



**Subject: Important Plan Changes Illinois Midmarket Group 2025**

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) midmarket 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

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 2025 Standard Plans (51+)

**The below changes are for renewals effective on or after 1/1/2025.**

---

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 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+)

The below changes are for renewals effective on or after 1/1/2025.

---

## 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+)

The below changes are for renewals effective on or after 1/1/2025.

---

## 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

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

The below changes are for renewals effective on or after 1/1/2025.

---

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

The below changes are for renewals effective on or after 1/1/2025.

---

## 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+)

The below changes are for renewals effective on or after 1/1/2025.

---

## 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.*

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