



## **BlueCross BlueShield**

of Illinois

300 East Randolph Street  
Chicago, IL 60601

### **Subject: Important Benefit Plan Changes Upon Renewal**

Dear Group Administrator:

On your plan renewal date, there will be some changes to your benefits.

Included with this letter is a list of all Blue Cross and Blue Shield of Illinois (BCBSIL) mid-market 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 nine-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

No action is required if you accept the benefit changes outlined herein. 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

## 2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2010; MIBPP2010

- Your Plan ID will change to MIBPP2015 from MIBPP2010 and your plan name will change to "BluePrint PPO 2015 - Rx Copays"
- Your in-network individual Deductible will change to \$500 from \$250
- Your out-of-network individual Deductible will change to \$1,000 from \$500
- Your in-network family Deductible will change to \$1,500 from \$750
- Your out-of-network family Deductible will change to \$3,000 from \$1,500
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,250
- Your out-of-network individual Out-of-Pocket Maximum will change to \$5,250 from \$3,750
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$3,750
- Your out-of-network family Out-of-Pocket Maximum will change to \$15,750 from \$11,250
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### BluePrint PPO 2020; MIBPP2020

- Your Plan ID will change to MIBPP2025 from MIBPP2020 and your plan name will change to "BluePrint PPO 2025 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$1,500 from \$1,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$4,500 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$2,000 from \$1,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$18,000 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2030; MIBPP2030

- Your Plan ID will change to MIBPP2035 from MIBPP2030 and your plan name will change to "BluePrint PPO 2035 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$1,500 from \$1,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$4,500 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,000 from \$2,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$9,000 from \$7,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$27,000 from \$22,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### BluePrint PPO 1031; MIBPP1031

- Your Plan ID will change to MIBPP1035 from MIBPP1031 and your plan name will change to "BluePrint PPO 1035 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$1,500 from \$1,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$4,500 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$18,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$51,300
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2040; MIBPP2040

- Your Plan ID will change to MIBPP2045 from MIBPP2040 and your plan name will change to "BluePrint PPO 2045 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$2,500 from \$2,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,500 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$7,500 from \$6,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,500 from \$18,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### BluePrint PPO 2050; MIBPP2050

- Your Plan ID will change to MIBPP2055 from MIBPP2050 and your plan name will change to "BluePrint PPO 2055 - Rx Copays"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your out-of-network individual Deductible will change to \$2,500 from \$2,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your out-of-network family Deductible will change to \$7,500 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$27,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2060; MIBPP2060

- Your Plan ID will change to MIBPP2065 from MIBPP2060 and your plan name will change to "BluePrint PPO 2065 - Rx Copays"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your out-of-network individual Deductible will change to \$2,500 from \$2,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your out-of-network family Deductible will change to \$7,500 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,500 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$40,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### BluePrint PPO 2070; MIBPP2070

- Your Plan ID will change to MIBPP2075 from MIBPP2070 and your plan name will change to "BluePrint PPO 2075 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,000 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,000 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$10,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$31,500
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2080; MIBPP2080

- Your Plan ID will change to MIBPP2085 from MIBPP2080 and your plan name will change to "BluePrint PPO 2085 - Rx Copays"
- Your in-network individual Deductible will change to \$2,000 from \$1,500
- Your out-of-network individual Deductible will change to \$4,000 from \$3,000
- Your in-network family Deductible will change to \$6,000 from \$4,500
- Your out-of-network family Deductible will change to \$12,000 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,000 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$45,000 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### BluePrint PPO 2090; MIBPP2090

- Your Plan ID will change to MIBPP2095 from MIBPP2090 and your plan name will change to "BluePrint PPO 2095 - Rx Copays"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your out-of-network individual Deductible will change to \$4,500 from \$4,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your out-of-network family Deductible will change to \$13,500 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,500 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$40,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 1091; MIBPP1091

- Your Plan ID will change to MIBPP1095 from MIBPP1091 and your plan name will change to "BluePrint PPO 1095 - Rx Copays"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your out-of-network individual Deductible will change to \$4,500 from \$4,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your out-of-network family Deductible will change to \$13,500 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$18,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$17,100
- Your out-of-network family Out-of-Pocket Maximum will change to \$54,000 from \$51,300
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### BluePrint PPO 2110; MIBPP2110

- Your Plan ID will change to MIBPP2115 from MIBPP2110 and your plan name will change to "BluePrint PPO 2115 - Rx Copays"
- Your in-network individual Deductible will change to \$2,750 from \$2,500
- Your out-of-network individual Deductible will change to \$5,500 from \$5,000
- Your in-network family Deductible will change to \$8,250 from \$7,500
- Your out-of-network family Deductible will change to \$16,500 from \$15,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,000 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,000 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$10,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$31,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2120; MIBPP2120

- Your Plan ID will change to MIBPP2125 from MIBPP2120 and your plan name will change to "BluePrint PPO 2125 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,000 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$45,000 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### BluePrint PPO 2130; MIBPP2130

- Your Plan ID will change to MIBPP2135 from MIBPP2130 and your plan name will change to "BluePrint PPO 2135 - Rx Copays"
- Your in-network individual Deductible will change to \$2,750 from \$2,500
- Your out-of-network individual Deductible will change to \$5,500 from \$5,000
- Your in-network family Deductible will change to \$8,250 from \$7,500
- Your out-of-network family Deductible will change to \$16,500 from \$15,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 1121; MIBPP1121

- Your Plan ID will change to MIBPP1125 from MIBPP1121 and your plan name will change to "BluePrint PPO 1125 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$18,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$51,300
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### BluePrint PPO 2140; MIBPP2140

- Your Plan ID will change to MIBPP2145 from MIBPP2140 and your plan name will change to "BluePrint PPO 2145 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BluePrint PPO 2160; MIBPP2160

- Your Plan ID will change to MIBPP2165 from MIBPP2160 and your plan name will change to "BluePrint PPO 2165 - Rx Copays"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your out-of-network individual Deductible will change to \$8,500 from \$8,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your out-of-network family Deductible will change to \$25,500 from \$24,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### BluePrint PPO 2170; MIBPP2170

- Your Plan ID will change to MIBPP2175 from MIBPP2170 and your plan name will change to "BluePrint PPO 2175 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$5,600
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,300 from \$16,800
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,600 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Select PPO 2010; MIBCS2010

- Your Plan ID will change to MIBCS2015 from MIBCS2010 and your plan name will change to "Blue Choice Select PPO 2015 - Rx Copays"
- Your in-network individual Deductible will change to \$500 from \$250
- Your out-of-network individual Deductible will change to \$1,000 from \$500
- Your in-network family Deductible will change to \$1,500 from \$750
- Your out-of-network family Deductible will change to \$3,000 from \$1,500
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,250
- Your out-of-network individual Out-of-Pocket Maximum will change to \$5,250 from \$3,750
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$3,750
- Your out-of-network family Out-of-Pocket Maximum will change to \$15,750 from \$11,250
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$25 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Select PPO 2020; MIBCS2020

- Your Plan ID will change to MIBCS2025 from MIBCS2020 and your plan name will change to "Blue Choice Select PPO 2025 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$1,500 from \$1,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$4,500 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$2,000 from \$1,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$18,000 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$25 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Select PPO 2030; MIBCS2030

- Your Plan ID will change to MIBCS2035 from MIBCS2030 and your plan name will change to "Blue Choice Select PPO 2035 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$1,500 from \$1,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$4,500 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,000 from \$2,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$9,000 from \$7,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$27,000 from \$22,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$25 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### Blue Choice Select PPO 2040; MIBCS2040

- Your Plan ID will change to MIBCS2045 from MIBCS2040 and your plan name will change to "Blue Choice Select PPO 2045 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$2,500 from \$2,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,500 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$7,500 from \$6,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,500 from \$18,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$25 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Select PPO 2050; MIBCS2050

- Your Plan ID will change to MIBCS2055 from MIBCS2050 and your plan name will change to "Blue Choice Select PPO 2055 - Rx Copays"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your out-of-network individual Deductible will change to \$2,500 from \$2,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your out-of-network family Deductible will change to \$7,500 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$27,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Select PPO 2070; MIBCS2070

- Your Plan ID will change to MIBCS2075 from MIBCS2070 and your plan name will change to "Blue Choice Select PPO 2075 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,000 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,000 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$10,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$31,500
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Select PPO 2084; MIBCS2084

- Your Plan ID will change to MIBCS2085 from MIBCS2084 and your plan name will change to "Blue Choice Select PPO 2085 - Rx Copays"
- Your in-network individual Deductible will change to \$2,000 from \$1,500
- Your out-of-network individual Deductible will change to \$4,000 from \$3,000
- Your in-network family Deductible will change to \$6,000 from \$4,500
- Your out-of-network family Deductible will change to \$12,000 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,000 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$45,000 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Select PPO 2090; MIBCS2090

- Your Plan ID will change to MIBCS2095 from MIBCS2090 and your plan name will change to "Blue Choice Select PPO 2095 - Rx Copays"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your out-of-network individual Deductible will change to \$4,500 from \$4,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your out-of-network family Deductible will change to \$13,500 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,500 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$40,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice Select PPO 2120; MIBCS2120**

- Your Plan ID will change to MIBCS2125 from MIBCS2120 and your plan name will change to "Blue Choice Select PPO 2125 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,000 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$45,000 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### **Blue Choice Select PPO 1124; MIBCS1124**

- Your Plan ID will change to MIBCS1125 from MIBCS1124 and your plan name will change to "Blue Choice Select PPO 1125 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$18,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$51,300
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Select PPO 2144; MIBCS2144

- Your Plan ID will change to MIBCS2145 from MIBCS2144 and your plan name will change to "Blue Choice Select PPO 2145 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$25 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Select PPO 2160; MIBCS2160

- Your Plan ID will change to MIBCS2165 from MIBCS2160 and your plan name will change to "Blue Choice Select PPO 2165 - Rx Copays"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your out-of-network individual Deductible will change to \$8,500 from \$8,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your out-of-network family Deductible will change to \$25,500 from \$24,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice Select PPO 2174; MIBCS2174**

- Your Plan ID will change to MIBCS2175 from MIBCS2174 and your plan name will change to "Blue Choice Select PPO 2175 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$5,600
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,300 from \$16,800
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,600 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$45 from \$60
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### **BlueEdge HSA 3003; MIEEA3003**

- Your Plan ID will change to MIEEA3005 from MIEEA3003 and your plan name will change to "BlueEdge HSA 3005"
- Your in-network individual Deductible will change to \$1,800 from \$1,600
- Your out-of-network individual Deductible will change to \$1,800 from \$1,600
- Your in-network family Deductible will change to \$3,600 from \$3,200
- Your out-of-network family Deductible will change to \$3,600 from \$3,200
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$7,200 from \$6,400

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **BlueEdge HSA 3013; MIEEA3013**

- Your Plan ID will change to MIEEA3015 from MIEEA3013 and your plan name will change to "BlueEdge HSA 3015"
- Your in-network individual Deductible will change to \$1,800 from \$1,600
- Your out-of-network individual Deductible will change to \$3,600 from \$3,200
- Your in-network family Deductible will change to \$3,600 from \$3,200
- Your out-of-network family Deductible will change to \$7,200 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,800 from \$9,600
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,600 from \$19,200

### **BlueEdge HSA 4044; MIEEE4044**

- Your Plan ID will change to MIEEE4045 from MIEEE4044 and your plan name will change to "BlueEdge HSA 4045"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$14,000 from \$12,800

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### BlueEdge HSA 4064; MIEEE4064

- Your Plan ID will change to MIEEE3053 from MIEEE4064 and your plan name will change to "BlueEdge HSA 3053"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,000 from \$18,600
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$12,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,000 from \$37,200

### Blue Choice Options 2080; MIBCO2080

- Your Plan ID will change to MIBCO2085 from MIBCO2080 and your plan name will change to "Blue Choice Options 2085 - Rx Copays"
- Your in-network individual Deductible will change to \$500 from \$250
- Your out-of-network individual Deductible will change to \$2,500 from \$2,000
- Your in-network family Deductible will change to \$1,500 from \$750
- Your out-of-network family Deductible will change to \$7,500 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$1,250 from \$750
- Your out-of-network individual Out-of-Pocket Maximum will change to \$4,500 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$2,500 from \$2,250
- Your out-of-network family Out-of-Pocket Maximum will change to \$9,000 from \$7,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Options 2000; MIBCO2000

- Your Plan ID will change to MIBCO2005 from MIBCO2000 and your plan name will change to "Blue Choice Options 2005 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$3,500 from \$3,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$10,500 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,300 from \$16,800
- Your in-network family Out-of-Pocket Maximum will change to \$9,000 from \$10,200
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,600 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Options 2010; MIBCO2010

- Your Plan ID will change to MIBCO2015 from MIBCO2010 and your plan name will change to "Blue Choice Options 2015 - Rx Copays"
- Your in-network individual Deductible will change to \$750 from \$500
- Your out-of-network individual Deductible will change to \$3,500 from \$3,000
- Your in-network family Deductible will change to \$2,250 from \$1,500
- Your out-of-network family Deductible will change to \$10,500 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$750 from \$500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your in-network family Out-of-Pocket Maximum will change to \$2,250 from \$1,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$27,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Options 2030; MIBCO2030

- Your Plan ID will change to MIBCO2035 from MIBCO2030 and your plan name will change to "Blue Choice Options 2035 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$3,000 from \$2,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your in-network family Out-of-Pocket Maximum will change to \$9,000 from \$7,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Options 2040; MIBCO2040

- Your Plan ID will change to MIBCO2045 from MIBCO2040 and your plan name will change to "Blue Choice Options 2045 - Rx Copays"
- Your out-of-network individual Deductible will change to \$7,500 from \$7,000
- Your out-of-network family Deductible will change to \$22,500 from \$21,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Options 1201; MIBCO1201

- Your Plan ID will change to MIBCO1205 from MIBCO1201 and your plan name will change to "Blue Choice Options 1205 - Rx Copays"
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$16,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$13,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$54,000 from \$49,500
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

### Blue Choice Options 2050; MIBCO2050

- Your Plan ID will change to MIBCO2055 from MIBCO2050 and your plan name will change to "Blue Choice Options 2055 - Rx Copays"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$10,500 from \$10,200
- Your out-of-network family Deductible will change to \$31,500 from \$26,400
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$5,600
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,300 from \$16,800
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$10,200
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,600 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$55
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice Options 4074; MIBCO4074

- Your Plan ID will change to MIBCO4075 from MIBCO4074 and your plan name will change to "Blue Choice Options 4075 - Rx Copays"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$18,750 from \$18,000
- Your in-network family Deductible will change to \$10,500 from \$10,000
- Your out-of-network family Deductible will change to \$37,500 from \$28,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$6,600
- Your out-of-network individual Out-of-Pocket Maximum will change to \$24,300 from \$22,800
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$13,200
- Your out-of-network family Out-of-Pocket Maximum will change to \$48,600 from \$45,600
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$105/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

### Blue Choice Options 4064; MICOE4064

- Your Plan ID will change to MICOE4065 from MICOE4064 and your plan name will change to "Blue Choice Options 4065"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your out-of-network individual Deductible will change to \$10,500 from \$9,200
- Your in-network family Deductible will change to \$10,500 from \$9,200
- Your out-of-network family Deductible will change to \$31,500 from \$27,600
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,200

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Advantage HMO 2010 - Rx Copays; MIBAH2010**

- Your Plan ID will change to MIBAH2015 from MIBAH2010 and your plan name will change to "Blue Advantage HMO 2015 - Rx Copays"
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Urgent Care Office Visit copayment will change to \$35 PCP/\$60 SPC from \$30 PCP/\$50 SPC
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250

### **Blue Advantage HMO 2020 - Rx Copays; MIBAH2020**

- Your Plan ID will change to MIBAH2025 from MIBAH2020 and your plan name will change to "Blue Advantage HMO 2025 - Rx Copays"
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Urgent Care Office Visit copayment will change to \$25 PCP/\$50 SPC from \$20 PCP/\$40 SPC
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Advantage HMO Value Choice 2110 - Rx Copays; MIBAV2110**

- Your Plan ID will change to MIBAV2115 from MIBAV2110 and your plan name will change to "Blue Advantage HMO Value Choice 2115 - Rx Copays"
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Urgent Care Office Visit copayment will change to \$45 PCP/\$70 SPC from \$40 PCP/\$60 SPC
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250

### **Blue Advantage HMO Value Choice 2120 - Rx Copays; MIBAV2120**

- Your Plan ID will change to MIBAV2125 from MIBAV2120 and your plan name will change to "Blue Advantage HMO Value Choice 2125 - Rx Copays"
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Urgent Care Office Visit copayment will change to \$55 PCP/\$80 SPC from \$50 PCP/\$70 SPC
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$45/\$85/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Advantage HMO Value Choice 4014 - Rx Copays; MIBAV4014**

- Your Plan ID will change to MIBAV4015 from MIBAV4014 and your plan name will change to "Blue Advantage HMO Value Choice 4015 - Rx Copays"
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Urgent Care Office Visit copayment will change to \$25 PCP/\$50 SPC from \$20 PCP/\$40 SPC
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250

### **Blue Advantage HMO Value Choice 2130 - Rx Copays; MIBAV2130**

- Your Plan ID will change to MIBAV2135 from MIBAV2130 and your plan name will change to "Blue Advantage HMO Value Choice 2135 - Rx Copays"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Urgent Care Office Visit copayment will change to \$55 PCP/\$80 SPC from \$50 PCP/\$70 SPC
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250

# Blue Cross and Blue Shield of Illinois

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Advantage HMO Value Choice 2140 - Rx Copays; MIBAV2140**

- Your Plan ID will change to MIBAV2145 from MIBAV2140 and your plan name will change to "Blue Advantage HMO Value Choice 2145 - Rx Copays"
- Your in-network individual Deductible will change to \$1,750 from \$1,500
- Your in-network family Deductible will change to \$5,250 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Urgent Care Office Visit copayment will change to \$55 PCP/\$80 SPC from \$50 PCP/\$70 SPC
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$5/\$15/\$60/\$110/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250

# Blue Cross and Blue Shield of Illinois 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

## **Additional Closed Renewal Only and Grandfathered 2025 Plan ID Changes:**

*Note: If you have a renewing plan with one of the following Plan IDs, the Deductible and OPX has been increased to reflect the current IRS regulations.*

<b>2024 Plan ID</b>	<b>2025 Plan ID</b>
BPE9160524	BPE9160525
MPS9160524	MPS9160525
MPS9350524	MPS9350525
BPAP1V0524	BPAP1V0525
BPAP3V0524	BPAP3V0525
BPAQ1Z0724	BPAQ1Z0725
MPEQ1Z0724	MPEQ1Z0725
MPEQ2E0H24	MPEQ2E0H25
MPEQ3P0524	MPEQ3P0525
MTEQ1Z0724	MTEQ1Z0725