



Subject: Important Plan Changes Illinois Small 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) 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

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Platinum 119 - Rx Copays; P503PPO

- Your in-network individual Deductible will change to \$350 from \$250.
- Your in-network family Deductible will change to \$1,050 from \$750.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$700 from \$500.
- Your out-of-network family Deductible will change to \$2,100 from \$1,500.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Urgent Care Office Visit copayment will change to \$70 from \$60.
- Your Virtual 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Platinum 136 - Rx Copays; P5E1PPO

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,800 from \$1,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$1,200 from \$1,000.
- Your out-of-network family Deductible will change to \$3,600 from \$3,000.
- 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 Virtual 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Gold 114 - Rx Copays; G534PPO

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,000 from \$7,750.
- Your in-network family Out-of-Pocket Maximum will change to \$16,000 from \$18,200.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Specialist Office Visit copayment will change to \$75 from \$70.
- Your Urgent Care Office Visit copayment will change to \$80 from \$75.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Gold 107 - Rx Copays; G532PPO

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$3,200 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,250.
- Your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$12,500.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
- Your out-of-network family Deductible will change to \$6,400 from \$6,000.
- 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 Virtual Visit copayment will change to \$45 from \$40.
- 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 \$5/\$15/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$15/\$25/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Gold 116 - Rx Copays; G536PPO

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,750.
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$17,250.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$60/\$110/\$350/\$450 from \$5/\$15/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$80/\$130/\$350/\$450 from \$15/\$25/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Gold 102 - Rx Copays; G531PPO

- Your in-network individual Deductible will change to \$2,600 from \$2,500.
- Your in-network family Deductible will change to \$5,200 from \$5,000.
- 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 \$10,500 from \$10,000.
- Your out-of-network individual Deductible will change to \$5,200 from \$5,000.
- Your out-of-network family Deductible will change to \$10,400 from \$10,000.
- Your Primary Care Provider office visit copayment will change to \$25 from \$20.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Virtual 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Gold 123; G537PPO

- Your in-network individual Deductible will change to \$3,200 from \$2,800.
- Your in-network family Deductible will change to \$9,600 from \$8,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$2,800.
- Your in-network family Out-of-Pocket Maximum will change to \$9,600 from \$8,400.
- Your out-of-network individual Deductible will change to \$6,400 from \$5,600.
- Your out-of-network family Deductible will change to \$19,200 from \$16,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,400 from \$5,600.
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,200 from \$16,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Silver 120 - Rx Copays; S532PPO

- Your in-network individual Deductible will change to \$3,700 from \$3,600.
- Your in-network family Deductible will change to \$11,100 from \$10,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$7,400 from \$7,200.
- Your out-of-network family Deductible will change to \$22,200 from \$21,600.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Gold 101 - Rx Copays; G530PPO

- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Silver 104 - Rx Copays; S531PPO

- Your in-network individual Deductible will change to \$5,100 from \$5,000.
- Your in-network family Deductible will change to \$15,300 from \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000.
- Your out-of-network family Deductible will change to \$30,600 from \$30,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Urgent Care Office Visit copayment will change to \$80 from \$75.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Silver 105 - Rx Copays; S535PPO

- Your in-network individual Deductible will change to \$8,000 from \$7,900.
- Your in-network family Deductible will change to \$16,000 from \$15,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network individual Deductible will change to \$16,000 from \$15,800.
- Your out-of-network family Deductible will change to \$32,000 from \$31,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,800 from \$36,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Urgent Care Office Visit copayment will change to \$80 from \$75.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Gold 113; G533PPO

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,800 from \$3,700.
- Your in-network family Out-of-Pocket Maximum will change to \$11,400 from \$11,100.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,400.
- Your out-of-network family Deductible will change to \$19,800 from \$19,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Gold 115; G535PPO

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,400.
- Your out-of-network family Deductible will change to \$19,800 from \$19,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Silver 133; S534PPO

- Your in-network individual Deductible will change to \$5,350 from \$5,250.
- Your in-network family Deductible will change to \$16,000 from \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,350 from \$5,250.
- Your in-network family Out-of-Pocket Maximum will change to \$16,000 from \$15,000.
- Your out-of-network individual Deductible will change to \$10,700 from \$10,500.
- Your out-of-network family Deductible will change to \$32,000 from \$30,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,700 from \$10,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$32,000 from \$30,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Silver 200; S5J1PPO

- Your in-network individual Deductible will change to \$6,350 from \$6,250.
- Your in-network family Deductible will change to \$12,700 from \$12,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,350 from \$6,250.
- Your in-network family Out-of-Pocket Maximum will change to \$12,700 from \$12,500.
- Your out-of-network individual Deductible will change to \$12,700 from \$12,500.
- Your out-of-network family Deductible will change to \$25,400 from \$25,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,700 from \$12,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,400 from \$25,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Bronze 132; B536PPO

- Your in-network individual Deductible will change to \$7,050 from \$6,950.
- Your in-network family Deductible will change to \$14,100 from \$13,900.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,400 from \$7,300.
- Your in-network family Out-of-Pocket Maximum will change to \$14,800 from \$14,600.
- Your out-of-network individual Deductible will change to \$14,100 from \$13,900.
- Your out-of-network family Deductible will change to \$28,200 from \$27,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue PPO Bronze 106; B535PPO

- Your in-network individual Deductible will change to \$7,300 from \$7,200.
- Your in-network family Deductible will change to \$14,600 from \$14,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,200.
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,400.
- Your out-of-network individual Deductible will change to \$14,600 from \$14,400.
- Your out-of-network family Deductible will change to \$29,200 from \$28,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,600 from \$14,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,200 from \$28,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue PPO Bronze 401; B5N1PPO

- Your in-network individual Deductible will change to \$7,350 from \$7,250.
- Your in-network family Deductible will change to \$14,700 from \$14,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,600 from \$7,500.
- Your in-network family Out-of-Pocket Maximum will change to \$15,200 from \$15,000.
- Your out-of-network individual Deductible will change to \$14,700 from \$14,500.
- Your out-of-network family Deductible will change to \$29,400 from \$29,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Choice Preferred Platinum PPO 119 - Rx Copays; P5E2BCE

- Your in-network individual Deductible will change to \$350 from \$250.
- Your in-network family Deductible will change to \$1,050 from \$750.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$700 from \$500.
- Your out-of-network family Deductible will change to \$2,100 from \$1,500.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Urgent Care Office Visit copayment will change to \$70 from \$60.
- Your Virtual 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Platinum PPO 136 - Rx Copays; P5E1BCE

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,800 from \$1,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$1,200 from \$1,000.
- Your out-of-network family Deductible will change to \$3,600 from \$3,000.
- 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 Virtual 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.
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- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Choice Preferred Gold PPO 107 - Rx Copays; G532BCE

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$3,200 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,250.
- Your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$12,500.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
- Your out-of-network family Deductible will change to \$6,400 from \$6,000.
- 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 Virtual Visit copayment will change to \$45 from \$40.
- 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 \$5/\$15/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$80/\$130/\$250/\$350 from \$15/\$25/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Gold PPO 102 - Rx Copays; G531BCE

- Your in-network individual Deductible will change to \$2,600 from \$2,500.
- Your in-network family Deductible will change to \$5,200 from \$5,000.
- 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 \$10,500 from \$10,000.
- Your out-of-network individual Deductible will change to \$5,200 from \$5,000.
- Your out-of-network family Deductible will change to \$10,400 from \$10,000.
- Your Primary Care Provider office visit copayment will change to \$25 from \$20.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Virtual 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.
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Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Choice Preferred Silver PPO 120 - Rx Copays; S532BCE

- Your in-network individual Deductible will change to \$3,700 from \$3,600.
- Your in-network family Deductible will change to \$11,100 from \$10,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$7,400 from \$7,200.
- Your out-of-network family Deductible will change to \$22,200 from \$21,600.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Gold PPO 101 - Rx Copays; G530BCE

- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Choice Preferred Silver PPO 104 - Rx Copays; S531BCE

- Your in-network individual Deductible will change to \$5,100 from \$5,000.
- Your in-network family Deductible will change to \$15,300 from \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000.
- Your out-of-network family Deductible will change to \$30,600 from \$30,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Urgent Care Office Visit copayment will change to \$80 from \$75.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Silver PPO 105 - Rx Copays; S535BCE

- Your in-network individual Deductible will change to \$8,000 from \$7,900.
- Your in-network family Deductible will change to \$16,000 from \$15,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network individual Deductible will change to \$16,000 from \$15,800.
- Your out-of-network family Deductible will change to \$32,000 from \$31,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,800 from \$36,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Urgent Care Office Visit copayment will change to \$80 from \$75.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 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 \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,800 from \$3,700.
- Your in-network family Out-of-Pocket Maximum will change to \$11,400 from \$11,100.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,400.
- Your out-of-network family Deductible will change to \$19,800 from \$19,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Gold PPO 115; G535BCE

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,400.
- Your out-of-network family Deductible will change to \$19,800 from \$19,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 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 \$5,350 from \$5,250.
- Your in-network family Deductible will change to \$16,000 from \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,350 from \$5,250.
- Your in-network family Out-of-Pocket Maximum will change to \$16,000 from \$15,000.
- Your out-of-network individual Deductible will change to \$10,700 from \$10,500.
- Your out-of-network family Deductible will change to \$32,000 from \$30,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,700 from \$10,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$32,000 from \$30,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Silver PPO 200; S5J1BCE

- Your in-network individual Deductible will change to \$6,350 from \$6,250.
- Your in-network family Deductible will change to \$12,700 from \$12,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,350 from \$6,250.
- Your in-network family Out-of-Pocket Maximum will change to \$12,700 from \$12,500.
- Your out-of-network individual Deductible will change to \$12,700 from \$12,500.
- Your out-of-network family Deductible will change to \$25,400 from \$25,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,700 from \$12,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,400 from \$25,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 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 \$7,050 from \$6,950.
- Your in-network family Deductible will change to \$14,100 from \$13,900.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,400 from \$7,300.
- Your in-network family Out-of-Pocket Maximum will change to \$14,800 from \$14,600.
- Your out-of-network individual Deductible will change to \$14,100 from \$13,900.
- Your out-of-network family Deductible will change to \$28,200 from \$27,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Preferred Bronze PPO 106; B535BCE

- Your in-network individual Deductible will change to \$7,300 from \$7,200.
- Your in-network family Deductible will change to \$14,600 from \$14,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,200.
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,400.
- Your out-of-network individual Deductible will change to \$14,600 from \$14,400.
- Your out-of-network family Deductible will change to \$29,200 from \$28,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,600 from \$14,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,200 from \$28,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Choice Preferred Bronze PPO 401; B5N1BCE

- Your in-network individual Deductible will change to \$7,350 from \$7,250.
- Your in-network family Deductible will change to \$14,700 from \$14,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,600 from \$7,500.
- Your in-network family Out-of-Pocket Maximum will change to \$15,200 from \$15,000.
- Your out-of-network individual Deductible will change to \$14,700 from \$14,500.
- Your out-of-network family Deductible will change to \$29,400 from \$29,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Precision Platinum HMO 107 - Rx Copays; P506PSN

- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your Primary Care Provider office visit copayment will change to \$15 from \$10.
- Your Mental Health / Substance Usage copayment will change to \$15 from \$10.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Precision Platinum HMO 200 - Rx Copays; P5J1PSN

- Your in-network individual Out-of-Pocket Maximum will change to \$2,500 from \$2,000.
- Your in-network family Out-of-Pocket Maximum will change to \$7,500 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$25 from \$20.
- Your Specialist Office Visit copayment will change to \$40 from \$30.
- Your Urgent Care Office Visit copayment will change to \$40 from \$30.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Precision Gold HMO 402 - Rx Copays; G5N1PSN

- Your Primary Care Provider office visit copayment will change to \$45 from \$50.
- Your Specialist Office Visit copayment will change to \$65 from \$75.
- Your Urgent Care Office Visit copayment will change to \$65 from \$75.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$50.
- Your Emergency Room Services copayment will change to \$300 from \$500.
- Your emergency room coinsurance will change to 100% from 80%.
- Your Imaging Services copayment will change to \$400 from \$750.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Precision Gold HMO 201 - Rx Copays; G5J2PSN

- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Precision Platinum HMO 110 - Rx Copays; P5E1PSN

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$3,000.
- Your in-network family Out-of-Pocket Maximum will change to \$9,300 from \$9,000.
- 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 Urgent Care Office Visit copayment will change to \$60 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Precision Gold HMO 101 - Rx Copays; G532PSN

- Your in-network individual Deductible will change to \$2,850 from \$2,750.
- Your in-network family Deductible will change to \$8,550 from \$8,250.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your Primary Care Provider office visit copayment will change to \$60 from \$55.
- Your Specialist Office Visit copayment will change to \$85 from \$75.
- Your Urgent Care Office Visit copayment will change to \$85 from \$75.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Precision Silver HMO 106 - Rx Copays; S531PSN

- Your in-network individual Deductible will change to \$3,350 from \$3,250.
- Your in-network family Deductible will change to \$10,050 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Urgent Care Office Visit copayment will change to \$70 from \$60.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Precision Silver HMO 102 - Rx Copays; S530PSN

- Your in-network individual Deductible will change to \$7,100 from \$7,000.
- Your in-network family Deductible will change to \$17,200 from \$17,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your Primary Care Provider office visit copayment will change to \$60 from \$55.
- Your Specialist Office Visit copayment will change to \$85 from \$75.
- Your Urgent Care Office Visit copayment will change to \$85 from \$75.
- Your Mental Health / Substance Usage copayment will change to \$60 from \$55.
- 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.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Pharmacy Network.

Blue Options Platinum PPO 403 - Rx Copays; P5N1OPT

- Your in-network individual Deductible will change to \$350 BC / \$850 PPO from \$250 BC / \$750 PPO.
- Your in-network family Deductible will change to \$1,050 BC / \$2,550 PPO from \$750 BC / \$2,250 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,500 BC / \$7,000 PPO from \$2,250 BC / \$6,750 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$7,500 BC / \$18,400 PPO from \$6,750 BC / \$18,900 PPO.
- Your out-of-network individual Deductible will change to \$1,700 from \$1,500.
- Your out-of-network family Deductible will change to \$7,650 from \$6,750.
- Your Primary Care Provider office visit copayment will change to \$20 BC / \$35 PPO from \$15 BC / \$30 PPO.
- Your Specialist Office Visit copayment will change to \$40 BC / \$70 PPO from \$30 BC / \$60 PPO.
- Your Virtual Visit copayment will change to \$20 from \$15.
- Your Mental Health / Substance Usage copayment will change to \$20 BC / \$35 PPO from \$15 BC / \$30 PPO.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$110/\$350/\$450 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$130/\$350/\$450 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Options Gold PPO 101 - Rx Copays; G506OPT

- Your in-network individual Deductible will change to \$850 BC / \$2,100 PPO from \$750 BC / \$2,000 PPO.
- Your in-network family Deductible will change to \$2,550 BC / \$6,300 PPO from \$2,250 BC / \$6,000 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 BC / \$8,750 PPO from \$6,750 BC / \$8,500 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$17,500 BC / \$18,400 PPO from \$17,300 BC / \$18,200 PPO.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$45 BC / \$65 PPO from \$40 BC / \$60 PPO.
- Your Specialist Office Visit copayment will change to \$70 BC / \$110 PPO from \$60 BC / \$100 PPO.
- Your Virtual Visit copayment will change to \$45 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$45 BC / \$65 PPO from \$40 BC / \$60 PPO.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$110/\$350/\$450 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$130/\$350/\$450 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Gold PPO 106 - Rx Copays; G508OPT

- Your in-network individual Deductible will change to \$1,600 BC / \$3,850 PPO from \$1,500 BC / \$3,750 PPO.
- Your in-network family Deductible will change to \$4,800 BC / \$11,550 PPO from \$4,500 BC / \$11,250 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,150 BC / \$8,150 PPO from \$5,850 BC / \$7,850 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$15,375 BC / \$18,200 PPO from \$14,650 BC / \$18,200 PPO.
- Your out-of-network individual Deductible will change to \$7,700 from \$7,500.
- Your out-of-network family Deductible will change to \$23,100 from \$22,500.
- Your Primary Care Provider office visit copayment will change to \$40 BC / \$65 PPO from \$35 BC / \$60 PPO.
- Your Specialist Office Visit copayment will change to \$60 BC / \$110 PPO from \$50 BC / \$100 PPO.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 BC / \$65 PPO from \$35 BC / \$60 PPO.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$110/\$350/\$450 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$130/\$350/\$450 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Options Gold PPO 102 - Rx Copays; G507OPT

- Your in-network individual Deductible will change to \$2,100 BC / \$3,600 PPO from \$2,000 BC / \$3,500 PPO.
- Your in-network family Deductible will change to \$4,200 BC / \$10,800 PPO from \$4,000 BC / \$8,500 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,600 BC / \$7,600 PPO from \$4,350 BC / \$7,350 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$9,550 BC / \$18,400 PPO from \$9,300 BC / \$18,200 PPO.
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000.
- Your out-of-network family Deductible will change to \$21,600 from \$17,000.
- Your Primary Care Provider office visit copayment will change to \$40 BC / \$65 PPO from \$35 BC / \$60 PPO.
- Your Specialist Office Visit copayment will change to \$60 BC / \$110 PPO from \$50 BC / \$100 PPO.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 BC / \$65 PPO from \$35 BC / \$60 PPO.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$110/\$350/\$450 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$130/\$350/\$450 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Silver PPO 104 - Rx Copays; S506OPT

- Your in-network individual Deductible will change to \$5,350 BC / \$6,350 PPO from \$5,250 BC / \$6,250 PPO.
- Your in-network family Deductible will change to \$16,050 BC / \$18,200 PPO from \$15,750 BC / \$18,200 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 BC / \$9,200 PPO from \$8,150 BC / \$9,100 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 BC / \$18,400 PPO from \$18,200 BC / \$18,200 PPO.
- Your out-of-network individual Deductible will change to \$12,700 from \$12,500.
- Your Primary Care Provider office visit copayment will change to \$55 BC / \$75 PPO from \$50 BC / \$70 PPO.
- Your Specialist Office Visit copayment will change to \$80 BC / \$120 PPO from \$70 BC / \$110 PPO.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 BC / \$75 PPO from \$50 BC / \$70 PPO.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$110/\$350/\$450 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$130/\$350/\$450 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 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 \$3,300 BC / \$4,700 PPO from \$3,200 BC / \$4,700 PPO.
- Your in-network family Deductible will change to \$9,900 BC / \$14,100 PPO from \$9,600 BC / \$14,100 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 BC / \$6,650 PPO from \$3,200 BC / \$6,650 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$9,900 BC / \$14,100 PPO from \$9,600 BC / \$14,100 PPO.
- Your out-of-network individual Deductible will change to \$9,900 from \$9,400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Silver PPO 107; S507OPT

- Your in-network individual Deductible will change to \$4,900 BC / \$5,600 PPO from \$4,800 BC / \$5,500 PPO.
- Your in-network family Deductible will change to \$14,700 BC / \$15,000 PPO from \$14,000 BC / \$14,300 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,900 BC / \$7,350 PPO from \$4,800 BC / \$7,250 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$14,700 BC / \$15,000 PPO from \$14,000 BC / \$14,300 PPO.
- Your out-of-network family Deductible will change to \$45,000 from \$42,900.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Illinois

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 7-character plan ID in the search field and press enter.

Blue Options Silver PPO 404; S5N1OPT

- Your in-network individual Deductible will change to \$5,350 BC / \$6,350 PPO from \$5,250 BC / \$6,250 PPO.
- Your in-network family Deductible will change to \$13,350 BC / \$15,200 PPO from \$13,125 BC / \$15,000 PPO.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,350 BC / \$7,600 PPO from \$5,250 BC / \$7,500 PPO.
- Your in-network family Out-of-Pocket Maximum will change to \$13,350 BC / \$15,200 PPO from \$13,125 BC / \$15,000 PPO.
- Your out-of-network individual Deductible will change to \$19,050 from \$18,750.
- Your out-of-network family Deductible will change to \$45,600 from \$45,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.