network	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)	Virtual Visit Copay ⁴	Primary Care Physician (Tier 1/Tier 2)	Specialist Office Visit Copay (Tier 1/Tier 2)	ER Visit	Urgent Care	Advanced Imaging In (MRI, CT, & PET)	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 OPT PPO	Blue Choice Options SM 2080	MIBCO2080	Embedded	\$250 BCO/\$1,000 PPO/\$2,000 OON	\$750 BCO/\$3,000 PPO/\$6,000 OON	\$750 BCO/\$1,250 PPO/\$2,500 OON	\$2,250 BCO/\$3,750 PPO/\$7,500 OON	90% BCO/70% PPO/50% OON	\$20	\$20 BCO/\$40 PPO	\$40 BCO/\$80 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2000	MIBCO2000	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	\$20 BCO/\$50 PPO	\$40 BCO/\$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 0000 (5-Tier Rx)	MIBCO0000	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	\$20 BCO/\$50 PPO	\$40 BCO/\$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$15/\$30/\$50/NA/\$150 ⁷	\$0/\$15/\$30/\$50/NA/\$150 ⁷
	Blue Choice Options SM 2010	MIBCO2010	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	\$20 BCO/\$50 PPO	\$40 BCO/\$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2030	MIBCO2030	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	\$25 BCO/\$50 PPO	\$50 BCO/\$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 0030 (5-Tier Rx)	MIBCO0030	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	\$25 BCO/\$50 PPO	\$50 BCO/\$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$15/\$30/\$50/NA/\$150 ⁷	\$0/\$15/\$30/\$50/NA/\$150 ⁷
	Blue Choice Options SM 2040	MIBCO2040	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	\$30 BCO/\$50 PPO	\$50 BCO/\$100 PPO	\$400 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2050	MIBCO2050	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	\$35 BCO/\$60 PPO	\$55 BCO/\$120 PPO	\$500 ³	\$75	DC	\$250 BCO ³ /\$500 PPO ³ /\$600 OON ³	\$200 BCO ³ /\$400 PPO ³ /\$500 OON ³	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice Options SM 2060	MICOE2060	Embedded ⁹ HSA	\$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	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}
	Blue Choice Options SM 2070	MICOE2070	Embedded ⁹ HSA	\$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	Tier 1 DC	DC	DC	DC	DC	DC	DC	DC	100% ^{5,6}	100% ^{5,6}

All footnotes appear on the last page.

BlueCare Dental

Plan Options for Mid-Market¹

Contributory Plans

	DINHR31		DINHR32		DINHR33		DINHR34		DINLR36		DINLR37		DINH38		DINH40		DINLM41		DINH42		DINHR50		DINLM51		DINH57		DINLR58	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75	\$50		\$75		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$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		\$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		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%		100%		100%	80%	100%		90%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% ⁴	
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% ²		80%		100% ²		80%	
Basic Restorative	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	80% ³		80%		80%		100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%	
Endodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Oral Surgery	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Surgical Periodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%	
Implants	50%		50%		50%		50%		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A	
Orthodontics ²	50%		50%		50%		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		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.

4. Preventive services will not count toward maximum annual benefit.

Voluntary Plans

	DINHR43		DINH44		DINH46		DINHR52		DINHR53		DINLR54		DINLM55		DINLM56		DINH59		DINLR60	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$750		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%	80%	100%		100%		100%		100%		100%		100%		100%		100% ⁵	
Misc Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		100% ²		80%		80%		80%	50%	100% ²		80%	
Basic Restorative	80%		80%	60%	80% ³		80%		80%		80%		80%		80%	50%	100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%	60%	N/A		80%		80%		80%		80%		80%	50%	100%		80%	
Endodontics	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Surgical Periodontics	80% ⁴		80% ⁴	60% ⁴	N/A		80% ⁴		80% ⁴		50% ⁴		50% ⁴		50% ⁴		100% 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		60% ⁴		50% ⁴	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics ²	50%		N/A		N/A		50%		N/A		N/A		50%		N/A		50%		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.

4. 12-month waiting period applies.

5. Preventive services will not count toward maximum annual benefit.

For information on rates, contact your BCBSIL Account Representative.

Illinois Mid-Market Network Offerings Comparison

Plan Name	BluePrint PPO	Blue Choice Select PPO	Blue Choice Options	Blue Advantage HMO
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	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 in Network Service Area	No	Yes	No	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®/Away From Home Care® (AFHC)	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.
Guest Membership	N/A	N/A	N/A	Guest Membership 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 Guest Membership program. Benefits and the way members access services might not be the same as their Illinois benefits. To apply for the Guest Membership program, members must contact Customer Service at 1-800-892-2803.
Blue Access for Members SM	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

Footnotes:

1. Coinsurance applies after deductible. There is a \$0 copay on selected preventive drugs. Please see myprime.com for more information.
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.

General Notes:

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

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. They can also get covered 90-day supply prescriptions at these preferred pharmacies in the Preferred Pharmacy Network. CVS is not included in the network. Members can find a preferred and other in-network pharmacies at myprime.com. Preferred pharmacies include Walgreens, Walmart (including Sam's Club), Albertsons LLC (includes Jewel Osco pharmacy) and select independent pharmacies. Please note that changes may be made to the pharmacies in the future.

The Advantage Pharmacy Network has similar in-network pharmacies as the Preferred Pharmacy Network but without copay/coinsurance differentials for using select pharmacies and no 90-day supply coverage at a retail pharmacy. The IL HMO Network includes CVS pharmacies and offers 90-day supply coverage at select retail pharmacies in the network. Members can find all in-network pharmacies at myprime.com.

All plans include prescription drug benefits. The PPO 6-tier plans are on the Performance drug list, the PPO 5-tier plans are on the Enhanced drug list and IL HMO Fully Insured plans are on the Performance Annual drug list. All drug lists include clinical programs such as Prior Authorization and Step Therapy.

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 plans, 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.

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

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