



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

Subject: Important Plan Changes Illinois Small Group 2024

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plan(s).

Included with this letter is a list of all Blue Cross and Blue Shield of Illinois (BCBSIL) small group plans and their benefit level changes. Note: This is only a list of plans with benefits changes – not all BCBSIL plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us at 855-649-9653 with questions. A Benefit Plan Selection form (BPS) must be completed and returned to us for any changes to your group’s coverage. You can also contact Get Covered Illinois at 866-311-1119 or the Office of Consumer Health at 877-527-9431.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 123; G537PPO

- Your in-network individual Deductible will change to \$2,800 from \$2,700.
- Your in-network family Deductible will change to \$8,400 from \$8,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,700.
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$8,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$5,600 from \$5,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,200.
- Your out-of-network individual Deductible will change to \$5,600 from \$5,400.
- Your out-of-network family Deductible will change to \$16,800 from \$16,200.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 101; G530PPO

- Your in-network individual Out-of-Pocket Maximum will change to \$5,500 from \$4,000.
- Your in-network family Out-of-Pocket Maximum will change to \$16,500 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,000 from \$8,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$33,000 from \$24,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$35.
- Your Specialist Office Visit copayment will change to \$70 from \$55.
- Your Virtual Visit copayment will change to \$50 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$35.
- Your Emergency Room Services copayment will change to \$500 from \$400.
- Your in-network Inpatient copayment will change to \$250 from \$200.
- Your out-of-network Inpatient copayment will change to \$350 from \$300.
- Your in-network Facility Surgery copayment will change to \$200 from \$150.
- Your out-of-network Surgery copayment will change to \$300 from \$250.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Silver 105; S535PPO

- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,900.
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$15,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$31,600.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 113; G533PPO

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,700 from \$3,600.
- Your in-network family Out-of-Pocket Maximum will change to \$11,100 from \$10,800.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,000.
- Your out-of-network family Deductible will change to \$19,200 from \$18,000.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 115; G535PPO

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,000.
- Your out-of-network family Deductible will change to \$19,200 from \$18,000.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Silver 133; S534PPO

- Your in-network individual Deductible will change to \$5,250 from \$5,000.
- Your in-network family Deductible will change to \$15,000 from \$14,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$10,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,000 from \$28,200.
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000.
- Your out-of-network family Deductible will change to \$30,000 from \$28,200.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Silver 200; S5J1PPO

- Your in-network individual Deductible will change to \$6,250 from \$6,000.
- Your in-network family Deductible will change to \$12,500 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,500 from \$12,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,000 from \$24,000.
- Your out-of-network individual Deductible will change to \$12,500 from \$12,000.
- Your out-of-network family Deductible will change to \$25,000 from \$24,000.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Bronze 132; B536PPO

- Your in-network individual Deductible will change to \$6,950 from \$6,650.
- Your in-network family Deductible will change to \$13,900 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$13,800.
- Your out-of-network individual Deductible will change to \$13,900 from \$13,300.
- Your out-of-network family Deductible will change to \$27,800 from \$27,600.
- Your out-of-network Surgery copayment will change to \$225 from \$125.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Bronze 106; B535PPO

- Your in-network individual Deductible will change to \$7,200 from \$6,900.
- Your in-network family Deductible will change to \$14,400 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$13,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,400 from \$13,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,800 from \$27,600.
- Your out-of-network individual Deductible will change to \$14,400 from \$13,800.
- Your out-of-network family Deductible will change to \$28,800 from \$27,600.
- Your out-of-network Surgery copayment will change to \$225 from \$125.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

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2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Gold PPO 101; G530BCE

- Your in-network individual Out-of-Pocket Maximum will change to \$5,500 from \$4,000.
- Your in-network family Out-of-Pocket Maximum will change to \$16,500 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,000 from \$8,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$33,000 from \$24,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$35.
- Your Specialist Office Visit copayment will change to \$70 from \$55.
- Your Virtual Visit copayment will change to \$50 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$35.
- Your Emergency Room Services copayment will change to \$500 from \$400.
- Your in-network Inpatient copayment will change to \$250 from \$200.
- Your out-of-network Inpatient copayment will change to \$350 from \$300.
- Your in-network Facility Surgery copayment will change to \$200 from \$150.
- Your out-of-network Surgery copayment will change to \$300 from \$250.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Silver PPO 105; S535BCE

- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,900.
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$15,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$31,600.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Gold PPO 113; G533BCE

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,700 from \$3,600.
- Your in-network family Out-of-Pocket Maximum will change to \$11,100 from \$10,800.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,000.
- Your out-of-network family Deductible will change to \$19,200 from \$18,000.

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Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Gold PPO 115; G535BCE

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,000.
- Your out-of-network family Deductible will change to \$19,200 from \$18,000.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

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2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Silver PPO 133; S534BCE

- Your in-network individual Deductible will change to \$5,250 from \$5,000.
- Your in-network family Deductible will change to \$15,000 from \$14,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$10,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,000 from \$28,200.
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000.
- Your out-of-network family Deductible will change to \$30,000 from \$28,200.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

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2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Silver PPO 200; S5J1BCE

- Your in-network individual Deductible will change to \$6,250 from \$6,000.
- Your in-network family Deductible will change to \$12,500 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,500 from \$12,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,000 from \$24,000.
- Your out-of-network individual Deductible will change to \$12,500 from \$12,000.
- Your out-of-network family Deductible will change to \$25,000 from \$24,000.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Bronze PPO 132; B536BCE

- Your in-network individual Deductible will change to \$6,950 from \$6,650.
- Your in-network family Deductible will change to \$13,900 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$13,800.
- Your out-of-network individual Deductible will change to \$13,900 from \$13,300.
- Your out-of-network family Deductible will change to \$27,800 from \$27,600.
- Your out-of-network Surgery copayment will change to \$225 from \$125.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

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2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Preferred Bronze PPO 106; B535BCE

- Your in-network individual Deductible will change to \$7,200 from \$6,900.
- Your in-network family Deductible will change to \$14,400 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$13,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,400 from \$13,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,800 from \$27,600.
- Your out-of-network individual Deductible will change to \$14,400 from \$13,800.
- Your out-of-network family Deductible will change to \$28,800 from \$27,600.
- Your out-of-network Surgery copayment will change to \$225 from \$125.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Precision Silver HMO 106 - Rx Copays; S531PSN

- Your Primary Care Provider office visit copayment will change to \$30 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$40.
- Your Emergency Room Services copayment will change to \$500 from \$1,000.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Precision Silver HMO 102 - Rx Copays; S530PSN

- Your in-network Facility Lab services copayment will change to \$125 from \$70.
- Your in-network Facility X-ray services copayment will change to \$125 from \$70.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Options Gold PPO 200; G5K1OPT

- Your in-network individual Deductible will change to \$3,200 BC / \$4,700 PPO from \$3,000 BC / \$4,700 PPO.
- Your in-network family Deductible will change to \$9,600 BC / \$14,100 PPO from \$9,000 BC / \$14,100 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 BC / \$6,650 PPO from \$3,000 BC / \$6,650 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$9,600 BC / \$14,100 PPO from \$9,000 BC / \$14,100 PPO.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.

Blue Cross and Blue Shield of Illinois

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Options Silver PPO 107; S507OPT

- Your in-network individual Deductible will change to \$4,800 BC / \$5,500 PPO from \$4,600 BC / \$5,300 PPO.
- Your in-network family Deductible will change to \$14,000 BC / \$14,300 PPO from \$13,800 BC / \$14,100 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,800 BC / \$7,250 PPO from \$4,600 BC / \$7,050 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 BC / \$14,300 PPO from \$13,800 BC / \$14,100 PPO.
- Your out-of-network individual Deductible will change to \$16,500 from \$10,600.
- Your out-of-network family Deductible will change to \$42,900 from \$28,200.
- The \$0 Preventive Pharmacy is now available on the plan. The HSA Preventive Drug program includes categories of prescription drugs that are often used for preventive purposes. Members can obtain drugs on this list at no member cost share.