



Same Value. More Options.

Blue Cross and Blue Shield of Illinois (BCBSIL) has more options to meet the needs of busy and growing companies. There are new plans that provide a range of benefits and programs. This year, we've included more opportunities in:

- Pharmacy
- Products
- Deductibles/Copays
- Wellbeing Management



2020 Small Business Plan Benefits and Programs

Here are a few of the updates for 2020 that offer additional value.

• 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.

• 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.

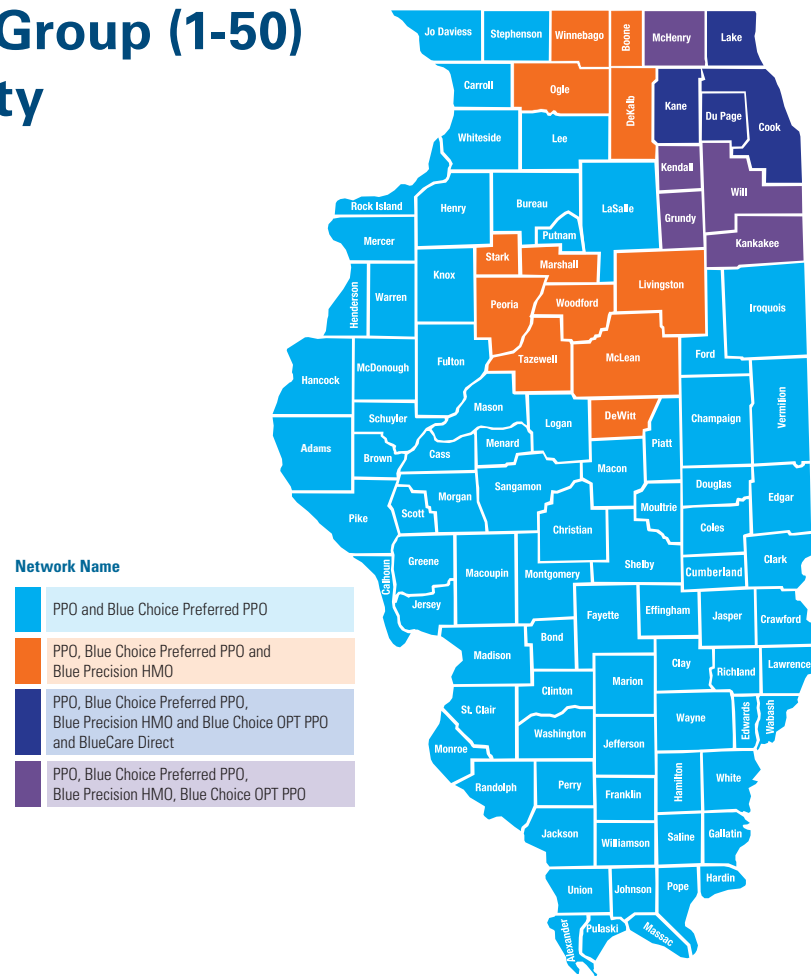
- Personalized reminders of annual visits, preventive screenings and immunizations can also help to improve member health.
- Members can visit Well onTarget® to access tools and wellness resources to help manage their health:
 - Earn points with the Blue PointsSM program by completing specific activities 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.

Questions? Please contact your BCBSIL Account Representative.

				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments			Copayments			Per Occurrence Deductibles			Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of Employer HSA Contribution	Individual Deductible	Family Deductible (In/Out)	Individual OPX (In/Out)	Family OPX	Coinsurance (In/Out)	Primary Care and Virtual Visits ⁴ Office Visit Copay	Specialist Office Visit Copay	Urgent Care	Imaging ¹	Capitated Services Copay ⁷	Emergency Room Per Occurrence Deductible ²	Inpatient Per Occurrence Deductible ³ (In/Out)	Outpatient Per Occurrence Deductible ³ (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental ⁶ In/Out	
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	\$750/\$1,500	\$2,250/\$4,500	\$5,500/Unlimited	\$16,300/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/\$2,500	\$3,000/\$7,500	\$4,500/Unlimited	\$9,000/Unlimited	80%/50%	\$35	\$60	\$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 116	G536PPO	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/Unlimited	\$12,000/Unlimited	90%/60%	\$30	\$50	\$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	\$2,250/\$4,500	\$6,750/\$13,500	\$2,250/\$4,500	\$6,750/\$13,500	100%/100%	DC	DC	DC	DC		DC	DC	DC	100% ^{5,8}	100% ^{5,8}	100%/100%	
	Blue PPO Gold SM 102	G531PPO	NA	\$2,500/\$3,000	\$5,000/\$9,000	\$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 Silver SM 120	S532PPO	NA	\$2,900/\$5,800	\$8,700/\$17,400	\$7,700/Unlimited	\$16,300/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	\$3,250/\$6,500	\$9,750/\$19,500	\$3,250/\$6,500	\$9,750/\$19,500	100%/100%	\$15	\$35	\$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 135	S501PPO	NA	\$4,500/\$9,000	\$9,000/\$27,000	\$7,900/Unlimited	\$15,800/Unlimited	80%/50%	DC	DC	DC	DC		DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue PPO Silver SM 104	S531PPO	NA	\$4,500/\$9,000	\$13,500/\$27,000	\$8,150/Unlimited	\$16,300/Unlimited	80%/50%	\$30	\$50	\$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	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400	100%/100%	\$20	\$40	\$75	DC		\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%	
	Blue PPO Gold SM 113	G533PPO	\$180-\$535	\$2,800/\$5,600	\$8,400/\$16,800	\$3,500/Unlimited	\$10,500/Unlimited	90%/60%	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 Gold SM 115	G535PPO	\$475-\$890	\$2,800/\$5,600	\$8,400/\$16,800	\$5,000/Unlimited	\$13,500/Unlimited	80%/50%	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-\$200	\$4,800/\$9,600	\$13,500/\$27,000	\$4,800/\$9,600	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC		DC	DC	DC	100% ^{5,8}	100% ^{5,8}	100%/100%	
Blue PPO Bronze SM 132	B536PPO	\$0	\$6,500/\$13,000	\$13,500/\$27,000	\$6,750/Unlimited	\$13,500/Unlimited	80%/50%	DC	DC	DC	DC		\$150	DC	\$75/\$125	90%/90%/80%/70%/60%/50% ⁵	80%/80%/70%/60%/60%/50% ⁵	70%/50%		
Blue PPO Bronze SM 106	B535PPO	\$0	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC		\$150	DC	\$75/\$125	100% ^{5,8}	100% ^{5,8}	100%/100%		
Blue Choice Preferred PPO SM	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/\$2,500	\$3,000/\$7,500	\$4,500/Unlimited	\$9,000/Unlimited	80%/50%	\$35	\$60	\$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 102	G531BCE	NA	\$2,500/\$3,000	\$5,000/\$9,000	\$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	\$2,900/\$5,800	\$8,700/\$17,400	\$7,700/Unlimited	\$16,300/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	\$3,250/\$6,500	\$9,750/\$19,500	\$3,250/\$6,500	\$9,750/\$19,500	100%/100%	\$15	\$35	\$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 135	S501BCE	NA	\$4,500/\$9,000	\$9,000/\$27,000	\$7,900/Unlimited	\$15,800/Unlimited	80%/50%	DC	DC	DC	DC		DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Choice Preferred Silver PPO SM 104	S531BCE	NA	\$4,500/\$9,000	\$13,500/\$27,000	\$8,150/Unlimited	\$16,300/Unlimited	80%/50%	\$30	\$50	\$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	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400	100%/100%	\$20	\$40	\$75	DC		\$500	\$250/\$350	\$200/\$300	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%	
	Blue Choice Preferred Gold PPO SM 113	G533BCE	\$180-\$535	\$2,800/\$5,600	\$8,400/\$16,800	\$3,500/Unlimited	\$10,500/Unlimited	90%/60%	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 Gold PPO SM 115	G535BCE	\$475-\$890	\$2,800/\$5,600	\$8,400/\$16,800	\$5,000/Unlimited	\$13,500/Unlimited	80%/50%	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-\$200	\$4,800/\$9,600	\$13,500/\$27,000	\$4,800/\$9,600	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC		DC	DC	DC	100% ^{5,8}	100% ^{5,8}	100%/100%	
	Blue Choice Preferred Bronze PPO SM 132	B536BCE	\$0	\$6,500/\$13,000	\$13,500/\$27,000	\$6,750/Unlimited	\$13,500/Unlimited	80%/50%	DC	DC	DC	DC		\$150	DC	\$75/\$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	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC		\$150	DC	\$75/\$125	100% ^{5,8}	100% ^{5,8}	100%/100%		
Blue Precision HMO SM	Blue Precision Platinum HMO SM 107	P506PSN	NA	\$0/Not Covered	\$0/Not Covered	\$1,500/Not Covered	\$4,500/Not Covered	100%/Not Covered	\$10 ⁴	\$45	\$45 ⁹	\$250 copay ²	\$45 copay ²	\$300 copay ²	\$150 copay ² per visit /Not Covered	\$100 copay ² per visit /Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	100%/Not Covered	
	Blue Precision Platinum HMO SM 110	P5E1PSN	NA	\$1,000/Not Covered	\$3,000/Not Covered	\$3,000/Not Covered	\$9,000/Not Covered	80%/Not Covered	\$25 ⁴	\$50	\$50 ⁹	NC	NC	\$400	\$200/Not Covered	\$150/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	Blue Precision Gold HMO SM 101	G532PSN	NA	\$2,500/Not Covered	\$7,500/Not Covered	\$6,750/Not Covered	\$14,700/Not Covered	70%/Not Covered	\$40 ⁴	\$60	\$60 ⁹	NC	NC	\$700	\$300/Not Covered	\$250/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	Blue Precision Silver HMO SM 106	S531PSN	NA	\$3,000/Not Covered	\$9,000/Not Covered	\$7,900/Not Covered	\$15,800/Not Covered	80%/Not Covered	\$35 ⁴	\$55	\$55 ⁹	\$750 copay ²	\$250 copay ²	\$1,000	\$750 copay ² per day /Not Covered	\$500/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	Blue Precision Gold HMO SM 109	G533PSN	NA	\$4,000/Not Covered	\$12,000/Not Covered	\$7,900/Not Covered	\$15,800/Not Covered	70%/Not Covered	\$30 ⁴	\$50	\$50 ⁹	NC	NC	\$400	\$200/Not Covered	\$150/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	Blue Precision Silver HMO SM 102	S530PSN	NA	\$6,500/Not Covered	\$16,300/Not Covered	\$7,400/Not Covered	\$16,300/Not Covered	70%/Not Covered	\$40 ⁴	\$60	\$60 ⁹	\$350 copay ²	\$60 copay ²	\$700	\$250/Not Covered	\$200/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
BlueCare Direct SM	BlueCare Direct Platinum SM 107 w/Advocate	P506BCH	NA	\$0/Not Covered	\$0/Not Covered	\$1,500/Not Covered	\$4,500/Not Covered	100%/Not Covered	\$10 ⁴	\$45	\$45 ⁹	\$250 copay ²	\$45 copay ²	\$300 copay ²	\$150 copay ² per visit /Not Covered	\$100 copay ² per visit /Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	100%/Not Covered	
	BlueCare Direct Platinum SM 110 w/Advocate	P5E1BCH	NA	\$1,000/Not Covered	\$3,000/Not Covered	\$3,000/Not Covered	\$9,000/Not Covered	80%/Not Covered	\$25 ⁴	\$50	\$50 ⁹	NC	NC	\$400	\$200/Not Covered	\$150/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	BlueCare Direct Gold SM 101 w/Advocate	G532BCH	NA	\$2,500/Not Covered	\$7,500/Not Covered	\$6,750/Not Covered	\$14,700/Not Covered	70%/Not Covered	\$40 ⁴	\$60	\$60 ⁹	NC	NC	\$700	\$300/Not Covered	\$250/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	BlueCare Direct Silver SM 106 w/Advocate	S532BCH	NA	\$3,000/Not Covered	\$9,000/Not Covered	\$7,900/Not Covered	\$15,800/Not Covered	80%/Not Covered	\$35 ⁴	\$55	\$55 ⁹	\$750 copay ²	\$250 copay ²	\$1,000	\$750 copay ² per day /Not Covered	\$500/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	BlueCare Direct Gold SM 109 w/Advocate	G533BCH	NA	\$4,000/Not Covered	\$12,000/Not Covered	\$7,900/Not Covered	\$15,800/Not Covered	70%/Not Covered	\$30 ⁴	\$50	\$50 ⁹	NC	NC	\$400	\$200/Not Covered	\$150/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
	BlueCare Direct Silver SM 102 w/Advocate	S530BCH	NA	\$6,500/Not Covered	\$16,300/Not Covered	\$7,400/Not Covered	\$16,300/Not Covered	70%/Not Covered	\$40 ⁴	\$60	\$60 ⁹	\$350 copay ²	\$60 copay ²	\$700	\$250/Not Covered	\$200/Not Covered	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	\$0/\$10/\$50/\$100/\$150/\$250 ⁸	70%/Not Covered	
Blue Options SM	Blue Options Gold PPO SM 101	G506OPT	NA	\$750 BC/\$1,750 PPO/\$3,500 OON	\$2,250 BC/\$5,250 PPO/\$10,500 OON	\$4,450 BC/\$6,250 PPO/Unlimited	\$13,350 BC/\$16,300 PPO/Unlimited OON	80% BC/70% PPO/50% OON	\$30 BC/\$60 PPO	\$60 BC/\$100 PPO	\$75	DC		\$500	\$250 BC/\$500 PPO/\$600 OON	\$200 BC/\$400 PPO/\$500 OON	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue Options Gold PPO SM 106	G508OPT	NA	\$1,500 BC/\$3,000 PPO/\$6,000 OON	\$4,500 BC/\$9,000 PPO/\$18,000 OON	\$3,000 BC/\$5,000 PPO/Unlimited	\$9,000 BC/\$16,300 PPO/Unlimited OON	90% BC/70												

2020 Illinois Small Group (1-50) Networks by County



- Notes:**
- The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
 - 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.
 - Virtual visits are permitted in-network only and through our network vendor. Virtual visits are not available on Blue Precision HMO and BlueCare Direct plans.
 - Prescription coinsurance applies after the medical deductible is met.
 - Pediatric Dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO providers. You can find a provider at www.bcbsil.com/providers/dppo.htm.
 - Capitated services include services such as Rehabilitative Speech/Occupational/Physical Therapy, Laboratory Services, X-rays, Diagnostic Imaging and Outpatient Surgery Physician copays. See summary of benefits for a full list of copay amounts.
 - BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.
 - Urgent Care is covered at the Office Visit copay amount.

- Additional Notes:**
- NA= Not Applicable; DC = Deductible and Coinsurance
 - All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
 - 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, Sam's Club, Walmart, Albertsons (including Osco Drug), and Health Mart Atlas (group of independent pharmacies).
 - All plans include prescription drug benefits. The benefit plan is based on the BCBSIL drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
 - EyeMed Vision Care is an independent company that administers the vision benefits for BCBSIL.

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 Account Representative.

2020 Illinois Small Group Network Offerings					
Product Name	Blue Choice PPO SM	Blue Options SM	Blue Choice Preferred PPO SM	Blue Precision HMO SM	BlueCare Direct SM
Network Name	Blue Choice PPO (BCS) GM/GF	Tier 1 - Blue Choice OPT PPO SM (BCO) Tier 2 - PPO (PPO)	Blue Choice Preferred PPO (BCE)	Blue Precision HMO (BAV)	BlueCare Direct in collaboration with Advocate Health Care (BHD)
Availability	1-50	1-50	1-50	1-50	1-50
Coverage	Statewide	Tier 1 - Chicago Metro and Quad City Regions Tier 2 - Statewide PPO Only marketed in the Chicago metro area (**see notes for full county list)	Statewide	Chicago, Peoria, Bloomington and partial Rockford rating areas	Cook, Lake, DuPage, Kane Counties
Medical Group Selection Required	No	No	No	Yes	No, system assigns the medical group
Referral Required	No	No	No	Yes	Contact Advocate for any internal referral / care coordination requirements
OON Coverage	Yes	Yes	Yes	No	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	No
Blue Access for Members	Yes	Yes	Yes	Yes	Yes
Provider Finder[®]	Yes	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	No	No

BCBSIL 2020		HMO PEDIATRIC VISION CARE	
INSURED BENEFIT			
FREQUENCY			
Examination		Once every 12 months	
Lenses or Contact Lenses		Once every 12 months	
Frame		Once every 12 months	
VISION CARE SERVICES	MEMBER COST IN-NETWORK	Out-of-Network Reimbursement*	
Exam with Dilatation as Necessary	\$0 Copay	NA	
FRAMES	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150		NA
Frames Any available frame at provider location			
STANDARD PLASTIC LENSES			
Single Vision	\$0 Copay	NA	
Bifocal	\$0 Copay	NA	
Trifocal	\$0 Copay	NA	
Lenticular	\$0 Copay	NA	
Standard Progressive	\$0 Copay	NA	
LENS OPTIONS			
UV Treatment	\$0 Copay	NA	
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	NA	
Standard Plastic Scratch Coating	\$0 Copay	NA	
Standard Polycarbonate - Kids under 19	\$0 Copay	NA	
Glass	\$0 Copay	NA	
Photochromic/Transitions Plastic	\$0 Copay	NA	
Oversized	\$0 Copay	NA	
Contact Lenses	100% coverage for provider designated contact lenses		
<i>(Contact lens allowance includes materials only)</i>			
Extended Wear Disposables	Up to 6 mos supply of monthly or 2 week disposable, single vision spherical or toric contact lenses		NA
Daily Wear/Disposable	Up to 3 mos supply of daily disposable, single vision spherical contact lenses		NA
Conventional	1 pair from selection of provider designated contact lenses		NA
Medically Necessary	\$0 Copay, Paid-in-Full		NA

DISCOUNTS ON SERVICES AND MATERIALS ON NON-INSURED ITEMS			
VISION CARE SERVICES	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*	
Retinal Imaging Benefit	Up to \$39	NA	
EXAM OPTIONS			
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA	
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA	
STANDARD PLASTIC LENSES			
Premium Progressive Lens Tier 1	\$20 Copay	NA	
Premium Progressive Lens Tier 2	\$30 Copay	NA	
Premium Progressive Lens Tier 3	\$45 Copay	NA	
Premium Progressive Lens Tier 4	\$0 copay, 80% of charge less \$120 Allowance	NA	
LENS OPTIONS			
Standard Polycarbonate - Adults	\$40	NA	
Standard Anti-Reflective Coating	\$45	NA	
Premium Anti-Reflective Coating Tier 1	\$57	NA	
Premium Anti-Reflective Coating Tier 2	\$68	NA	
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA	
Polarized	20% off Retail Price	NA	
Other Add-Ons	20% off Retail Price	NA	
OTHER			
Laser Vision Correction	15% off Retail Price or 5% off promotional price		NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.		NA

All plans utilize the EyeMed Select Network. Materials/services for a non-insured benefit are considered discounts and are subject to change at anytime without notice. Non-insured benefits must be paid to the provider in full.
*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. This is a snapshot; the vision benefits and the Certificate of Insurance is the master.

PLAN EXCLUSIONS
1) Orthoptic or vision training; Aniseikonic spectacle lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

BCBSIL 2020		NON-HMO PEDIATRIC VISION CARE	
INSURED BENEFIT			
FREQUENCY			
Examination		Once every 12 months	
Lenses or Contact Lenses		Once every 12 months	
Frame		Once every 12 months	
VISION CARE SERVICES	MEMBER COST IN-NETWORK	Out-of-Network Reimbursement*	
Exam with Dilatation as Necessary	\$0 Copay	\$30	
FRAMES	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150		\$75
Frames Any available frame at provider location			
STANDARD PLASTIC LENSES			
Single Vision	\$0 Copay	\$25	
Bifocal	\$0 Copay	\$40	
Trifocal	\$0 Copay	\$55	
Lenticular	\$0 Copay	\$55	
Standard Progressive	\$0 Copay	\$55	
LENS OPTIONS			
UV Treatment	\$0 Copay	\$12	
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12	
Standard Plastic Scratch Coating	\$0 Copay	\$12	
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32	
Glass	\$0 Copay	\$12	
Photochromic/Transitions Plastic	\$0 Copay	\$57	
Oversized	\$0 Copay	NA	
Contact Lenses	100% coverage for provider designated contact lenses		
<i>(Contact lens allowance includes materials only)</i>			
Extended Wear Disposables	Up to 6 mos supply of monthly or 2 week disposable, single vision spherical or toric contact lenses		\$150
Daily Wear/Disposable	Up to 3 mos supply of daily disposable, single vision spherical contact lenses		\$150
Conventional	1 pair from selection of provider designated contact lenses		\$150
Medically Necessary	\$0 Copay, Paid-in-Full		\$210

DISCOUNTS ON SERVICES AND MATERIALS ON NON-INSURED ITEMS			
VISION CARE SERVICES	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*	
Retinal Imaging Benefit	Up to \$39	NA	
EXAM OPTIONS			
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BlueCross BlueShield of Illinois



Ways to Get More Value from Pharmacy Benefits

Members should follow these tips to get the most from their pharmacy benefits:

- Consider using generic drugs.
- The doctor should check the prescription drug list when recommending prescription drug options. Drugs on the list are chosen based on their safety, cost and how well they work.
- Use a contracting in-network pharmacy.
- Go to **bcbsil.com** to check Blue Access for Members (BAMSM) for online pharmacy resources. Members can get an estimate of out-of-pocket prescription costs, view claims history and more.
- Members should ask doctors or pharmacists about the choices available and which drug is right for them.

Ask Your BCBSIL Account Representative for More Information.