WELCOME
to Annual Enrollment
2027



Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Plan Options — What to Think About

1

Provider availability

Will you be able to visit the doctors, hospitals and other facilities you want to?

2

Your costs

How much is going to come out of your paycheck every month? What about for the whole year?

3

Benefit payments

How much will you have to pay out of your pocket for your medical expenses?

4

Medical services

Consider your health status and services you expect to use during the year. What has your experience been in past years?



NEW for 2027!

Copay Edge



Easify is a proprietary health plan design by Health Care Service Corporation, a Mutual Legal Reserve Company.

Use the “Top Performing Provider” badge to help when choosing a provider. You are encouraged to consider all relevant information and to consult with your primary care provider when selecting a specialist.
Does not apply to members in all plans.



Edge plans powered by Easify℠ give you health coverage that's easy to understand and use.

*Actual member costs are dependent on services rendered and billed.
Easify is a proprietary health plan design by Health Care Service Corporation, a Mutual Legal Reserve Company.
Use the "Top Performing Provider" badge to help when choosing a provider. You are encouraged to consider all relevant information and to consult with your primary care provider when selecting a specialist.
Does not apply to members in all plans.

Copay Edge

Coverage Built for Your Life

Get guidance that helps you:

- Find high-quality, affordable care and compare providers
- Know your costs before your visit*
- Track monthly bills easily in one app
- Earn real cash rewards for smart health care choices

A Plan That Just Makes Sense

With Easify Edge, you'll get:

- Copay-only benefits — no surprises, no stress
- Ability to choose your care team before coverage starts
- Built-in care guidance to compare providers and costs
- Simple digital tools to see costs and manage balances
- Member Rewards for choosing high-value, lower-cost care

Paytient: A Health Care Affordability Solution

GET CARE	SWIPE TO PAY	SPLIT INTO PAYMENTS
		

Key Advantages

No Interest, No Fees: Members never pay more than the original cost of care

Flexible Payments: Members choose their own repayment schedule that replenishes as balances are repaid, ensuring funds are available when needed

No Required Credit Check: Quick financial wellness check for regulatory compliance in order to be approved*

Broad Coverage: The card can be used for the entire family, including dependents, for a wide array of health-related expenses

*The Paytient card is a line of credit that is subject to approval. Paytient is required to confirm that members can afford their Paytient monthly minimum payments, which is done by comparing income to expenses during an application.

Paytient is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide Banking/Account Administration for members with coverage through BCBSIL.
BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

	Top Preferred Provider	Preferred Provider	Core Provider	Out-of-Network
Annual Deductible	$0 employee only; $0 family			$5,000 employee only; $10,000 family
Annual Out-of-Pocket Maximum	$8,000 employee only; $16,000 family			Unlimited
Preventive Services Routine Adult Physicals and Gynecological Exams, Well-Child Care; Routine Vision or Hearing Screenings, Related Testing (includes routine Pap tests, cholesterol tests, urinalysis, etc.), Routine Colonoscopies (outpatient/ office), and Immunizations	No Charge			30% Coinsurance
Primary Care Physician Office Visit	$30	$65	$125	30% Coinsurance
Specialty Care Physician Office Visit	$75	$150	$325	30% Coinsurance
Office Visit/Virtual Visit MDLIVE providers	$25			N/A
Mental Health & Chemical Dependency Office Visit	$30			30% Coinsurance
Outpatient Behavioral Health/ Substance Abuse	$250			30% Coinsurance
Rehabilitation/Habilitation Services Physical, Occupational & Speech Therapy	Office visit: $100 Outpatient facility: $150 Inpatient: $5,800			N/A

IMPORTANT: You are required to use SleepCharge (Nox Sleep Care) for testing/treatment of sleep conditions.

Benefit Highlights

Copay Edge

The chart below shows the member's share of covered charges.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.

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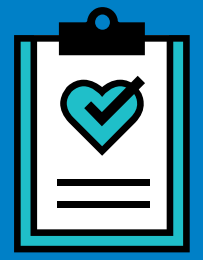
	Top Preferred Provider	Preferred Provider	Core Provider	Out-of-Network
Inpatient Surgery/Stay For inpatient surgery at an in-network facility, you pay one copay per inpatient stay. After the copay, covered services provided by the surgeon, physicians, and other in-network ancillary providers are covered at 100%, with no additional copays for services received during the same stay.	**Inpatient Surgery:** $8,000 **Inpatient Stay:** $5,800			30% Coinsurance
Outpatient Surgery The copay includes most covered services provided as part of outpatient surgery. Prior authorization may be required for non-emergency procedures.	**Office Surgery:** $190 **Freestanding Facility/Ambulatory Surgery Center:** $1,750 **Outpatient Hospital:** $2,500			30% Coinsurance
Ambulance Services Ground and Emergency Air Transport (must be medically necessary)	$815 Ground and $1,190 Air Transport			
Emergency Room Treatment Copayment waived if admitted. Balance billing is not allowed for out-of-network emergency care. No Charge for Covid treatment.	$1,200			
Urgent Care	$150			30% Coinsurance
Diagnostic Lab No charge for COVID tests. Gynecological and obstetrical ultrasounds do not require prior authorization. Most standard diagnostic testing provided during a PCP or specialist office visit is covered under the applicable office visit copay. Prior authorization may be required for other services. See your benefit booklet for details.	$175			30% Coinsurance
Diagnostic Imaging & X-Ray Diagnostic imaging includes Diagnostic Bone Density and Radioisotope Tests.	$150			30% Coinsurance
IMPORTANT: You are required to use OneImaging for non-emergency/non-urgent MRIs and CTs.*				
MRI*	$200 Freestanding/$535 Outpatient			30% Coinsurance
CT*	$150 Freestanding/$535 Outpatient			30% Coinsurance
PET	$400 Freestanding/$535 Outpatient			30% Coinsurance

Preventive Coverage

What's Covered?

- **Recommended routine gender- and age-specific preventive care and screenings** — including yearly general wellness exams, recommended vaccines and screenings for things like diabetes, cancer and depression — both facility and professional services.
- **Coverage provided in-network at 100% with no copay, no deductible.** Out-of-network benefits may vary.

IMPORTANT to remember:
Lab tests related to a condition such as diabetes or asthma **are not** considered preventive and are covered under applicable copays.



Stay healthy by getting regular check-ups

What's Preventive, What's Not?

PREVENTIVE

Jane has a screening, or preventive, mammogram performed (in-network)

Preventive coverage = 100%, no copay



Mammogram Example

DIAGNOSTIC

- Jane's screening mammogram results showed signs of suspicious growths
- Jane is asked to go in for a second mammogram
- **This second mammogram is diagnostic, or medical** — not preventive — and subject applicable copay
- Jane's out-of-pocket expense is based on the discounted PPO cost of the mammogram

Lab/X-ray Work on the Same Day as an Office Visit, Billed Together

John visits his primary care doctor for ongoing stomach pain. During the appointment, an X-ray is performed in the physician's office, and both the office visit and X-ray are billed by the same provider.

For Illustrative Purposes only. This is not a guarantee of payment as specific billing procedures may apply. Call customer service with specific inquires.

How it's covered:
Because the X-ray was provided during the office visit and billed by the same provider, John pays one office visit copay only.

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
X-ray	$0
Total John will pay	**$30**

Lab/X-ray Work on the Same Day as an Office Visit, Billed Separately

Sarah visits her doctor for follow-up care. During the appointment, blood is drawn in the office. The office visit and lab services are submitted on separate claims.

How it's covered:
Even though the services are billed separately, the lab work was performed during the same office visit by the same provider. Sarah pays one office visit copay only.

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
Lab	$0
Total Sarah will pay	**$30**

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Lab/X-ray Work on a Different Day, Billed Together by the Provider

Scenario A: Office Visit Associated

David sees his doctor on Monday and returns to the same office on Wednesday for an X-ray ordered during the visit.

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How it's covered:

Because the X-ray is tied to an office visit with the same provider, David pays one office visit copay.

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
X-ray	$0
Total David will pay	**$30**

Lab/X-ray Work on a Different Day, Billed Separately by the Provider

Michael visits his doctor for a consultation and is asked to return the following week for an X-ray. The office visit and X-ray are billed separately.

For Illustrative Purposes only. This is not a guarantee of payment as specific billing procedures may apply. Call customer service with specific inquires.

How it's covered:
Because the X-ray is associated with an office visit with the same provider, Michael pays one office visit copay and does not incur an additional X-ray copay.

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
X-ray	$0
Total Michael will pay	**$30**

Lab/X-ray Work at Outpatient Setting, Separate Copays Apply

Jennifer visits her doctor and pays the applicable Office Visit Copay. Her doctor orders bloodwork, which she has performed at a laboratory located within a hospital outpatient department, such as Northwestern Hospital. Because the lab services are performed in an outpatient hospital setting rather than the physician's office, the claim may include both professional and facility charges.

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How it's covered:

Because the diagnostic service was performed in an outpatient facility rather than the physician's office, Jennifer would be responsible for the applicable Lab Copay in addition to the Office Visit Copay.
The same concept applies to X-rays performed in an outpatient hospital or imaging center. In those situations, members would be responsible for the applicable X-ray Copay in addition to any Office Visit Copay.

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
Lab	$175
Total Jennifer will pay	**$205**

Jane's Carpal Tunnel Release

Jane has been experiencing persistent numbness and weakness in her hand that is affecting her daily activities. After seeing her Primary Care Provider (PCP), she has an evaluation by an orthopedic hand specialist including diagnostic nerve testing. She is diagnosed with carpal tunnel syndrome and elects to undergo an outpatient carpal tunnel release procedure. The surgery is performed at an ambulatory surgery center (ASC), followed by a routine post-operative visit.

For Illustrative Purposes only. This is not a guarantee of payment as specific billing procedures may apply. Call customer service with specific inquires.

This example event includes services like:

- Primary Care Office Visit (orthopedic or hand surgeon consultation)
- Specialist Office Visit including Diagnostic Testing (nerve conduction study/electromyography)
- Outpatient Surgery (carpal tunnel release)
- ASC Surgical Services
- Post-operative Follow-up Visit

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
Diagnostic Testing (during Specialist Office Visit)	$75
Outpatient Surgery (ASC)	$1,750
Follow-up Specialist Office Visit	$75
Total Jennifer will pay	**$1,930**

Lisa’s Skin Biopsy

Lisa visits a dermatologist after noticing a mole that has changed in size and color. During the office visit, the dermatologist performs a skin biopsy and sends the tissue sample to a laboratory for analysis. The results confirm the mole is benign, and Lisa returns for a follow-up discussion of the results.

This example event includes services like:

- Specialist Office Visit (dermatology evaluation)
- Office Surgical Procedure (skin biopsy)
- Pathology Services
  (laboratory analysis of the tissue sample)
- Follow-up Specialist Office Visit

	Cost Share
Plan’s Deductible (In-Network)	$0
Office Visit (Skin Biopsy)	$75
Pathology Services	$175
Follow-up Specialist Office Visit	$75
Total Lisa will pay	**$325**

For Illustrative Purposes only. This is not a guarantee of payment as specific billing procedures may apply. Call customer service with specific inquires.

Simon's Complete Blood Count

Simon attends his annual visit with his Primary Care Provider (PCP). During the appointment, his PCP orders routine laboratory testing, including a Complete Blood Count (CBC), as part of ongoing health monitoring. Simon completes the lab work in the office on the same day as his visit.

This example event includes services like:

- Primary Care Office Visit (labs drawn in office)

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit (Lab Completed)	$30
Total Simon will pay	**$30**

For Illustrative Purposes only. This is not a guarantee of payment as specific billing procedures may apply. Call customer service with specific inquires.

X-ray Xavier

Xavier took a hard fall after an awkward tackle during football practice and felt pain in his arm. After visiting his pediatrician, the doctor recommended an X-ray and shared nearby options. Xavier's parents go on their member portal and book an X-ray at a freestanding imaging center.

This example event includes services like:

- Primary Care Office Visit (Pediatrician)
- X-ray (Free-standing Imaging Center)

	Cost Share
Plan's Deductible (In-Network)	$0
Primary Care Office Visit	$30
X-ray (Freestanding Imaging Center)	$150
Total Xavier will pay	**$180**

For Illustrative Purposes only. This is not a guarantee of payment as specific billing procedures may apply. Call customer service with specific inquires.

Prior Authorization

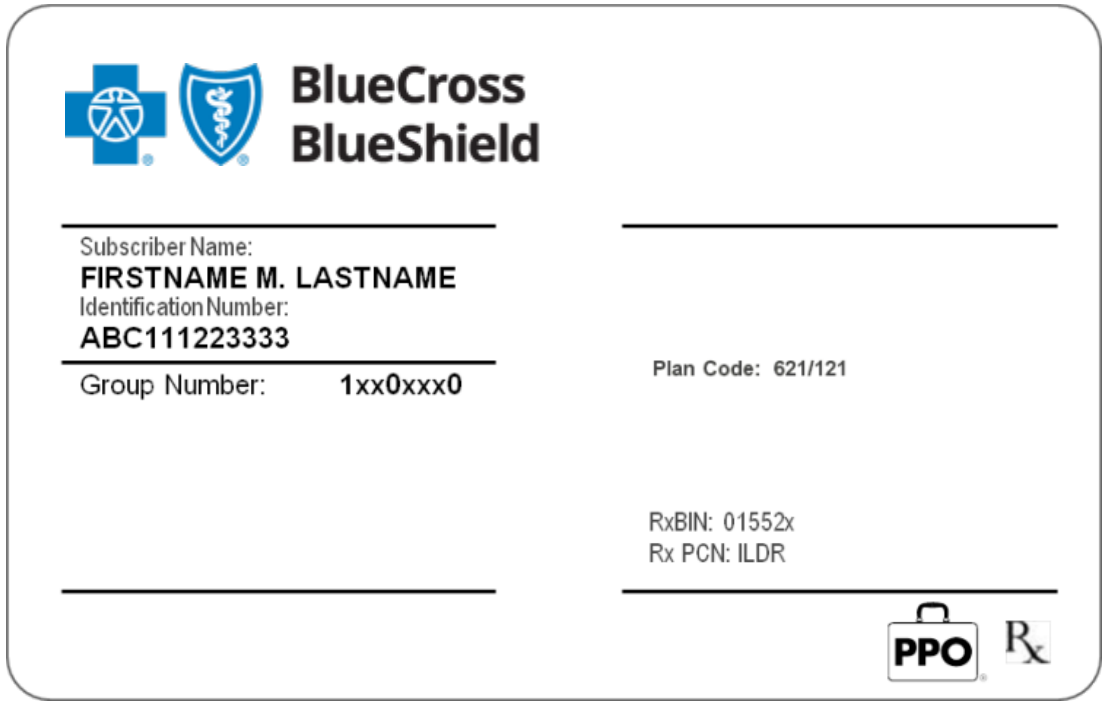
- Prior authorization is a process used to determine whether a medical service meets the requirements for health plan coverage.
- You need to have prior authorization for some types of medical care such as:
  - Hospital stays
  - High-cost specialty drugs
  - Some services you get outside a hospital
- Your network provider will usually take care of prior authorization. To be sure, call Customer Service before your service.
- Check your benefits booklet to learn more. You can find it on Blue Access for Members℠



Your ID Cards

All employees enrolling in Copay Edge will receive new ID cards.

You should receive your new ID cards by **Dec. 31, 2026.**



Two ID cards are provided for family coverage.

You can call Customer Service or log on to Blue Access for Members℠ to order additional or replacement ID cards.

Sample for illustrative purposes only.

How to Find a Provider

From your computer or mobile device, log on to **bcbsil.com/rrd** and click on **Doctors and Hospitals**

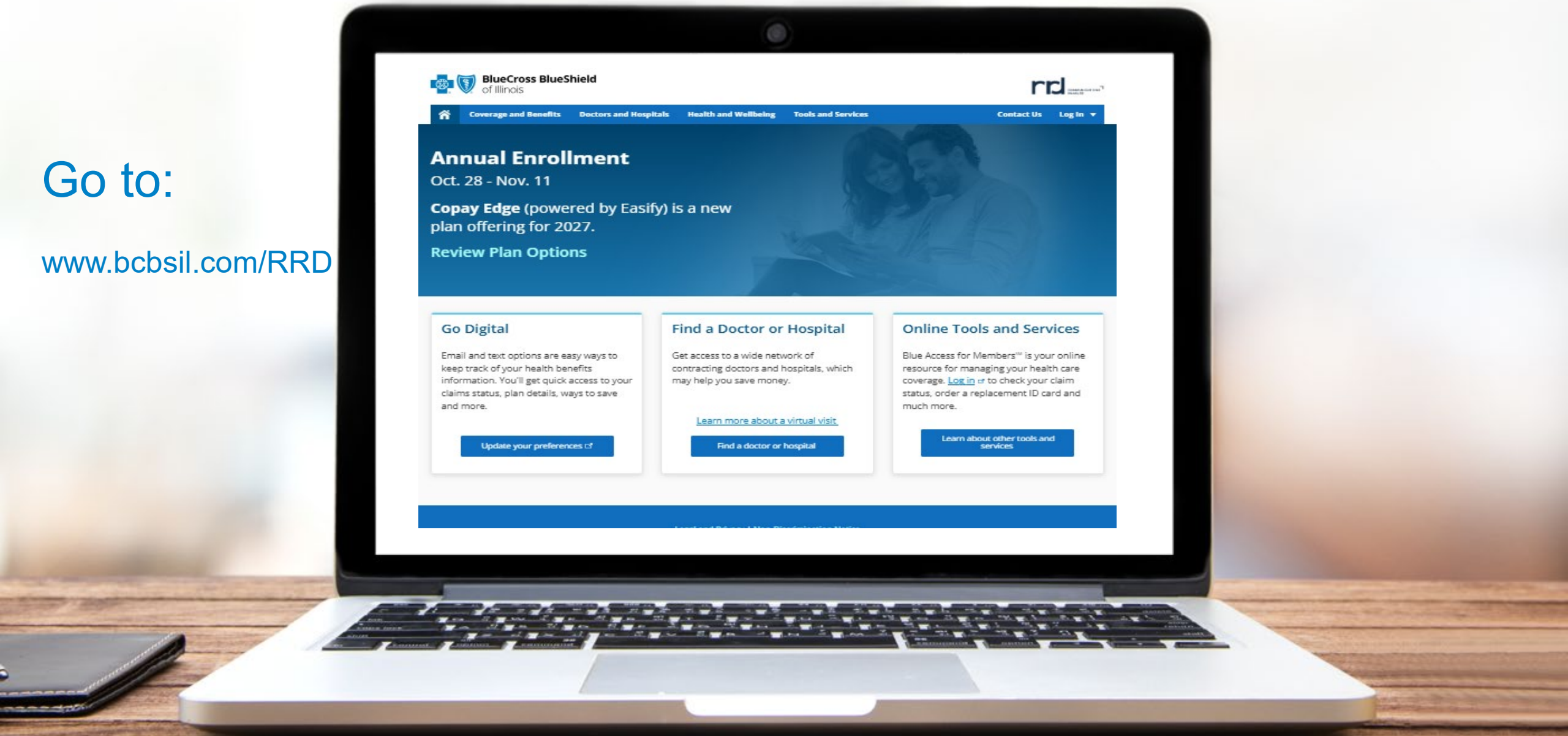
Call the Customer Service number on your ID card **800-537-9765**

Speak with your provider's office



Go to:

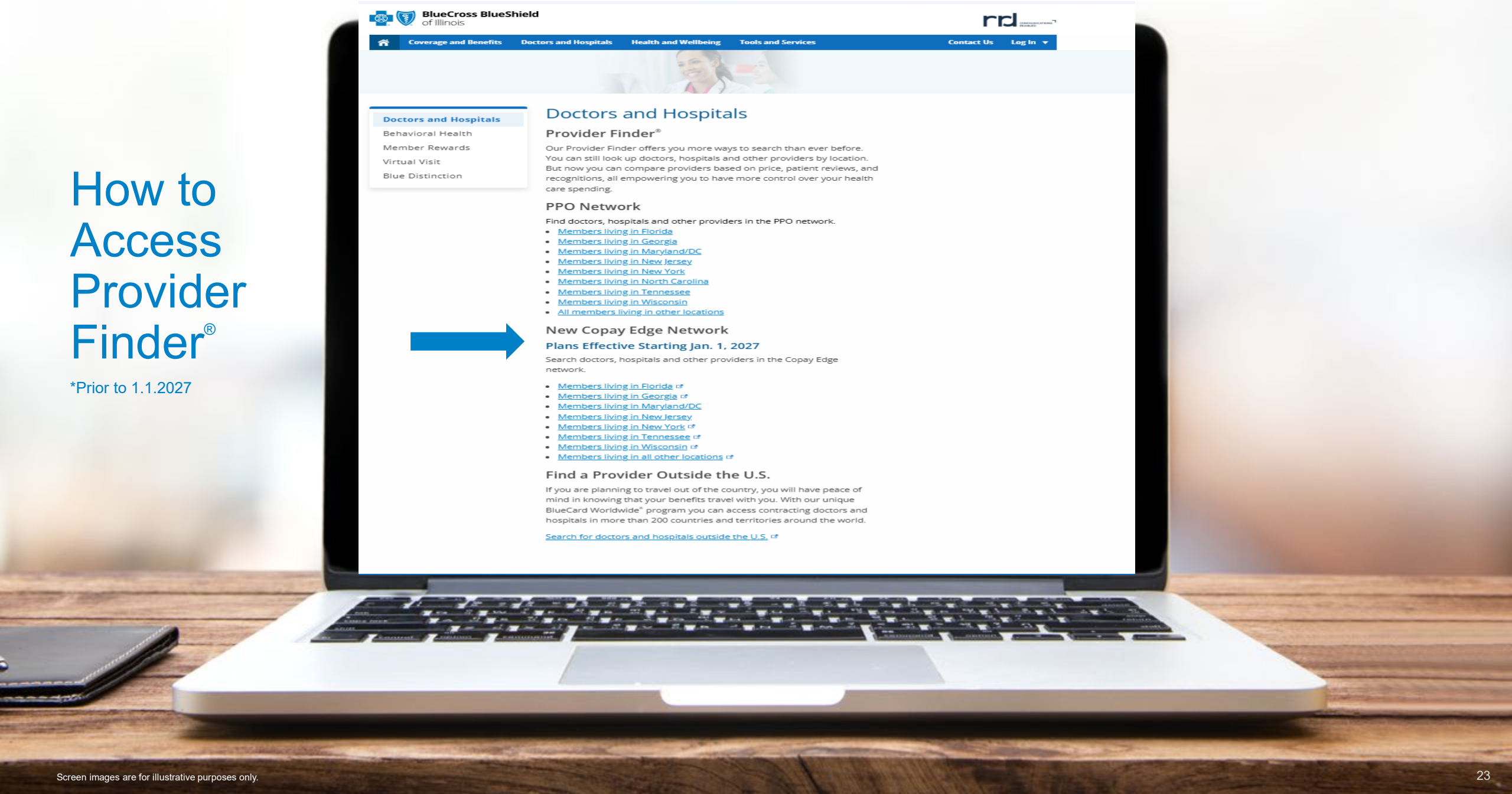
www.bcbsil.com/RRD



Screen images are for illustrative purposes only.

How to Access Provider Finder®

*Prior to 1.1.2027

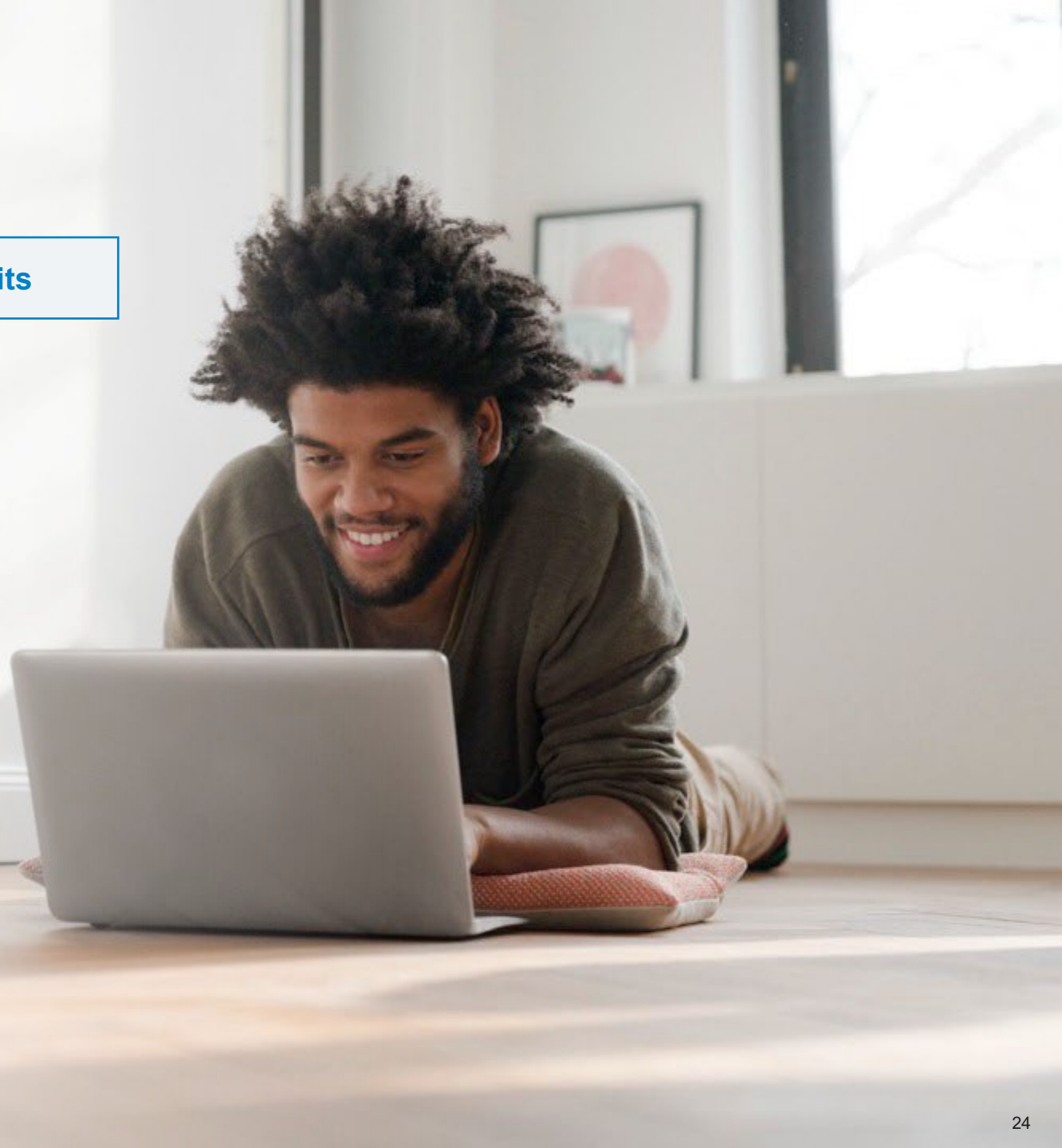


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What Members Can Do in Our **PROVIDER FINDER®**

Earn Rewards | View Costs | Access other health benefits

- Quickly find in-network doctors, medical groups, hospitals and urgent care
- Search for providers by ZIP code, gender, specialty, languages spoken and more
- Compare quality ratings for providers and facilities
- Read or write reviews for providers and facilities
- See and compare your out-of-pocket cost estimates for more than 1,700 medical procedures and services*



*Available for most networks and plans

Customer Service

Call Customer Service for assistance and questions about:

- Claims
- Medical benefit coverage
- Finding network providers
- Membership and eligibility
- Navigating digital tools and resources
- ID card requests
- Health education and transfer to other health programs
- Transition of care

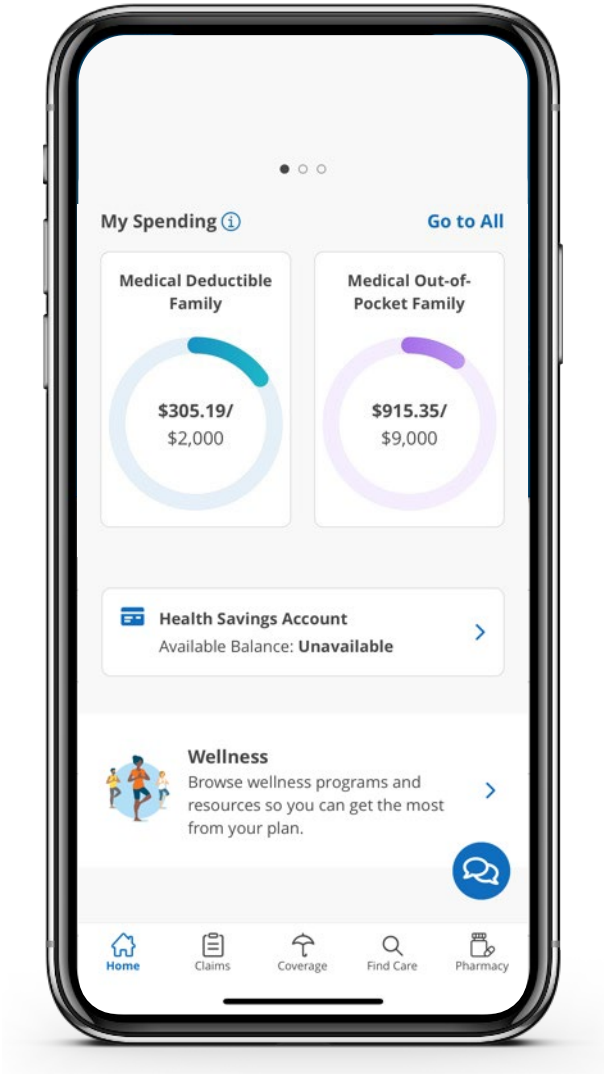


Digital Capabilities



BCBSIL App for Mobile Devices

- Find an in-network doctor, hospital or urgent care facility or search for Spanish-speaking doctors
- Access your claims, coverage and deductible information
- Access temporary digital member ID card
- Secure login with Face ID (iOS only) and Fingerprint ID
- Set your communication preferences



ILLINOIS

To download the app, go to Google Play, the App Store or text* BCBSILAPP to 33633

*Message and data rates may apply.

Screen images are for illustrative purposes only.

Only a Text Away…

Blue Access for Members℠ delivers important updates directly to you.[1]

Manage your preferences to receive benefit messages and information that are important to you.
It's easy. Add your mobile phone number to your profile.
Then, select the topics that matter most to you.
You can learn about new benefits and services, get claims alerts, secure message[2] notifications, wellness tips and more.

- You will receive automated messages, alerts, campaign messaging and care management notifications
- Some SMS messages may include a link that directs you to our secure mobile feed — an experience that displays like a social media feed



[1]Messaging powered by Relay Network, an independent company, that is delivering messages on behalf of Blue Cross and Blue Shield of Illinois.
[2]Notifications sent via automated text message. Message frequency varies. Text HELP to 33633 for HELP or STOP to 33633 to STOP. Message and data rates may apply. Terms & Conditions and Privacy Policy at bcbsil.com/member/text-messaging

Screen images are for illustrative purposes only.

Blue Access for Members℠



Blue Access for Members℠

In BAM℠, you can:

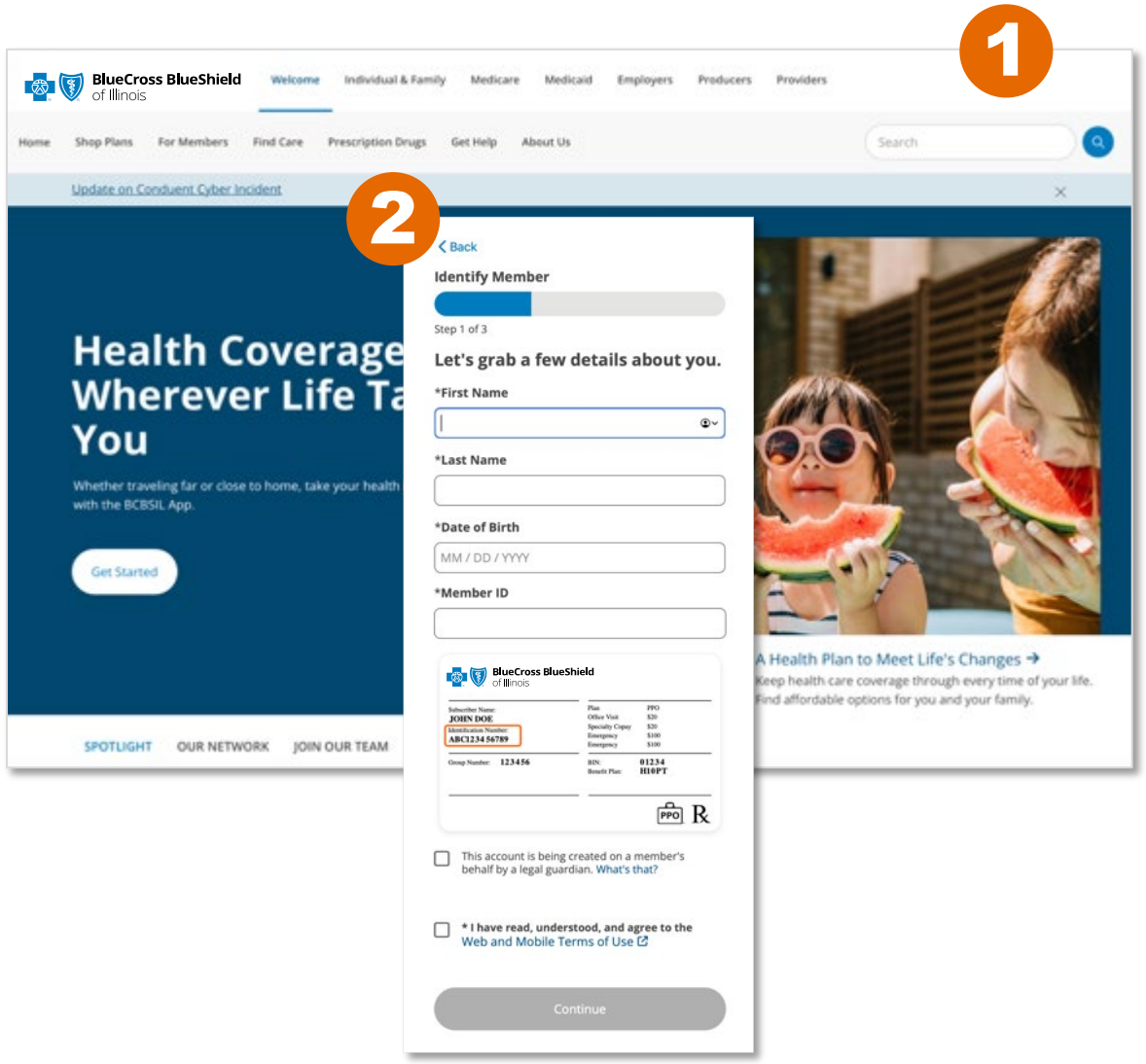
- Print, download or share your digital member ID card with your doctor's office
- Review claims status and history
- Confirm health care benefit information
- Find a doctor or pharmacy near you
- Update your preferences to go paperless
- Log in anytime. **Secure access is available 24/7.***



Save time with self-service support tools and health and wellness resources available through a convenient and secure website

*Claim Statements/EOBs are not available 3 – 6 a.m.

Sign Up for Blue Access for Members℠



*Message and data rates may apply.

Getting Started is Easy!

Online: Go to **bcbsil.com/rrd** to log in or create an account

OR

Get the App: Scan the QR code or text **BCBSILAPP to 33633*** for a download link

Screen images are for illustrative purposes only.



Tools at Your Fingertips

- View, print or download your member ID card
- Confirm your coverage and eligibility information
- Find in-network doctors, hospitals and other health care providers
- Review claims for medical services all in one place

*As applicable

Member Rewards



Guiding Members to High-Value, Lower-Cost Options

Member Rewards helps you shop for providers and earn cash rewards.

- Save money by shopping in-network
- Compare costs for scans, colonoscopies, surgeries and more
- Estimate out-of-pocket costs





Examples shown are for specific providers and time periods and are not intended to represent costs for medical care in your area.

How Does Member Rewards Work?

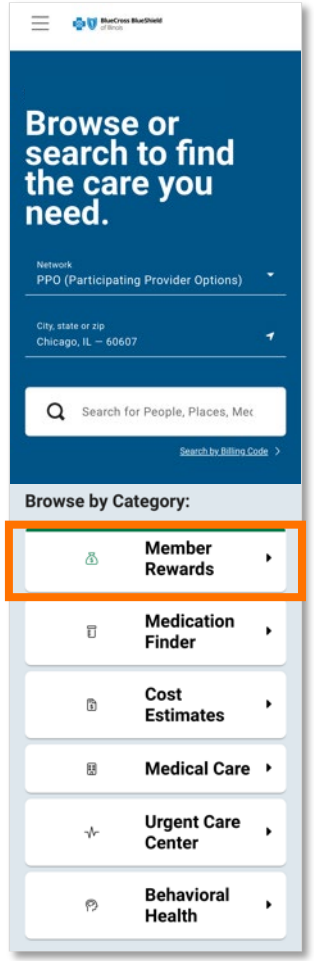
1. Use Provider Finder® to choose a reward-eligible provider (includes primary care doctors and specialists)*
2. Visit your chosen reward-eligible provider
3. Receive a cash reward by check or an alternative form of payment, which will be sent after your claim is paid and the provider is verified as reward-eligible



*Or call your Benefits Value Advisor, if applicable

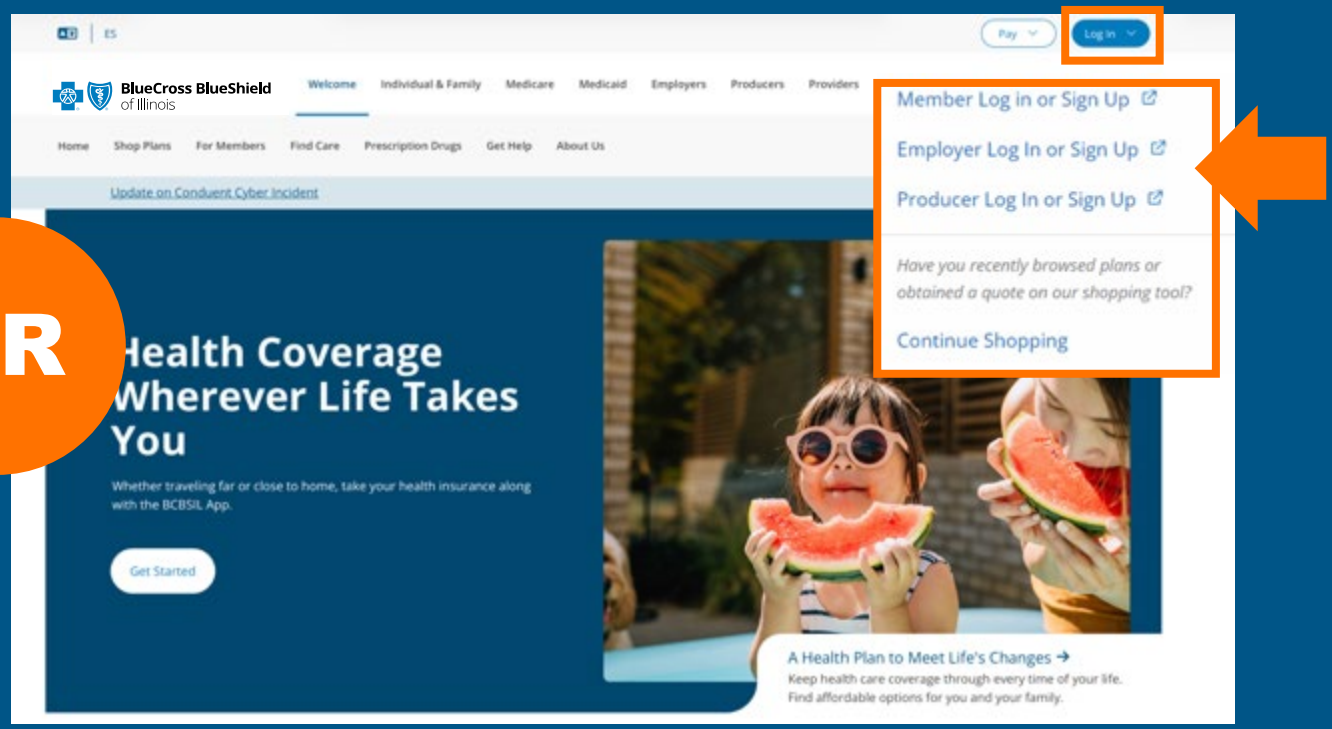
Use Member Rewards Online

Access Member Rewards via the BCBSIL App, just log in and click the Find Care icon then launch Provider Finder®



OR

Or visit bcbsil.com/rrd, log in to Blue Access for Members℠ and click Find Care to access Member Rewards.



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Stay Engaged in Your Health Care

How You Can Be a Smarter Consumer

- **Use in-network providers**
- Research costs in **Provider Finder®**
- **Review EOBs** and bills sent by your providers
- **Use wellness benefits**
- **See your physician regularly** for preventive care or illness
- **Ask your health care provider questions** about prescribed medications and treatments
- Ask your doctor if **lower-cost drug options** are right for you
- **Visit bcbsil.com/rrd** for more health and wellness information