



BlueCross BlueShield of Illinois

More flexibility. More choices.

Blue Cross and Blue Shield of Illinois (BCBSIL) has some exciting changes coming to its BlueAdvantage EntrepreneurSM and BluePrintSM health plans.

If you're an employer group using our BlueAdvantage Entrepreneur and BluePrint product groups, you'll have a broader range of options starting January 1, 2013. Instead of being limited to one plan from each product group – for a total of up to three plans – you will have the flexibility to select up to three plans **regardless of the type of product**.

For example, you could choose up to three PPO products, or a mixture of Standard PPO, HMO, Consumer Value and Select Network products. You can select several PPO plans that use the same large provider network, but offer different deductibles and copayments.

These new features apply to all BlueAdvantage Entrepreneur and BluePrint group plans, 2-50, 51-150 or 151+.

From Small Businesses to Large Corporations, every employer has different needs when it comes to health care coverage. That's why BCBSIL is committed to offering a wide selection of plans, each with flexible options and features. For more information, please contact your BCBSIL representative.

Product Groupings

Standard PPO Products

- PPO

HMO Products

- BlueAdvantage HMOSM
- BlueAdvantage HMO Value ChoiceSM

Consumer Value Products

- BlueEdge HSASM
- BlueEdge Direct HCASM
- PPO Value ChoiceSM
- CPO Value ChoiceSM

Select Network Products

- BlueChoice SelectSM
- BlueEdge Select HSASM
- BlueEdge Select Direct HCASM
- BlueChoice Select Value ChoiceSM

Potential Cost Savings

These examples demonstrate the cost savings for an employer that selects three products: two PPOs and one HMO, instead of selecting only one PPO option.*

Most Common PPO Plan: 2-50 Employees

BlueAdvantage Entrepreneur PPO	\$500/\$1,000 Deductible (in/out)						
	80%/60% Coinsurance - \$10/\$40/\$60 Drug Card						
	RPP73426 \$2,000/\$4,000 \$20/\$40 \$150						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$507.33	\$1,127.93	\$1,252.31	\$1,872.90			
Number of Employees	3	0	1	3			
Total Premium	\$1,521.99	\$0.00	\$1,252.31	\$5,618.70	7	\$8,393.00	\$100,716.00

2-50 Triple Option

*Illustration below shows a 7-life case with a Triple Plan Option

BlueAdvantage Entrepreneur PPO	\$500/\$1,000 Deductible (in/out)						
	80%/60% Coinsurance - \$10/\$40/\$60 Drug Card						
	RPP73426 \$2,000/\$4,000 \$20/\$40 \$150						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$507.33	\$1,127.93	\$1,252.31	\$1,872.90			
Number of Employees	1	0	0	1			
Total Premium	\$507.33	\$0.00	\$0.00	\$1,872.90	2	\$2,380.23	\$28,562.76
BlueAdvantage Entrepreneur PPO	\$1,500/\$3,000 Deductible (in/out)						
	90%/70% Coinsurance - \$8/\$35/\$75/\$150 Drug Card						
	RPP9242C \$2,000/\$4,000 \$20/\$40 \$150						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$472.76	\$1,051.06	\$1,166.96	\$1,745.27			
Number of Employees	2	0	0	1			
Total Premium	\$945.52	\$0.00	\$0.00	\$1,745.27	3	\$2,690.79	\$32,289.48
BlueAdvantage HMO	\$8/\$35/\$75/\$150 Drug Card – 34-Day Supply						
	RHHHB16C \$30/\$50 \$150 NONE						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$322.98	\$718.07	\$797.26	\$1,192.34			
Number of Employees	0	0	1	1			
Total Premium	\$0.00	\$0.00	\$797.26	\$1,192.34	2	\$1,989.60	\$23,875.20

Most Popular Plan Premium = \$100,716.00

Triple Option Premium = \$84,727.44

Annual Premium Reduction = \$15,988.56

Annual Percentage Savings = 16%

Most Common PPO Plan: 51+ Employees

BluePrint PPO	\$500/\$1,000 Deductible (in/out)						
	80%/60% Coinsurance - \$10/\$40/\$60 Drug Card						
	NPP 73426 \$2,000/\$4,000 \$20/\$40 \$150						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$501.88	\$1,142.48	\$760.94	\$1,401.53			
Number of Employees	35	7	3	15			
Total Premium	\$17,565.80	\$7,997.36	\$2,282.82	\$21,022.95	60	\$48,868.93	\$586,427.16

51+ Triple Option

*Illustration below shows a 60-life case with a Triple Plan Option

BluePrint PPO	\$500/\$1,000 Deductible (in/out)						
	80%/60% Coinsurance - \$10/\$40/\$60 Drug Card						
	NPP 73426 \$2,000/\$4,000 \$20/\$40 \$150						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$501.88	\$1,142.48	\$760.94	\$1,401.53			
Number of Employees	12	2	0	7			
Total Premium	\$6,022.56	\$2,284.96	\$0.00	\$9,810.71	21	\$18,118.23	\$217,418.76
BluePrint PPO	\$1,500/\$3,000 Deductible (in/out)						
	90%/70% Coinsurance - \$8/\$35/\$75/\$150 Drug Card						
	NPP9232C \$1,000/\$2,000 \$20/\$40 \$150						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$472.98	\$1,076.71	\$717.13	\$1,320.85			
Number of Employees	13	2	2	5			
Total Premium	\$6,148.74	\$2,153.42	\$1,434.26	\$6,604.25	22	\$16,340.67	\$196,088.04
BlueAdvantage HMO	\$8/\$35/\$75/\$150 Drug Card - 34-Day Supply						
	NHHB16C \$30/\$50 \$150 NONE						
	Employee	EE + Sp	EE + Ch(ren)	Family	Total EEs	Monthly Premium	Annual Premium
Monthly Premium	\$403.80	\$919.22	\$612.23	\$1,127.64			
Number of Employees	10	3	1	3			
Total Premium	\$4,038.00	\$2,757.66	\$612.23	\$3,382.92	17	\$10,790.81	\$129,489.72

Most Popular Plan Premium = \$586,427.16

Triple Option Premium = \$542,996.52

Annual Premium Reduction = \$43,430.64

Annual Percentage Savings = 7%