

PY 2027 OE Product

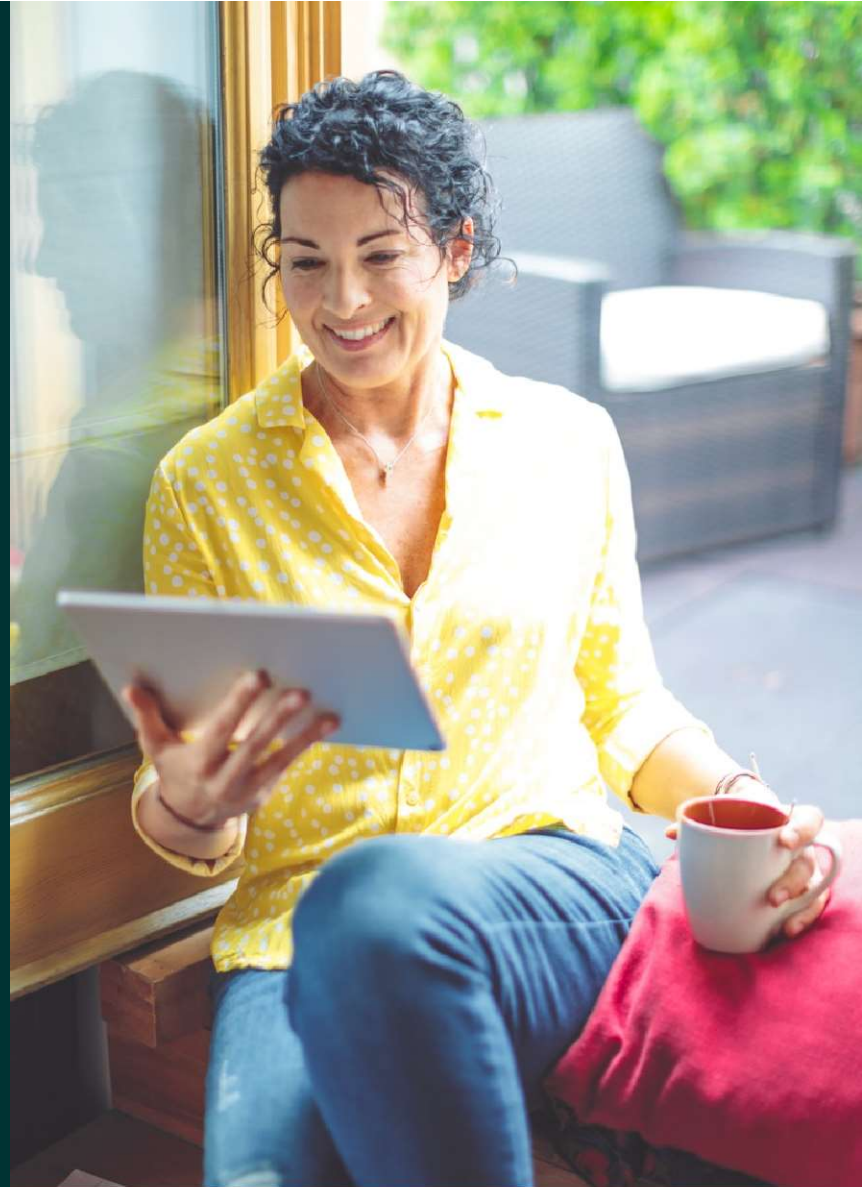
Telesales

Health Care Service Corporation, a Mutual Legal Reserve Company



Time (CST)	Topic	Presenter
10:00am – 10:05am	Introduction	Terry Maslowski, Director of I&FM Telesales
10:05am - 10:50am	2027 Market Updates	Nicole Brahlin, Sales Strategy Specialist
10:50am – 11:00am	Break	N/A
11:00am– 11:15am	Vision & Dental, Pharmacy & Prescriptions	Nicole Brahlin, Sales Strategy Specialist
11:15am – 11:30am	Value Added Benefits	Nicole Brahlin, Sales Strategy Specialist
11:30am – 11:50am	Retention Playbook	Cory Norman, Manager of Supplier Ops
11:50am - 12:00pm	Questions	

Market Updates



Market Shifts Impacting Your Business

The new out-of-pocket amounts, HDHP minimum deductibles and HSA contribution limits take effect **January 1, 2027**.

	2026 Individual Coverage	2027 Individual Coverage	2026 Family Coverage	2027 Family Coverage
ACA OPX Base Variant	\$10,600	\$12,000	\$21,200	\$24,000
ACA OPX 73% Cost Sharing	\$8,450	\$9,600	\$16,900	\$19,200
ACA OPX 87% & 94% Cost Sharing	\$3,500	\$4,000	\$7,000	\$8,000
HDHP OPX	\$8,500	\$8,700	\$17,000	\$17,400
HDHP Minimum Deductible	\$1,700	\$1,750	\$3,400	\$3,500
HSA Contribution Limits	\$4,400	\$4,500	\$8,750	\$9,000

ACA OPX limits apply in the HDHP context to individuals within a family plan (with an aggregate OPX) The out-of-pocket maximum does not include zero cost sharing plans for eligible Native Americans.

PY2027 Standardized Plans Overview

A court ruling halted CMS' attempt to discontinue standard plan designs and non-standard plan limits for 2027. As a result, CMS continues to require the below designs and limits QHP issuers in the FFE and SBE-FPs to two non-standardized plan options per product network type, metal level (excluding catastrophic), and inclusion of dental and/or vision benefit coverage, in any service area.

Standardized Plans	ON or OFF Exchange	Deductible	OPX**	Co-Insurance	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Urgent Care Visit	Generic (Tier 1)	Brand: Preferred (Tier 2)	Brand: Non-Preferred (Tier 3)	Specialty (Tier 4)
Expanded Bronze	Both	\$7,500	\$12,000	50%	\$50	\$100	\$50	\$75	\$25	\$50*	\$100*	\$500*
Silver (70% Actuarial Value [AV])	Both	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$60	\$20	\$40	\$80*	\$350*
Silver (73% AV‡)	Both	\$2,900	\$9,000	40%	\$40	\$80	\$40	\$60	\$20	\$40	\$80*	\$350*
Silver (87% AV‡)	Both	\$800	\$3,600	30%	\$20	\$40	\$20	\$30	\$10	\$20	\$60*	\$250*
Silver (94% AV‡)	Both	\$0	\$3,500	25%	\$0	\$10	\$0	\$5	\$0	\$15	\$50	\$150
Gold	Both	\$2,500	\$8,600	25%	\$30	\$60	\$30	\$45	\$15	\$30	\$60	\$250

‡ The Silver plan covers approximately 70% of costs but Silver plan variances cover more for those who qualify for cost-sharing reductions.

Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks:

* Rx copays with an asterisk are subject to deductible. Rx copays with no asterisks are not subject to deductible.

** OPX is the out-of-pocket Maximum and includes the deductible.

Illinois Highlights



We offer a variety of qualified health plans to meet our members' health and financial needs

- Four networks
- Two HMOs, a PPO, and a POS
- Statewide or metro focused
- New plan designs in bronze, silver, and gold
- Several plans with \$0 to \$20 PCP office visits*
- Several plans with \$5 to \$15 tier 1 drugs*
- Plan designs and offering strategies aligned across multiple networks and markets

*Costs for non-subsidized plans

Illinois Market Participation Summary

On-Exchange Market Opportunity	• 2026 Market Size (Selections): 449K • April 2026 Enterprise On-Exchange Membership: 232K (excludes member in grace)
Four Network Offerings	• MyBlue Plus, Blue Choice Preferred PPO, Blue Precision HMO and BlueCare DirectSM
Top Selling BCBSIL QHPs	• Blue Choice Preferred Bronze PPOSM 201 • Blue Choice Preferred Gold PPOSM 204 • BlueChoice Preferred Gold PPOSM Standard – Rx Copays • Blue Choice Preferred Silver PPOSM 801 • Blue Choice Preferred Gold PPOSM 901
Competitor Network Presence	• Ambetter expanding to 21 downstate counties • Cigna exiting market in 2027
Key 2027 Highlights	• BlueCare Direct HMO - new designs in bronze, silver, and gold • MyBlue Plus POS - new catastrophic plan and discontinued bronze offerings

PY2027 Portfolio Overview

	2026 Portfolio		2027 Portfolio
Plan Names	3-digit numbers differentiated plans	→	Replaces number in all names with descriptive word, separated by hyphen Bronze plans added HSA labels
Portfolio Structure	Every plan design unique	→	Align plan designs and offering strategies across multiple networks and markets
Catastrophic Plans	Offered in Blue Choice Preferred PPO SM network	→	Offer in Blue Choice Preferred PPO SM & MyBlue Plus POS
MyBlue Plus Bronze SM POS	3 plan designs offered	→	No bronze designs offered, map members to MyBlue Plus Silver SM POS
BlueCare Direct HMO	Only CMS standard designs offered	→	Add new designs in bronze, silver, and gold
Regulatory Flexibilities	CMS required Standardized Plan offerings On-Exchange plan offerings limited to two	→	Standardized plan rules do not apply to IL's state-based exchange
	7 Plan Designs Discontinued		6 Plan Designs Added

PY2027 IFM Plan Naming

For the upcoming plan year, we are aligning plan names to correspond to plan design features. With these changes, we will remove the current 3-digit number naming.

Network Availability (one plan aligned to one name)				
Plan Descriptor	Features	Bronze	Silver	Gold
Balance	High Deductible & OPX			IL: PPO
Support	Low/Average Deductible & High OPX	IL: HMO, PPO		
Secure	Low/Average Deductible & OPX	IL: HMO		IL: HMO, PPO, POS
Champion	Premium Plan Design (Richer Design)		IL: HMO, PPO, POS	IL: HMO, POS
Signature	Off-Exchange Only Plans	IL: PPO	IL: HMO, PPO, POS	
Classic	Previous CMS Standardized Plan Design	IL: HMO, PPO	IL: HMO, PPO, POS	IL: HMO, PPO, POS

PY2027 Key Network, Competitor and Product Feature Updates

Network Highlights

Active Contract Negotiations	No active contract negotiations
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Competitor Highlights

New Expansions	Ambetter is expanding to 21 counties : Adams, Pike, Alexander, Clay, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jasper, Jefferson, Johnson, Marion, Perry, Pope, Pulaski, Saline, Wayne, White
Competitor Exits	Cigna to exit the ACA market
Competitor Entrants	No competitor entrants

Value Add Benefits Highlights

NEW: Rewards Program	Well onTarget® and Blue Points SM will sunset 12/31/26 Blue Points will expire 12/31/2026 for your clients who use them. Starting 1/1/27 IFM will have a new wellness and rewards program named GO WellbeingSM, powered by Sharecare and GO Points . Members will be able to earn \$100 by completing new activities and a new form of redemption with Living Well Rewards, a virtual visa card that can be used for grocery stores, first aid, doctor copays, and more!
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Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Illinois to deliver a select collection of lifestyle programs, tools, and apps.

Illinois Provider Networks

Blue Choice Preferred PPO

- Statewide network
- On and Off Exchange
- Gold, Silver, Bronze, Catastrophic



~219 hospitals
~90,270 providers

Blue Precision HMO

- Chicago, Rockford and Peoria areas
- On and Off Exchange
- Gold, Silver, Bronze



~182 hospitals
~28,680 providers

BlueCare Direct HMO

- Chicago area network
- On and Off Exchange
- Gold, Silver, Bronze



~13 hospitals
~5,575 providers

MyBlue Plus POS

- Chicago area network
- On and Off Exchange
- Gold, Silver, Bronze



~12 hospitals
~20,815 providers

Source: BCBSIL Network Team. Network status as of 6/18/2026. Counts subject to change. Hospital counts include Inpatient Behavioral Health (Psychiatric), Children's Acute Care, and General Acute Care. Providers: PCPs and Specialists. Providers counted by unique NPI. Source: provider and hospital counts as of 06/18/2026. Pulled by G&IM Reporting and Analytics team

Illinois Market Landscape 2027

Illinois has four networks **Blue Choice Preferred PPO**, **Bluecare Direct HMO**, **Blue Precision HMO** and **MyBlue Plus POS**

In 2027, **Ambetter** is expanding to 21 counties downstate. **Cigna** and **Molina** are exiting the market.

Blue Choice Preferred PPO



Blue Precision HMO



BlueCare Direct



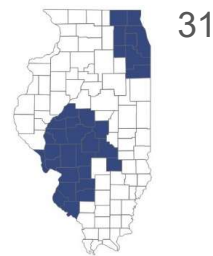
Cook, DuPage, Kane, Lake

MyBlue Plus



Cook, DuPage, Kane, Will, Kankakee

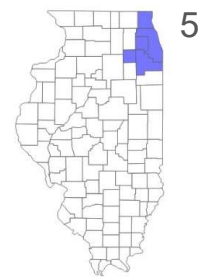
UnitedHealthcare



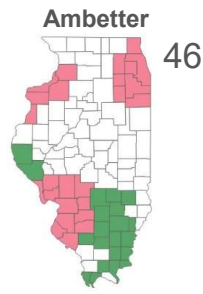
MercyCare



Oscar



Ambetter



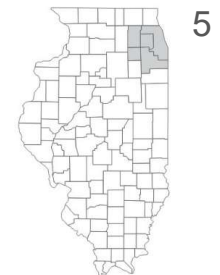
Ambetter is expanding to 21 counties downstate.

Cigna



Cigna and **Molina** are exiting the market.

Molina



 Expansion Counties  Exiting Counties

Source: IDOI; 2027 Rate Landscape File

PY2027 IFM Key Product Setup Summary

	BlueCare Direct HMO	Blue Precision HMO	Blue Choice Preferred PPO	MyBlue Plus POS
Are members required to select a PCP?	Yes, members are required to select a PCP	Yes, members are required to select a PCP	No	Yes, members are required to select a PCP
Is a referral needed to see a specialist?	Yes, a referral is required to be seen by a specialist	Yes, a referral is required to be seen by a specialist	No	Yes, a referral is required to be seen by a specialist
Do members have Out-of-Network benefits?	No	No	Yes	Yes
Is virtual care through MDLIVE available?	No	No	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	No	No	Outside the state of Illinois, non-urgent and non-emergency care are covered at the plan's out-of-network benefit level.	Outside the state of Illinois, non-urgent and non-emergency care are covered at the plan's out-of-network benefit level.
Are members able to receive care for emergent and urgent services outside of IL?	Yes	Yes	Yes	Yes

Keeping Members Connected to the Care They Trust

As carrier participation changes, BCBSIL networks continue to **provide access** to many of the health systems Illinoisans know and trust.

Chicago (Cook County)

- Advocate Health
- Prime Healthcare
- Ascension
- Loyola Medicine
- Endeavor Health
- Northwestern Medicine
- Rush University System
- UChicago Medicine

Joliet (Will County)

- UChicago Medicine
- Prime Healthcare
- Endeavor Health
- AdventHealth

Naperville (DuPage County)

- Advocate Health
- Endeavor Health
- Northwestern Medicine
- Rush University System
- UChicago Medicine
- AdventHealth



This information is subject to change. Please verify all information at the start of Open Enrollment

Participating Health Systems by Network

Market	Blue Choice Preferred PPO	Blue Precision HMO	BlueCare Direct HMO	MyBlue Plus POS
Bloomington	Order of St. Francis & Carle	N/A	N/A	N/A
Cape Girardeau	N/A	N/A	N/A	N/A
Carbondale-Marion	SIH & Deaconess (formerly Quorum)	SIH & Deaconess (formerly Quorum)	N/A	N/A
Champaign-Urbana	Order of St. Francis & Carle	N/A	N/A	N/A
Chicago-Naperville-Elgin	Northwestern, Endeavor, Ascension, Adventist, Trinity	Northwestern, Endeavor, Ascension, Adventist, Trinity	Advocate	UChicago, Advent Health, Endeavor, Ascension
Danville	Order of St. Francis & Carle	N/A	N/A	N/A
Davenport-Moline-Rock Island	Unity Point & Order of St. Francis	Unity Point	N/A	N/A
Decatur	Memorial & HSHS	Memorial and HSHS	N/A	N/A
Kankakee	Ascension	Ascension, Memorial & HSHS	N/A	UChicago, Advent Health, Endeavor, Ascension
Peoria	Order of St. Francis & Carle	Order of St. Francis & Carle	N/A	N/A
Rockford	Order of St. Francis & Swedish American	Swedish American	N/A	N/A
Springfield	Memorial & HSHS	Memorial & HSHS	N/A	N/A
St. Louis	HSHS & BJC	N/A	N/A	N/A

Some health systems excluded from this analysis, especially in the Chicago market. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/13/26. Health system participation subject to change. MSA definition source: Bureau of Labor Statistics (cross-referenced with BCBSIL I&FM-Specific 2026 Network Service Area Grid).

2027 On- and Off-Exchange Plans

Network: Blue Choice Preferred PPO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Choice Preferred Security PPO SM - HSA	Both	\$12,000	\$12,000	0%	\$20	DC	DC	\$20	DC	0%
Blue Choice Preferred Bronze PPO SM - Support HSA	Both	\$8,000	\$12,000	50%	0%	DC	DC	DC	\$100	\$5 / \$15 / 35% / 45% / 50% / 55%
Blue Choice Preferred Bronze PPO SM - Classic HSA - Select Rx Copays	Both	\$7,500	\$12,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Choice Preferred Bronze PPO SM - Signature HSA	Off Only	\$4,500	\$8,500	40%	DC	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM - Champion	Both	\$3,100	\$10,750	40%	\$40	\$100	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Choice Preferred Silver PPO SM - Classic - Select Rx Copays	Both	\$5,000	\$10,500	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Choice Preferred Silver PPO SM - Signature	Off Only	\$1,900	\$9,800	50%	\$10	DC	DC	\$10	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Gold PPO SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Choice Preferred Gold PPO SM - Classic - Rx Copays	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250
Blue Choice Preferred Gold PPO SM - Balance	Both	\$2,500	\$8,600	20%	\$0	\$50	\$0	\$0	\$30	\$15 / \$25 / \$50 / 45% / 50% / 55%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

2027 Silver CSR Variants

Network: Blue Choice Preferred PPOSM

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Choice Preferred Silver PPO SM - Champion	\$3,100	\$10,750	40%	\$40	\$100	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Choice Preferred Silver PPO SM - Champion (73% CSR)	\$3,100	\$8,800	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Choice Preferred Silver PPO SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Choice Preferred Silver PPO SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Choice Preferred Silver PPO SM - Classic - Select Rx Copays	\$5,000	\$10,500	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Choice Preferred Silver PPO SM - Classic - Select Rx Copays (73% CSR)	\$3,000	\$8,600	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Choice Preferred Silver PPO SM - Classic - Select Rx Copays (87% CSR)	\$700	\$3,500	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Choice Preferred Silver PPO SM - Classic - Select Rx Copays (94% CSR)	\$0	\$3,000	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 On- and Off-Exchange Plans

Network: Blue Precision HMOSM

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Precision Bronze HMO SM - Support HSA	Both	\$4,000	\$12,000	50%	\$80	\$150	\$80	NA	\$150	\$5 / \$15 / 35% / 45% / 50% / 55%
Blue Precision Bronze HMO SM - Secure HSA	Both	\$3,500	\$9,800	50%	\$75	\$150	\$75	NA	\$150	\$20 / \$30 / 35% / 45% / 50% / 55%
Blue Precision Bronze HMO SM - Classic HSA - Select Rx Copays	Both	\$7,500	\$12,000	50%	\$50	\$100	\$50	NA	\$75	\$25 / \$50* / \$100* / \$500*
Blue Precision Silver HMO SM - Champion	Both	\$3,000	\$10,200	40%	\$40	\$90	\$40	NA	\$90	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Precision Silver HMO SM - Classic - Select Rx Copays	Both	\$5,000	\$10,500	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Precision Silver HMO SM - Signature	Off only	\$6,000	\$11,000	50%	\$15	\$40	\$15	NA	\$40	\$10 / \$20 / 30% / 40% / 45% / 50%
Blue Precision Gold HMO SM - Champion	Both	\$1,200	\$9,200	20%	\$10	\$50	\$10	NA	\$50	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Precision Gold HMO SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	NA	\$50	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Precision Gold HMO SM - Classic - Rx Copays	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	NA	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 Silver CSR Variants

Network: Blue Precision HMO

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Precision Silver HMO SM - Champion	\$3,000	\$10,200	40%	\$40	\$90	\$40	NA	\$90	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Precision Silver HMO SM - Champion (73% CSR)	\$3,100	\$8,200	40%	\$40	\$90	\$40	NA	\$90	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Precision Silver HMO SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	NA	\$70	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Precision Silver HMO SM - Champion (94% CSR)	\$0	\$2,700	25%	\$10	\$30	\$10	NA	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Precision Silver HMO SM - Classic - Select Rx Copays	\$5,000	\$10,500	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Precision Silver HMO SM - Classic - Select Rx Copays (73% CSR)	\$3,000	\$8,600	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Precision Silver HMO SM - Classic - Select Rx Copays (87% CSR)	\$700	\$3,500	30%	\$20	\$40	\$20	NA	\$30	\$10 / \$20 / \$60* / \$250*
Blue Precision Silver HMO SM - Classic - Select Rx Copays (94% CSR)	\$0	\$3,000	25%	\$0	\$10	\$0	NA	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

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2027 On- and Off-Exchange Plans

Network: BlueCare Direct HMO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
BlueCare Direct Bronze SM - Secure HSA with Advocate	Both	\$3,500	\$9,800	50%	\$75	\$150	\$75	NA	\$150	\$20 / \$30 / 35% / 45% / 50% / 55%
BlueCare Direct Bronze SM - Support HSA with Advocate	Both	\$4,000	\$12,000	50%	\$80	\$150	\$80	NA	\$150	\$5 / \$15 / 35% / 45% / 50% / 55%
BlueCare Direct Bronze SM - Classic HSA - Select Rx Copays with Advocate	Both	\$7,500	\$12,000	50%	\$50	\$100	\$50	NA	\$75	\$25 / \$50* / \$100* / \$500*
BlueCare Direct Silver SM - Champion with Advocate	Both	\$3,100	\$10,200	40%	\$40	\$90	\$40	NA	\$90	\$5 / \$15 / \$90 / 45% / 50% / 55%
BlueCare Direct Silver SM - Classic - Select Rx Copays with Advocate	Both	\$5,000	\$10,500	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
BlueCare Direct Gold HMO SM - Champion with Advocate	Both	\$1,200	\$9,200	20%	\$10	\$50	\$10	NA	\$50	\$15 / \$25 / 30% / 45% / 50% / 55%
BlueCare Direct Gold HMO SM - Secure with Advocate	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	NA	\$50	\$15 / \$25 / 30% / 45% / 50% / 55%
BlueCare Direct Gold - Classic SM - Rx Copays with Advocate	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	NA	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

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2027 Silver CSR Variants

Network: BlueCare Direct HMOSM

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
BlueCare Direct Silver SM - Champion with Advocate	\$3,100	\$10,200	40%	\$40	\$90	\$40	NA	\$90	\$5 / \$15 / \$90 / 45% / 50% / 55%
BlueCare Direct Silver SM - Champion with Advocate (73% CSR)	\$3,100	\$8,200	40%	\$40	\$90	\$40	NA	\$90	\$5 / \$15 / \$90 / 45% / 50% / 55%
BlueCare Direct Silver SM - Champion with Advocate (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	NA	\$70	\$0 / \$10 / \$50 / 45% / 50% / 55%
BlueCare Direct Silver SM - Champion with Advocate (94% CSR)	\$0	\$2,700	25%	\$10	\$30	\$10	NA	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
BlueCare Direct Silver SM - Classic - Select Rx Copays with Advocate	\$5,000	\$10,500	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
BlueCare Direct Silver SM - Classic - Select Rx Copays with Advocate (73% CSR)	\$3,000	\$8,600	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
BlueCare Direct Silver SM - Classic - Select Rx Copays with Advocate (87% CSR)	\$700	\$3,500	30%	\$20	\$40	\$20	NA	\$30	\$10 / \$20 / \$60* / \$250*
BlueCare Direct Silver SM - Classic - Select Rx Copays with Advocate (94% CSR)	\$0	\$3,000	25%	\$0	\$10	\$0	NA	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 On- and Off-Exchange POS Plans

Network: MyBlue PlusSM

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Plus Security SM - HSA	Both	\$12,000	\$12,000	0%	\$20	0%	0%	\$20	0%	0%
MyBlue Plus Silver SM - Champion	Both	\$3,100	\$10,750	40%	\$40	\$100	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Plus Silver SM - Classic - Select Rx Copays	Both	\$5,000	\$10,500	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Plus Silver SM - Signature	Off Only	\$1,800	\$10,300	50%	\$5	50%	50%	\$5	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Plus Gold SM - Champion	Both	\$1,200	\$9,200	20%	\$0	\$50	\$0	\$0	\$30	\$15 / \$25 / \$40 / 45% / 50% / 55%
MyBlue Plus Gold SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%
MyBlue Plus Gold SM - Classic - Rx Copays	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 Silver CSR Variants

Network: MyBlue PlusSM

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Plus Silver SM - Champion	\$3,100	\$10,750	40%	\$40	\$100	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Plus Silver SM - Champion (73% CSR)	\$3,100	\$8,800	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Plus Silver SM - Champion 87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Plus Silver SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Plus Silver SM - Classic - Select Rx Copays	\$5,000	\$10,500	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Plus Silver SM - Classic - Select Rx Copays (73% CSR)	\$3,000	\$8,600	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Plus Silver SM - Classic - Select Rx Copays (87% CSR)	\$700	\$3,500	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
MyBlue Plus Silver SM - Classic - Select Rx Copays (94% CSR)	\$0	\$3,000	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 Illinois Plan ID Discontinuances

The following plan IDs have been removed from the 2027 portfolio. Current members will automatically transition to the plans listed below at renewal. This transition does not trigger a Special Enrollment Period.

State	2026 Plan Name	2027 Member Renewal Plan
IL	Blue Precision Silver HMO 704	Blue Precision Silver HMO - Classic - Select Rx Copays
	Blue Choice Preferred Silver PPO 203	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays
	Blue Choice Preferred Bronze PPO 701	Blue Choice Preferred Bronze PPO - Support HSA
	MyBlue Plus Bronze 903	MyBlue Plus Silver - Classic - Select Rx Copays
	MyBlue Plus Bronze 912	MyBlue Plus Silver - Classic - Select Rx Copays
	MyBlue Plus Silver 905	MyBlue Plus Silver - Classic - Select Rx Copays
	MyBlue Plus Bronze Standard - Select Rx Copays	MyBlue Plus Silver - Classic - Select Rx Copays

Montana Highlights



We offer a variety of qualified health plans to meet our members' health and financial needs

- Two networks
- PPO and POS
- Statewide or city-focused
- Align plan designs and offering strategies across multiple networks and markets
- Several plans with \$0 to \$20 PCP office visits*
- Several plans with \$0 to \$15 tier 1 drugs*

*Costs for non-subsidized plans

Montana Market Participation Summary

On-Exchange Market Opportunity	• 2026 Market Size (Selections): 73K • 65% of selections in seven largest counties (by number of selections) • April 2026 Enterprise On-Exchange Membership: 38K (excludes member in grace)
Two Network Offerings	• Blue Preferred PPO and Blue Focus POS
Top Selling QHPs	• Blue Focus Bronze POS Standard • Blue Focus Bronze POS 205 • Blue Preferred Bronze PPO 201 • Blue Preferred Bronze PPO 202 • Blue Focus Silver POS Standard
Competitor Network Presence	• PacificSource to exit market in 2027, leaving Mountain Health Co-Op as only remaining competitor
Key 2027 Highlights	• Additional catastrophic offering in Blue Focus POS • Shift to new naming convention aligned with plan design elements

PY2027 Portfolio Overview

	2026 Portfolio		2027 Portfolio
Plan Names	3-digit numbers differentiated plans	→	Replaces number in all names with descriptive word, separated by hyphen Bronze plans added HSA labels
Portfolio Structure	Every plan design unique	→	Align plan designs and offering strategies across multiple networks and markets
Catastrophic Plans	Offered in Blue Preferred PPOSM network only	→	Offered in Blue Focus POSSM and Blue Preferred PPO networks
	3 Plan Designs Discontinued	→	1 Plan Design Added

PY2027 IFM Plan Naming

For the upcoming plan year, we are aligning plan names to correspond to plan design features. With these changes, we will remove the current 3-digit number naming.

Network Availability (one plan aligned to one name)				
Plan Descriptor	Features	Bronze	Silver	Gold
Balance	High Deductible & OPX	MT: POS	MT: PPO	MT: PPO
Support	Low/Average Deductible & High OPX	MT: PPO		
Secure	Low/Average Deductible & OPX			MT: POS, PPO
Champion	Premium Plan Design (Richer Design)	MT: POS	MT: PPO	MT: POS
Signature	Off-Exchange Only Plans	MT: POS, PPO	MT: POS, PPO	
Standard	Previous CMS Standardized Plan Design	MT: POS, PPO	MT: POS, PPO	MT: POS, PPO

PY2027 Key Network, Competitor and Product Feature Updates

Network Highlights

Active Contract Negotiations	No active contract negotiations
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Competitor Highlights

New Expansions	No competitor expansions
Competitor Exits	PacificSource to exit the ACA market
Competitor Entrants	No competitor entrants

Value Add Benefits Highlights

NEW: Rewards Program	Well onTarget® and Blue Points SM will sunset 12/31/26. Starting 1/1/27 IFM will have a new wellness and rewards program named GO WellbeingSM, powered by Sharecare and GO Points . Members will be able to earn \$100 by completing new activities and a new form of redemption with Living Well Rewards a virtual visa card that can be used for grocery stores, first aid, doctor copays, and more!
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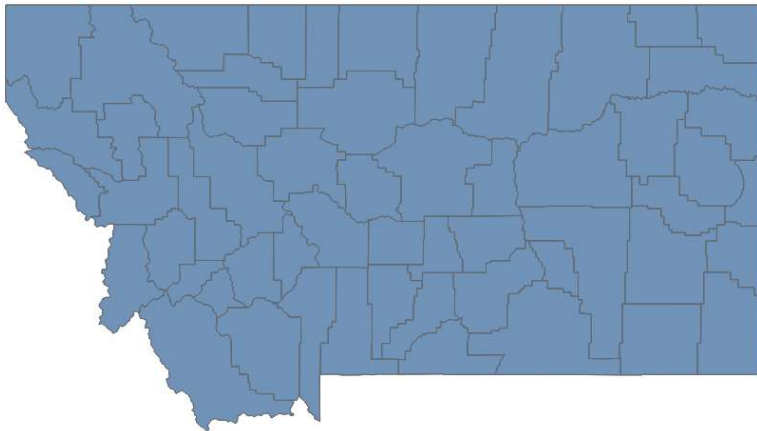
Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Montana to deliver a select collection of lifestyle programs, tools, and apps.

Montana Provider Networks

Blue Preferred PPO

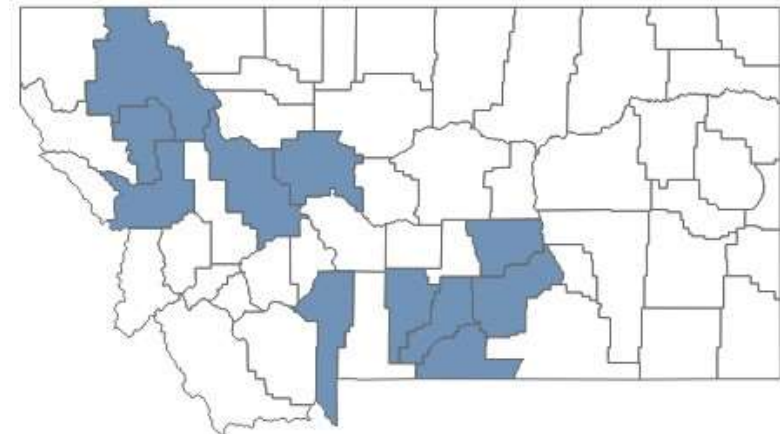
- Existing statewide network in all 56 counties
- On and Off Exchange
- Gold, Silver, Bronze, Catastrophic



**~63 hospitals and
~14,880 providers**

Blue Focus POS

- Existing network in Carbon, Cascade, Flathead, Gallatin, Lake, Lewis and Clark, Missoula, Musselshell, Stillwater, Sweet Grass, and Yellowstone counties
- On and Off Exchange
- Gold, Silver, Bronze



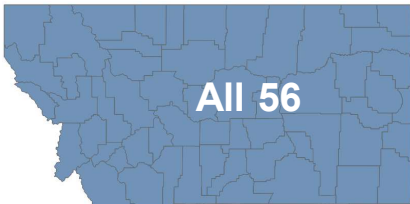
**~15 hospitals and
~8,237 providers**

Source: Network status and statistics as of 6/18/2026. Hospitals: General Acute and Critical Access Hospitals; Providers: PCPs and Specialists. Providers counted by unique NPI.

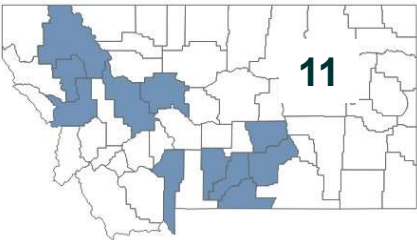
Montana Market Landscape 2027

Blue Preferred PPO are statewide. Blue Focus POS is available in 11 counties

In 2027, **PacificSource** is exiting the market, leaving Mountain Health Co-Op as the only remaining competitor



Blue Preferred PPO



Blue Focus POS

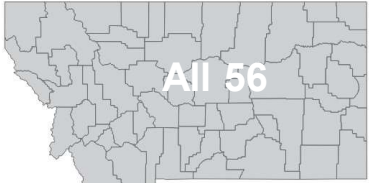
Rating Areas: 1, 2 and 3
Carbon, Cascade, Flathead, Gallatin, Lake, Lewis and Clark, Missoula, Musselshell, Stillwater, Sweet Grass, Yellowstone

Mountain Health Cooperative

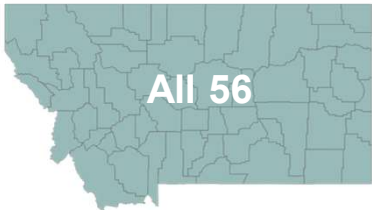


Connected Care PPO

PacificSource



Statewide PPO



Co-op Plus two-tier PPO

Exiting Counties

Source: SERFF; 2026 Individual Marketplace Rate Landscape Data.

2026 Montana IFM Key Product Setup Summary

	Blue Preferred PPO	Blue Focus POS
Are members required to select a PCP?	No	No
Is a referral needed to see a specialist?	No	No
Do members have Out-of-Network benefits?	Yes	Yes
Is virtual care through MDLIVE available?	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSMT is required to access non-emergency or non-urgent care outside the plan's service area.	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSMT is required to access non-emergency or non-urgent care outside the plan's service area.
Are members able to receive care for emergent and urgent services outside of MT?	Yes	Yes

Blue Focus POS In-Network Hospitals

Market	Blue Focus POS Network
Carbon County	Beartooth Billings Clinic
Cascade County	Benefis Health System
Flathead County	Logan Health
Gallatin County	Bozeman Health and Big Sky Medical Center
Lake County	St. Luke Hospital
Lewis and Clark County	St. Peter's Health
Missoula County	Community Medical Center
Musselshell County	Roundup Memorial
Park County	Livingston Health
Stillwater County	Stillwater Billings Clinic
Sweet Grass County	Pioneer Medical Center
Yellowstone County	Billings Clinic Hospital

Not all participating network health systems may be represented in this analysis. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/17/26. Health system participation subject to change. Source: BCBSMT Provider Network Management



Health Insurance for American Indians

Health insurance does not replace Indian health care; it supports it.

- Get care when you need it, throughout the year
- Access to a wider network of doctors and hospitals for specialized care
- Keep up with important preventive health screenings to help stay healthy

Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
 - **Health insurance does not replace Indian health care — it supports it.**

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.

What does health insurance cover?

Health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse

bcbsmt.com



ACA Helps American Indians Sign Up For Coverage

ACA gives American Indians special help to sign up and buy insurance

- Sign up for health insurance year-round on the Marketplace.
- Get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost sharing plans.
- Members of federally recognized tribes may not have to pay anything out-of-pocket for certain services with an income between 138-300% of the federal poverty level.

Your family size is:	Your qualifying household income is at or below:
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120
8	\$167,160

Important reminders:

- ✓ To enroll in a zero or limited cost sharing plan, members must apply on the Marketplace and have proof of American Indian status, such as a document or enrollment card issued by a federally recognized tribe indicating membership.
- ✓ For more details on how ACA can help American Indians, visit: www.healthcare.gov/american-indians-alaska-natives/coverage

2027 On- and Off-Exchange Plans

Network: Blue Preferred PPO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Security PPO SM – HSA	Both	\$12,000	\$12,000	0%	\$20	DC	DC	\$20	DC	0%
Blue Preferred Bronze PPO SM - Standard HSA	Both	\$7,500	\$14,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Preferred Bronze PPO SM - Support HSA	Both	\$8,000	\$12,000	50%	0%	DC	DC	DC	DC	\$0 / \$10 / 35% / 45% / 50% / 55%
Blue Preferred Bronze PPO SM - Signature 1 HSA	Off only	\$5,200	\$8,500	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO SM - Signature 2	Off only	\$9,950	\$9,950	0%	0%	DC	DC	DC	DC	0%
Blue Preferred Silver PPO SM – Balance	Both	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Preferred Silver PPO SM – Champion	Both	\$3,100	\$10,750	40%	\$40	\$100	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Preferred Silver PPO SM – Signature	Off Only	\$2,500	\$11,000	50%	\$25	DC	DC	\$25	\$40	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Preferred Silver PPO SM – Standard	Both	\$6,400	\$3,500	25%	\$0	\$10	\$0	\$0	\$5	\$20 / \$40 / \$80* / \$350*
Blue Preferred Gold PPO SM – Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Preferred Gold PPO SM – Balance	Both	\$2,500	\$8,600	20%	\$0	\$50	\$0	\$0	\$30	\$15 / \$25 / \$50 / 45% / 50% / 55%
Blue Preferred Gold PPO SM – Standard	Both	\$2,500	\$8,600	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60* / \$150*

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

2027 Silver CSR Variants

Network: Blue Preferred PPO

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Silver PPO SM - Balance	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Balance (73% CSR)	\$5,500	\$8,600	40%	\$30	\$70	\$30	\$30	\$50	\$5 / \$15 / \$80 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Balance (87% CSR)	\$1,400	\$3,000	30%	\$10	\$50	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Balance (94% CSR)	\$300	\$2,400	20%	\$0	\$15	\$0	\$0	\$20	\$0 / \$10 / \$35 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Champion	\$3,100	\$10,750	40%	\$40	\$100	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Champion (73% CSR)	\$3,100	\$8,800	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Preferred Silver PPO SM - Standard	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPO SM - Standard (73% CSR)	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPO SM - Standard (87% CSR)	\$2,900	\$9,000	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPO SM - Standard (94% CSR)	\$800	\$3,600	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Preferred Silver PPO SM - Signature	\$2,500	\$11,000	50%	\$25	DC	DC	\$25	\$40	\$5 / \$15 / \$50 / \$100 / \$250 / \$350

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 On- and Off-Exchange Plans

Network: Blue Focus POS

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Focus Bronze POS SM - Balance HSA	Both	\$11,750	\$11,750	0%	0%	DC	DC	DC	DC	0%
Blue Focus Bronze POS SM - Champion HSA	Both	\$5,000	\$11,100	50%	\$45	DC	DC	\$45	\$65	\$5 / \$15 / 35% / 45% / 50% / 55%
Blue Focus Bronze POS SM - Standard HSA	Both	\$7,500	\$12,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Focus Bronze POS SM - Signature HSA	Off Only	\$5,200	\$8,500	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Focus Silver POS SM - Standard	Both	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
Blue Focus Silver POS SM - Signature	Off Only	\$3,000	\$9,500	50%	\$25	DC	DC	\$25	\$40	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Focus Gold POS SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Focus Gold POS SM - Champion	Both	\$1,200	\$9,200	20%	\$0	\$50	\$0	\$0	\$30	\$15 / \$25 / \$40 / 45% / 50% / 55%
Blue Focus Gold POS SM - Standard	Both	\$2,500	\$8,600	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 Silver CSR Variants

Network: Blue Focus POS

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Focus Silver POS SM – Standard	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Focus Silver POS SM - Standard (73% CSR)	\$2,900	\$9,000	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Focus Silver POS SM - Standard (87% CSR)	\$800	\$3,600	30%	\$20	\$40	\$20	\$20	\$30	\$0 / \$20 / \$60* / \$250*
Blue Focus Silver POS SM - Standard (94% CSR)	\$0	\$3,500	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

New Mexico Highlights



**We offer a
variety of
qualified
health plans**
to meet our
members'
health and
financial
needs

- Statewide HMO network
- Bronze, Silver and Gold QHPs
- Enhanced emphasis on copayment-driven cost sharing
- Several plans have \$0 cost share for tier 1 drugs*

*Costs for non-subsidized plans

New Mexico Market Participation Summary

On-Exchange Market Opportunity	• 2026 On-Exchange Market Size (Selections): 83K • April 2026 Enterprise On-exchange Membership (excludes members in grace): 34K
One Network Offering	• Blue Community HMOSM network statewide
Top Selling QHPs	• Blue Community Gold HMO 205 • Blue Community Gold HMO 705 • Blue Cross Blue Shield Clear Cost Silver Plan
Competitor Network Presence	• Four carriers in marketplace: BCBSNM, Molina, Presbyterian Health and United
Key 2027 Highlights	• Updates to BeWell NM clear cost plan designs

PY2027 Key Network, Competitor and Product Feature Updates

Network Highlights

Active Contract Negotiations	No active contract negotiations
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Competitor Highlights

New Expansions	No competitor expansions
Competitor Exits	No competitor exits
Competitor Entrants	No competitor entrants

Value Add Benefits Highlights

NEW: Rewards Program	Well onTarget® and Blue Points SM will sunset 12/31/26. Starting 1/1/27 IFM will have a new wellness and rewards program named GO Wellbeing, powered by Sharecare and GO Points . Members will be able to earn \$100 by completing new activities and a new form of redemption with Living Well Rewards a virtual visa card that can be used for grocery stores, first aid, doctor copays, and more!
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Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of New Mexico to deliver a select collection of lifestyle programs, tools, and apps.

PY2027 New Mexico IFM Key Product Setup Summary

Blue Community HMO

Are members required to select a PCP?

Yes, members are required to select a PCP

Is a referral needed to see a specialist?

Yes, a referral is required to be seen by a specialist

Do members have Out-of-Network benefits?

No

Is virtual care through MDLIVE Virtual Care available?

Yes

Can members receive non-urgent or non-emergent care out-of-state?

No

Are members able to receive care for emergent and urgent services outside of NM?

Yes

NM Standardized Plans Overview

The NM Office of the Superintendent of Insurance requires every qualified health plan issuer to offer standardized plans, called “Clear Cost” plans. All carriers selling on the marketplace will offer standardized plans on each turquoise, silver and gold metallic level. Each plan must have the same:

- Actuarial value
- Maximum out-of-pocket costs
- Deductibles
- Cost-sharing
- Number of prescription tiers (5)

Standardized Plans	ON or OFF Exchange	Deductible	OPX**	Co-insurance	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Urgent Care Visit	Generic (Tier 1)	Brand: Preferred (Tier 3)	Brand: Non-Preferred (Tier 4)	Specialty (Tier 5)	Specialty: Non-Preferred (Tier 6)
Silver (70% Actuarial Value [AV])	Both	\$6,250	\$10,750	100%	\$50	\$100	\$0	\$100	\$35	\$50	\$250*	\$100	\$250
Silver (73% AV†)	Both	\$5,550	\$8,550	100%	\$50	\$100	\$0	\$100	\$35	\$50	\$225*	\$96	\$240
Silver (87% AV†)	-	\$1,350	\$3,600	100%	\$15	\$30	\$0	\$30	\$15	\$30	\$100*	\$65	\$164
Silver (94% AV†)	-	\$675	\$1,675	100%	\$10	\$25	\$0	\$25	\$10	\$20	\$60*	\$30	\$75
Gold	Both	\$3,850	\$6,850	100%	\$20	\$60	\$0	\$60	\$20	\$30	\$100*	\$75	\$190
Turquoise 1 (99% AV; Up to 150% FPL)	On Only	\$0	\$300	100%	\$0	\$5	\$0	\$5	\$0	\$3	\$15	\$10	\$25
Turquoise 2 (95% AV; 150-200% FPL)	On Only	\$400	\$1,400	100%	\$10	\$20	\$0	\$20	\$10	\$20	\$50*	\$25	\$65
Turquoise 3 (90% AV; 200-300% FPL)	On Only	\$1,350	\$3,600	100%	\$15	\$30	\$0	\$30	\$15	\$30	\$100*	\$50	\$125
Turquoise 3 - Native American LCS (90% AV; 200-400% FPL)	On Only	\$1,350	\$3,600	100%	\$15	\$30	\$0	\$30	\$15	\$30	\$100*	\$50	\$125

† The Silver plan covers approximately 70% of costs but Silver plan variances cover more for those who qualify for cost-sharing reductions.

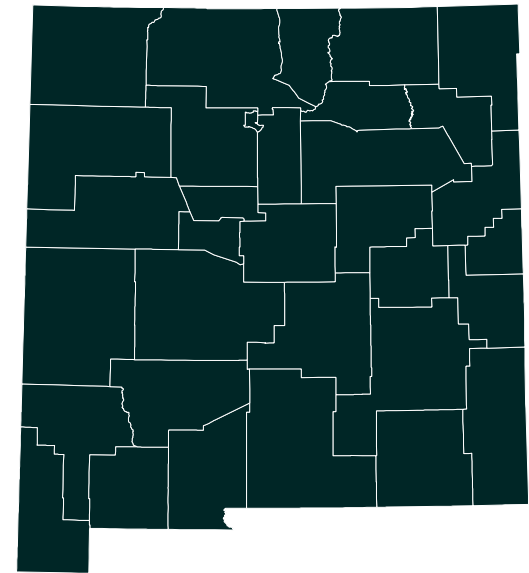
* Rx copays with an asterisk are subject to deductible. Rx copays with no asterisks are not subject to deductible.

** OPX is the out-of-pocket Maximum and includes the deductible.

Blue Community HMO Network

- Statewide network in all 33 counties
- On and Off Exchange
- BCBSNM offers Bronze plans on the exchange
- Hospitals include acute care, behavioral health, rehabilitation, skilled nursing and long-term acute care hospitals
- Professionals include PCPs, BH and specialists; unique providers only
- Includes contracted providers within 100 miles of NM border (updated OSI guidelines)

48 hospitals
17,105 professionals



Hospital and provider counts current as of 6/16/2026

Source: Network status as of 6/17/2026. Hospitals: contracted facilities in NM and contiguous Counties within 100 miles of the NM border (include acute care, BH, long-term acute care, skilled nursing, and rehabilitation); Providers: PCPs, BH, and specialist in NM and contiguous Counties within 100 miles of the NM border. Professional counts reflect unique providers only.

PY2027 New Mexico IFM Key Product Setup Summary

Blue Community HMO

Are members required to select a PCP?

Yes, members are required to select a PCP

Is a referral needed to see a specialist?

Yes, a referral is required to be seen by a specialist

Do members have Out-of-Network benefits?

No

Is virtual care through MDLIVE Virtual Care available?

Yes

Can members receive non-urgent or non-emergent care out-of-state?

No

Are members able to receive care for emergent and urgent services outside of NM?

Yes

Blue Community HMO Hospitals

Market	Key Hospitals	Additional Hospitals
Albuquerque	Lovelace (Downtown/Westside/Women's) UNM Hospitals	Alamogordo Otero County Hospital Association Db a Christus Southern Artesia Artesia General Hospital Carlsbad Carlsbad Medical Center Clayton Union County General Hospital Clovis Plains Reg Medical Center Gallup Rehoboth McKinley Hospital Grants Cibola General Hospital Las Vegas Alta Vista Regional Hospital Los Alamos Los Alamos Medical Center Lovington Nor Lea General Hospital Portales Roosevelt General Hospital Raton Miners Colfax Medical Center Ruidoso Lincoln Co Medical Center Santa Rosa Guadalupe County Hospital Silver City Gila Regional Medical Center Taos Holy Cross Hospital Truth or Consequences Sierra Vista Hospital Tucumcari Dan C. Trigg Memorial Hospital
Rio Rancho	UNM Sandoval Regional Medical Center	
Santa Fe	CHRISTUS St. Vincent Regional Medical Center	
Farmington	San Juan Regional Medical Center	
Las Cruces	Memorial Medical Center Mountainview Regional Hospital Three Crosses Regional Hospital	
Roswell	Eastern NM Medical Center Lovelace Regional Hospital	

Presbyterian Hospital is in-network in Clovis, Ruidoso, Tucumcari, Socorro, and Santa Fe counties depending on member residency location (subject to change)

Not all participating network health systems represented in this analysis. Does not include contracted independent hospitals (non-integrated facilities).

Not all hospital facilities are in-network within a given health system listed above. Network information confirmed on 6/17/26. Health system participation subject to change.

Health Insurance for American Indians

Health insurance does not replace Indian health care; it supports it

- Get care when you need it, throughout the year
- Access to a wider network of doctors and hospitals for specialized care
- Keep up with important preventive health screenings to help stay healthy
- When Indian health care providers are paid by the insurance company, not Indian Health Services, more money is left in the tribal health system

Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
- **Health insurance does not replace Indian health care — it supports it.**

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.

What does health insurance cover?

Health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse

bcbsnm.com



ACA Helps American Indians Sign Up For Coverage

ACA gives American Indians special help to sign up and buy insurance

- Sign up for health insurance year-round on bewellnm.com
- Get help to pay for insurance on **BeWell** through premium tax credits to lower monthly costs and zero or limited cost sharing plans
- Members of federally recognized tribes may not have to pay anything out-of-pocket for certain services with an income between 138-300% of the federal poverty level

Your family size is:	Your qualifying household income is at or below:
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120
8	\$167,160

Important reminders:

- ✓ To enroll in a zero or limited cost sharing plan, members must apply on bewellnm.com and have proof of American Indian status, such as a document or enrollment card issued by a federally recognized tribe indicating membership.
- ✓ HMO members must select a PCP, or they will be auto-assigned one that may not be an Indian health care provider.
- ✓ For more details on how ACA can help American Indians, visit: [Native-American](#)

2027 On- and Off-Exchange Plans

Network: Blue Community HMO NetworkSM

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Bronze HMO SM 201 - HDHP HSA Eligible [‡]	Both	\$8,000	\$11,300	50%	\$40	\$160	\$0	\$0	\$80	\$10 / \$20 / 30% / 35% / 45% / 50%
Blue Community Bronze HMO SM 202 - Off Exchange HDHP HSA [‡]	OFF Only	\$4,750	\$8,500	40%	40%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Bronze HMO SM 603 - HDHP HSA Eligible [‡]	Both	\$6,000	\$10,150	50%	\$45	DC	\$0	\$0	DC	20% / 25% / 30% / 35% / 45% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

[‡] HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

2027 On- and Off-Exchange Plans

Network: Blue Community HMO Network

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Silver HMO SM 204 - Off Exchange	Off Only	\$3,000	\$11,000	40%	\$20	DC	\$0	\$0	\$30	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 306 - Off Exchange	Off Only	\$1,450	\$11,000	50%	40%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - On Exchange	Both	\$2,500	\$10,150	40%	30%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - Turquoise 1 with EXTRA SAVINGS	On Only	\$0	\$125	10%	\$5	DC	\$0	DC	DC	\$0 / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - Turquoise 2 with EXTRA SAVINGS	On Only	\$500	\$1,000	20%	\$10	DC	\$0	DC	DC	\$0 / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 308 - On Exchange	Both	\$4,750	\$12,000	10%	\$70	\$80	\$0	\$0	\$60	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 - Turquoise 1 with EXTRA SAVINGS	On Only	\$0	\$100	5%	\$3	\$5	\$0	\$0	\$5	\$0 / \$5 / \$10 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 - Turquoise 2 with EXTRA SAVINGS	On Only	\$400	\$1,500	5%	\$5	\$25	\$0	\$0	\$15	\$0 / \$5 / \$10 / 20% / 25% / 30%
Clear Cost Silver Plan - Off Exchange/On Exchange	Both	\$6,250	\$10,750	0%	\$50	\$100	\$0	\$0	\$100	\$35 / NA / \$50 / \$250* / \$100 / \$250
Blue Cross Blue Shield Clear Cost Turquoise 1 Plan - with EXTRA SAVINGSSM	On Only	\$0	\$300	0%	\$0	\$5	\$0	\$0	\$3	\$0 / NA / \$3 / \$15 / \$10 / \$25
Should this be Blue Cross Blue Shield Clear Cost Turquoise 2 Plan - with EXTRA SAVINGSSM	On Only	\$400	\$1,400	0%	\$10	\$20	\$0	\$0	\$10	\$3 / NA / \$10 / \$50* / \$25 / \$65

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 5 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 Silver CSR Variants

Network: Blue Community HMO Network

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Silver HMO SM 203 - On Exchange	\$2,500	\$10,150	40%	30%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - On Exchange (73% CSR)	\$2,000	\$8,100	40%	30%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 (87% CSR)	\$600	\$3,325	30%	20%	DC	\$0	DC	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 (94% CSR)	\$600	\$1,300	20%	10%	DC	\$0	DC	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 308 - On Exchange	\$4,750	\$12,000	10%	\$70	\$80	\$0	\$0	\$60	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 - On Exchange (73% CSR)	\$4,750	\$8,500	10%	\$70	\$80	\$0	\$0	\$60	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 (87% CSR)	\$2,000	\$2,600	10%	\$25	\$60	\$0	\$0	\$40	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 (94% CSR)	\$800	\$1,500	10%	\$10	\$15	\$0	\$0	\$40	\$0 / \$10 / \$50 / 20% / 25% / 30%
Clear Cost Silver Plan - Off Exchange/On Exchange	\$6,250	\$10,750	0%	\$50	\$100	\$0	\$0	\$100	\$35 / NA / \$50 / \$250* / \$100 / \$250
Blue Cross Blue Shield Clear Cost Silver Plan - On ExchangeSM (73% CSR)	\$5,550	\$8,550	0%	\$50	\$100	\$0	\$0	\$100	\$35 / NA / \$50 / \$225* / \$96 / \$240
Blue Cross Blue Shield Clear Cost Silver PlanSM (87% CSR)	\$1,350	\$3,600	0%	\$15	\$30	\$0	\$0	\$30	\$15 / NA / \$30 / \$100* / \$65 / \$164
Blue Cross Blue Shield Clear Cost Silver PlanSM (94% CSR)	\$675	\$1,675	0%	\$10	\$25	\$0	\$0	\$25	\$10 / NA / \$20 / \$60* / \$30 / \$75

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 5 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2027 On- and Off-Exchange Plans

Network: Blue Community HMO Network

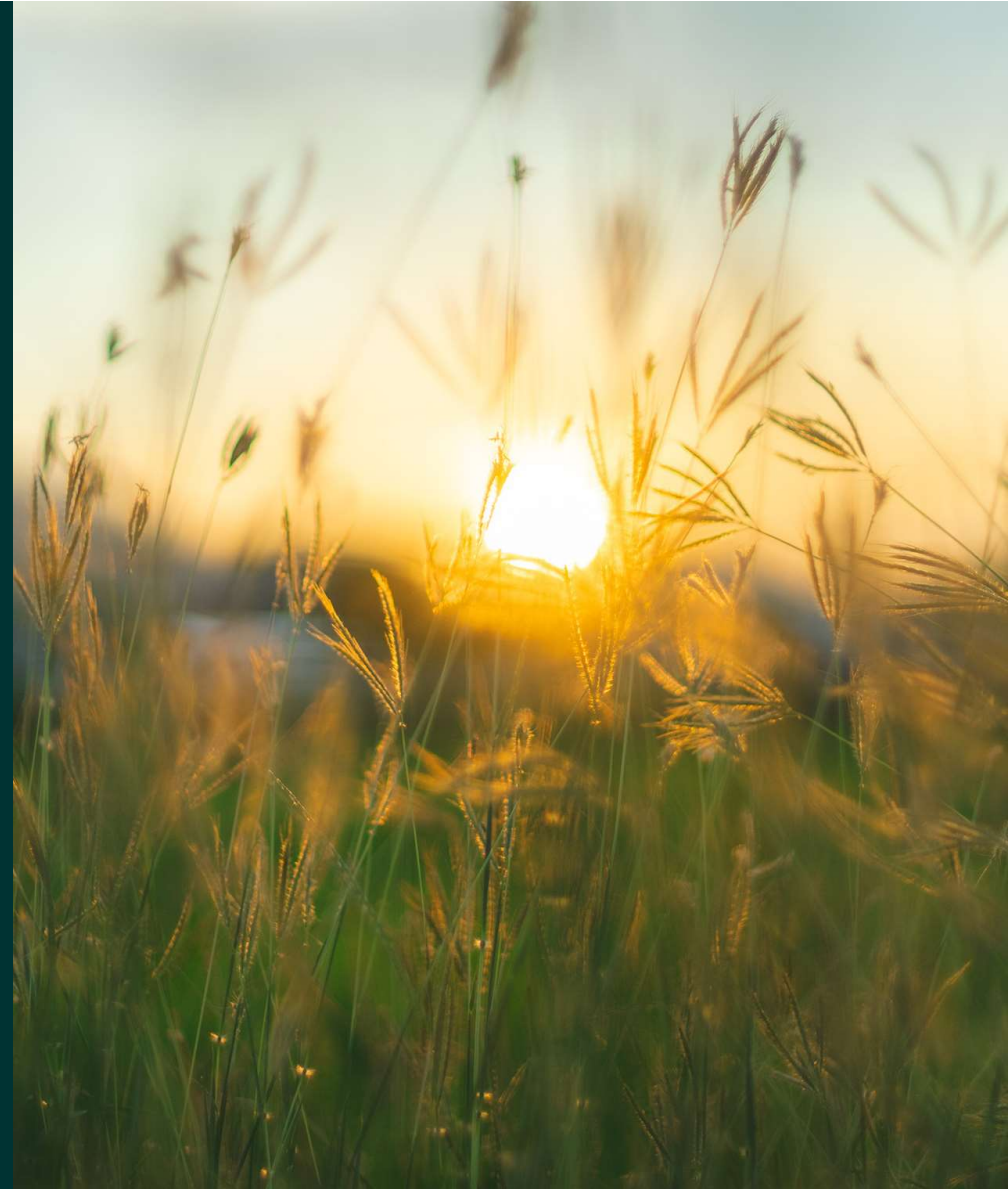
2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE® providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Gold HMO SM 206 - Off Exchange	Off Only	\$1,000	\$10,150	30%	\$15	\$55	\$0	\$0	\$55	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 205	Both	\$750	\$10,150	20%	\$35	\$50	\$0	\$0	\$50	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 205 - Turquoise 3 with EXTRA SAVINGS	On Only	\$350	\$3,800	20%	\$35	\$50	\$0	\$0	\$50	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community HMO SM 205 - Turquoise 3 Native American Limited with EXTRA SAVINGS	On Only	\$350	\$3,800	20%	\$35	\$50	\$0	\$0	\$50	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 705	Both	\$2,300	\$5,750	20%	\$35	\$50	\$0	\$0	\$50	\$10 / \$20 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 705 - Turquoise 3 with EXTRA SAVINGS	On Only	\$1,500	\$4,000	10%	\$5	\$10	\$0	\$0	\$10	\$10 / \$20 / 20% / 35% / 45% / 50%
Blue Community HMO SM 705 - Turquoise 3 Native American Limited with EXTRA SAVINGS	On Only	\$1,500	\$4,000	10%	\$5	\$10	\$0	\$0	\$10	\$10 / \$20 / 20% / 35% / 45% / 50%
Clear Cost Gold Plan - Off Exchange/On Exchange	Both	\$3,850	\$6,850	0%	\$20	\$60	\$0	\$0	\$60	\$20 / NA / \$30 / \$100* / \$75 / \$190
Blue Cross Blue Shield Clear Cost Turquoise 3 Plan - with EXTRA SAVINGSSM	On Only	\$1,350	\$3,600	0%	\$15	\$30	\$0	\$0	\$30	\$15 / NA / \$30 / \$100* / \$50 / \$125
Blue Cross Blue Shield Clear Cost Turquoise 3 Native American Limited Plan with EXTRA SAVINGSSM	On Only	\$1,350	\$3,600	0%	\$15	\$30	\$0	\$0	\$30	\$15 / NA / \$30 / \$100* / \$50 / \$125

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 5 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Oklahoma Highlights



We offer a variety of qualified health plans to meet our members' health and financial needs

- Three products, two networks
- HMO and PPO
- Statewide or metro-focused
- Align plan designs and offering strategies across multiple networks and markets
- Several plans with \$0 to \$20 PCP office visits*
- Several plans with \$0 to \$5 tier drugs*

*Costs for non-subsidized plans

Oklahoma Market Participation Summary

On-Exchange Market Opportunity	• 2026 On-Exchange Market Size (Selections): 262K • 20% (53K) of total plan selections were from Oklahoma County (Oklahoma City) • April 2026 Enterprise On-Exchange Membership: 55K (excludes members in grace)
Three Network Offerings	• Blue Preferred PPO, Blue Advantage PPO and MyBlue HMO
Top Selling BCBSOK QHPs	• Blue Advantage Bronze PPO 202 • Blue Advantage Bronze PPO Standard • Blue Advantage Silver PPO 501 • Blue Advantage Gold PPO 309
Competitor Network Presence	• Mending (Taro) exiting the ACA market and plans to partner with Community Care to offer a Direct Primary Care plan in 2027
Key 2027 Highlights	• Catastrophic offerings in MyBlue HMO and Blue Advantage PPO • Sunset Catastrophic offering in Blue Preferred Network • Transition of Blue Preferred PPO to an off-exchange only network

PY2027 Key Network, Competitor and Product Feature Updates

Network Highlights

Active Contract Negotiations	No active contract negotiations
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Competitor Highlights

New Expansions	No competitor expansions
Competitor Exits	Taro to exit the ACA market ; plans to partner with CommunityCare to offer a Direct Primary Care plan in 2027
Competitor Entrants	No competitor entrants

Value Add Benefits Highlights

NEW: Rewards Program	Well onTarget® and Blue Points SM will sunset 12/31/26. Starting 1/1/27 IFM will have a new wellness and rewards program named GO WellbeingSM, powered by Sharecare and GO Points . Members will be able to earn \$100 by completing new activities and a new form of redemption with Living Well Rewards a virtual visa card that can be used for grocery stores, first aid, doctor copays, and more!
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Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

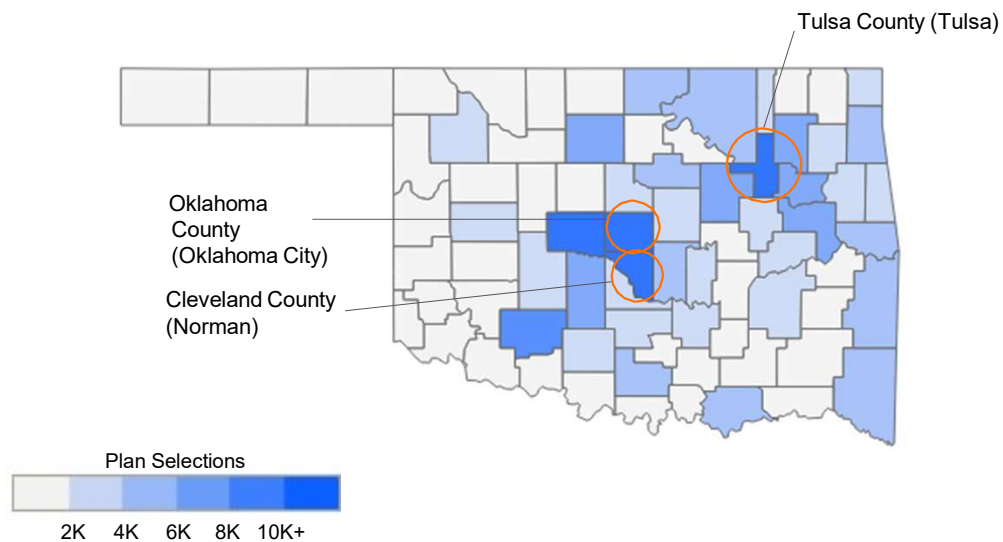
GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Oklahoma to deliver a select collection of lifestyle programs, tools, and apps.

On-Exchange Market Opportunity

49% of 2026 market wide on-exchange plan selections came from five of Oklahoma's 77 counties.
66% of selections came from the state's 15 largest counties.

2026 On-Exchange Plan Selections by County

Total On-Exchange Plan Selections: 262K



Rank	County	2026 On-Exchange Market Size
1	Oklahoma	53,479
2	Tulsa	43,996
3	Cleveland	15,062
4	Canadian	9,037
5	Comanche	6,955
6	Rogers	5,020
7	Muskogee	4,779
8	Wagoner	4,746
9	Creek	4,621
10	Garfield	4,503
11	Pottawatomie	4,503
12	Le Flore	41,60
13	Bryan	3,966
14	Carter	3,675
15	Delaware	3,530
Top 15 Total		172,032
All Other OK Counties		89,855
Oklahoma Total		261,887

Source: CMS 2026 Open Enrollment Public Use File; Represents on-exchange plan selections for all carriers in the market

Oklahoma IFM Key Product Setup Summary

	MyBlue HMO SM	Blue Preferred PPO SM	Blue Advantage PPO SM
Are members required to select a PCP?	Yes, members are required to select a PCP	No	No
Is a referral needed to see a specialist?	Yes, a referral is required to be seen by a specialist	No	No
Do members have Out-of-Network benefits?	No	Yes	Yes
Is virtual care through MDLIVE Virtual Care available?	Yes	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	No	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSOK is required to access non-emergency or non-urgent care outside the plan's service area.	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSOK is required to access non-emergency or non-urgent care outside the plan's service area.
Are members able to receive care for emergent and urgent services outside of OK?	Yes	Yes	Yes

PY2027 Portfolio Overview

	2026 Portfolio		2027 Portfolio
Plan Names	3-digit numbers differentiated plans	→	Replace number in all names with descriptive word, separated by hyphen Bronze Plans added HSA labels
Portfolio Structure	Every plan design unique	→	Align plan designs and offering strategies across multiple networks and markets
Catastrophic Plans	Offered in Blue PreferredSM network	→	Offer in Blue Advantage PPO and MyBlue HMO
Blue Preferred OK PPO	On-exchange and off-exchange options available	→	Retain off-exchange only "Signature" designs Discontinue on-exchange offerings, map members to Blue Advantage PPO
	6 Plan Designs Discontinued		2 Plan Designs Added

PY2027 IFM Plan Naming

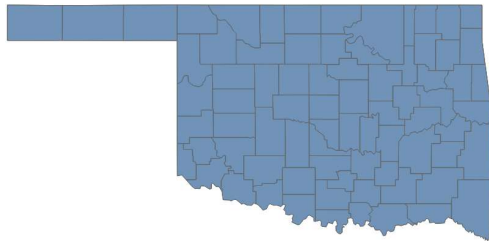
For the upcoming plan year, we are aligning plan names to correspond to plan design features. With these changes, we will remove the current 3-digit number naming.

Network Availability (one plan aligned to one name)				
Plan Descriptor	Features	Bronze	Silver	Gold
Balance	High Deductible & OPX	OK: HMO	OK: HMO, PPO	OK: PPO
Support	Low/Average Deductible & High OPX	OK: PPO		
Secure	Low/Average Deductible & OPX			OK: HMO, PPO
Champion	Premium Plan Design (Richer Design)	OK: HMO	OK: HMO, PPO	
Signature	Off-Exchange Only Plans	OK: HMO, PPO	OK: HMO, PPO	OK: PPO
Standard	CMS Standardized Plan Design	OK: HMO, PPO	OK: HMO, PPO	OK: HMO, PPO

Oklahoma Provider Networks

Blue Preferred PPO

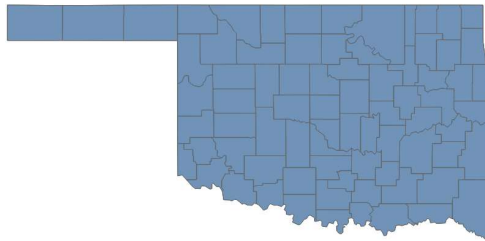
- Existing statewide network
- **New:** Off Exchange Only
- Gold, Silver, Bronze, Catastrophic



~132 hospitals and
~23,018 providers

Blue Advantage PPO

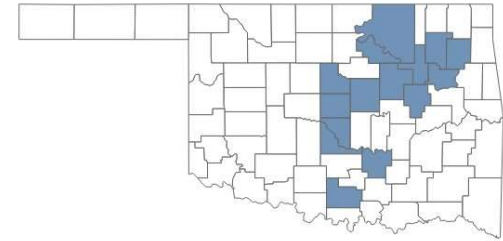
- Existing statewide network
- On and Off Exchange
- Gold, Silver, Bronze



~125 hospitals and
~27,019 providers

MyBlue HMO

- Existing network in 15 counties
- On and Off Exchange
- Gold, Silver, Bronze



~47 hospitals and
~15,198 providers

The Only Network in 7 Counties

Source: BCBSOK Network Team. Network status as of 6/18/2026. Hospital types: General Acute Care, Long Term Acute Care, Veteran, Military, and Indian Health. PCP specialties: when provider type is Medical Doctor or Osteopath and specialty is General Practice, Family Practice, Internal Medicine, OB/GYN, or Pediatrics (every other provider specialty is PSP/Specialist). Providers: PCPs + PSPs.

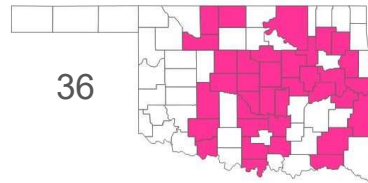
Oklahoma Market Landscape 2027

Blue Preferred PPO and **Blue Advantage PPO** are statewide. **MyBlue HMO** is available in 15 counties, primarily in Tulsa and OKC markets. In 2027, **Taro** is exiting the market.

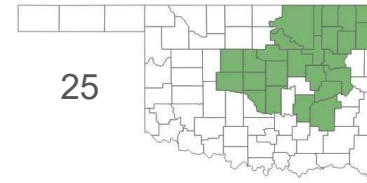
Blue Preferred PPO



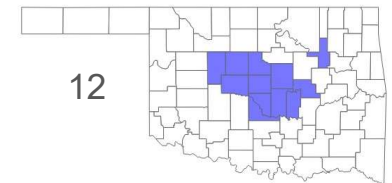
Ambetter



CommunityCare

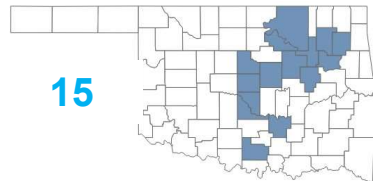


Oscar

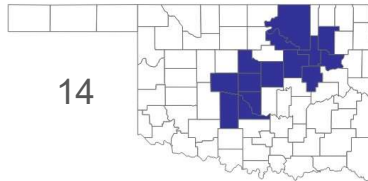


Blue Advantage PPO

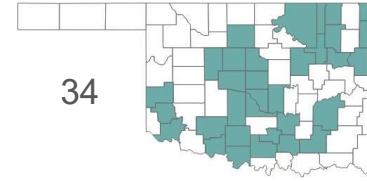
MyBlue HMO



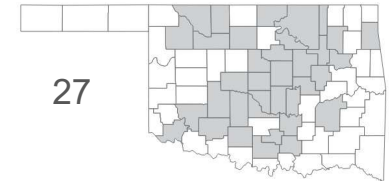
UnitedHealthcare



Medica



Taro



Competitor Source: SERFF; 2026 Rate Landscape File

Exiting Counties

Participating Health Systems by Network

Market	Blue Preferred PPO	Blue Advantage PPO	MyBlue HMO
Fort Smith	Eastern Oklahoma Medical Center, Poteau, OK, Sequoyah Memorial Hospital, Sallisaw, OK	Eastern Oklahoma Medical Center, Poteau, OK, Sequoyah Memorial Hospital, Sallisaw, OK	N/A
Lawton	Comanche County Memorial Hospital, Southwestern Medical Center	Comanche County Memorial Hospital, Southwestern Medical Center	N/A
Oklahoma City	Mercy Health System, Integris Health System, St. Anthony (SSM) Health System, OU Health University of Oklahoma Health System, Norman Regional Health System	Mercy Health System, Integris Health System, St. Anthony (SSM) Health System, OU Health University of Oklahoma Health System, Norman Regional Health System	Mercy Health System
Tulsa	Saint Francis Health System, Ascension St. John's Health System, Ardent (Hillcrest) Health System, Oklahoma State University Health System, Wagoner Community Hospital	Saint Francis Health System, Ascension St. John's Health System, Ardent (Hillcrest) Health System, Oklahoma State University Health System, Wagoner Community Hospital	Ardent (Hillcrest) Health System Wagoner Community Hospital
Non-MSA	Clinton Regional Hospital	Clinton Regional Hospital	Ardent Health System Mercy Health System Holdenville General Hospital Clinton Regional Hospital

*N/A represents not offered in this county

Not all participating network health systems may be represented in this analysis. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/17/2026. Health system participation subject to change. MSA definition source: Bureau of Labor Statistics (cross-referenced with BCBSOK I&FM-Specific 2026 Network Service Area Grid). Source: BCBSOK Network Management Team

Keeping Members Connected to the Care They Trust

As carrier participation changes, BCBSOK networks continue to **provide access** to many of the health systems Oklahomans know and trust.

Oklahoma City

- INTEGRIS Health
- Mercy
- OU Health
- SSM Health



Tulsa

- Ardent Health Services
- Saint Francis Health System
- St. John Health System (Ascension)

This information is subject to change. Please verify all information at the start of Open Enrollment

Health Insurance for American Indians

Health insurance does not replace Indian health care; it supports it

- Get care when you need it, throughout the year
- Access to a wider network of doctors and hospitals for specialized care
- Keep up with important preventive health screenings to help stay healthy

Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
- **Health insurance does not replace Indian health care — it supports it.**

What does health insurance cover?

Most health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.

bcbsof.com

ACA Helps American Indians Sign Up For Coverage

ACA gives American Indians special help to sign up and buy insurance

- Sign up for health insurance year-round on the Marketplace
- Get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost sharing plans
- Members of federally recognized tribes may not have to pay anything out-of-pocket for certain services with an income between 138-300% of the federal poverty level

Your family size is:	Your qualifying household income is at or below:
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120
8	\$167,160

Important reminders:

- ✓ To enroll in a zero or limited cost sharing plan, members must apply on the Marketplace and have proof of American Indian status, such as a document or enrollment card issued by a federally recognized tribe indicating membership.
- ✓ HMO members must select a PCP, or they will be auto-assigned one that may not be an Indian health care provider.
- ✓ For more details on how ACA can help American Indians, visit: www.healthcare.gov/american-indians-alaska-natives/coverage

2027 BCBSOK On- and Off-Exchange Plans

Network: Blue Preferred PPO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE® providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Bronze PPO SM - Signature	Off Only	\$6,000	\$10,150	50%	40%	50%	50%	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO SM - Signature	Off Only	\$1,000	\$12,000	50%	40%	50%	40%	DC	DC	20%/75%/70%/65%/55%/50%
Blue Preferred Gold PPO SM - Signature	Off only	\$700	\$7,500	40%	\$40	40%	40%	\$40	\$90	\$0/\$10/80%/65%/55%/50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Oklahoma. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

2027 BCBSOK On- and Off-Exchange Plans

Network: MyBlue HMO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE® providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Security HMO SM - HSA	Both	\$12,000	\$12,000	0%	\$20	0%	0%	\$20	0%	0%
MyBlue Bronze HMO SM - Balance HSA	Both	\$11,750	\$11,750	0%	0%	0%	0%	\$45	0%	0%
MyBlue Bronze HMO SM - Champion HSA	Both	\$5,000	\$11,100	50%	\$45	\$100	\$50	\$50	\$145	\$5 / \$15 / 35% / 45% / 50% / 55%
MyBlue Bronze HMO SM - Standard HSA	Both	\$7,500	\$12,000	50%	\$50	50%	50%	\$95	\$75	\$25 / \$50* / \$100* / \$500*
MyBlue Bronze HMO SM - Signature	Off Only	\$7,400	\$10,150	50%	\$95	50%	50%	\$45	50%	\$10 / \$20 / 30% / 35% / 45% / 50%
MyBlue Silver HMO SM - Champion	Both	\$3,100	\$10,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Silver HMO SM - Balance	Both	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
MyBlue Silver HMO SM - Signature	Off Only	\$5,500	\$7,500	40%	\$0	40%	40%	\$0	\$20	\$0 / \$15 / 30% / 35% / 45% / 50%
MyBlue Silver HMO SM - Standard	Both	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
MyBlue Gold HMO SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$5 / \$25 / 30% / 45% / 50% / 55%
MyBlue Gold HMO SM - Standard	Both	\$2,500	\$8,600	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 BCBSOK Silver CSR Variants

Network: MyBlue HMO

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE* providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Silver HMO SM - Champion	\$3,100	\$10,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Silver HMO SM - Champion (73% CSR)	\$3,100	\$8,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Silver HMO SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Silver HMO SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Silver HMO SM - Balance	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
MyBlue Silver HMO SM - Balance (73% CSR)	\$5,500	\$8,600	40%	\$30	\$70	\$30	\$30	\$50	\$5 / \$15 / \$80 / 45% / 50% / 55%
MyBlue Silver HMO SM - Balance (87% CSR)	\$1,400	\$3,400	30%	\$10	\$50	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Silver HMO SM - Balance (94% CSR)	\$300	\$2,400	20%	\$0	\$15	\$0	\$0	\$20	\$0 / \$10 / \$35 / 45% / 50% / 55%
MyBlue Silver HMO SM - Standard	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
MyBlue Silver HMO SM – Standard (73% CSR)	\$2,900	\$9,000	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
MyBlue Silver HMO SM – Standard (87% CSR)	\$800	\$3,600	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60 / \$250
MyBlue Silver HMO SM – Standard (94% CSR)	\$0	\$3,500	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

** First two urgent care visits free

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 BCBSOK On- and Off-Exchange Plans

Network: Blue Advantage PPO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE® providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Security PPO SM - HSA	Both	\$12,000	\$12,000	0%	\$20	0%	0%	\$20	0%	0%
Blue Advantage Bronze PPO SM - Support HSA	Both	\$8,000	\$12,000	50%	50%	DC	DC	\$50	\$100	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Bronze PPO SM - Standard HSA	Both	\$7,500	\$12,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50 / \$100* / \$500*
Blue Advantage Silver PPO SM - Balance	Both	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$35	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Champion	Both	\$3,100	\$10,200	40%	\$40	\$90	\$40	\$40	\$40	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Signature	Off only	\$1,400	\$11,000	50%	\$30	50%	50%	\$30	\$30 / DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM - Standard	Both	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
Blue Advantage Gold PPO SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Advantage Gold PPO SM - Balance	Both	\$2,500	\$8,600	20%	\$0	\$50	\$0	\$0	\$30	\$15 / \$25 / \$50 / 45% / 50% / 55%
Blue Advantage Gold PPO SM - Standard	Both	\$2,500	\$8,600	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

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** First two urgent care visits free

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 BCBSOK Silver CSR Variants

Network: Blue Advantage PPO

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Silver PPO SM - Balance	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Balance (73% CSR)	\$5,500	\$8,600	40%	\$30	\$70	\$30	\$30	\$50	\$5 / \$15 / \$80 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Balance (87% CSR)	\$1,400	\$3,400	30%	\$10	\$50	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Balance (94% CSR)	\$300	\$2,400	20%	\$0	\$15	\$0	\$0	\$20	\$0 / \$10 / \$35 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Champion	\$3,100	\$10,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Champion (73% CSR)	\$3,100	\$8,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Silver PPO SM - Standard	\$6,400	\$10,300	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
Blue Advantage Silver PPO SM - Standard (73% CSR)	\$2,900	\$9,000	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80 / \$350
Blue Advantage Silver PPO SM - Standard (87% CSR)	\$800	\$3,600	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60 / \$250
Blue Advantage Silver PPO SM - Standard (94% CSR)	\$0	\$3,500	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

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OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

Texas Highlights



We offer a variety of qualified health plans to meet our members' health and financial needs

- Three products, two networks
- HMO and POS
- Statewide or metro-focused
- Align plan designs and offering strategies across multiple networks and markets
- Several plans with \$0 to \$20 PCP office visits*
- One \$0 deductible plan is available off-exchange only
- Several plans with \$0 to \$5 tier drugs*

*Costs for non-subsidized plans

Texas Market Participation Summary

On-Exchange Market Opportunity	• 2026 On-Exchange Market Size (Selections): 4.17M • ~18% of all Texas plan selections (~731K) in Harris County (Houston) • April 2026 Enterprise On-Exchange Membership: 920K (excludes members in grace)
Two Network Offerings	• Blue Advantage HMO network and MyBlue Health
Top Selling BCBSTX QHPs	• MyBlue Health Gold 403 • MyBlue Health Bronze HMOSM 402 • Blue Advantage Bronze HMO 204 • Blue Advantage Gold HMO 206 • Blue Advantage Bronze HMO Standard
Competitor Network Presence	• Major competitors in this market include Ambetter, UHC, and Molina • Cigna & BSW to exit in 2027; Antidote entering San Antonio, El Paso, and the Valley • Wellpoint to expand into Austin in 2027; Harbor Health entering additional metros including Houston, Dallas, San Antonio, and El Paso; Oscar to expand to 5 counties
Key 2027 Highlights	• Additional catastrophic offerings in MyBlue Health HMO and Blue Advantage Plus POS • MyBlue Health HMO - new designs in bronze, silver, and gold

PY2027 Portfolio Overview

	2026 Portfolio		2027 Portfolio
Plan Names	3-digit numbers differentiated plans	→	Replace number in all names with descriptive word, separated by hyphen Bronze Plans added HSA labels
Portfolio Structure	Every plan design unique	→	Align plan designs and offering strategies across multiple networks and markets
Catastrophic Plans	Offered in Blue Advantage SM network	→	Offer in MyBlue Health SM and Blue Advantage Plus SM networks
Regulatory Changes	CMS required Standardized Plan offerings On-Exchange plan offerings limited to two	→	CMS lifted requirement to offer Standardized Plans. Plans renamed to “Classic” No limitation on amount of on-exchange plan offerings
	7 Plan Designs Discontinued		5 Plan Designs Added

PY2027 IFM Key Product Setup Summary

	MyBlue Health - HMO	Blue Advantage HMO	Blue Advantage Plus - POS
Are members required to select a PCP?	Yes, members are required to select a PCP	Yes, members are required to select a PCP	No
Is a referral needed to see a specialist?	Yes, a referral is required to be seen by a specialist	Yes, a referral is required to be seen by a specialist	No
Do members have Out-of-Network benefits?	No	No	Yes
Is virtual care through MDLIVE available?	Yes	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	No	No	No
Are members able to receive care for emergent and urgent services outside of TX?	Yes	Yes	Yes

PY2027 IFM Plan Naming

For the upcoming plan year, we are aligning plan names to correspond to plan design features. With these changes, we will remove the current 3-digit number naming.

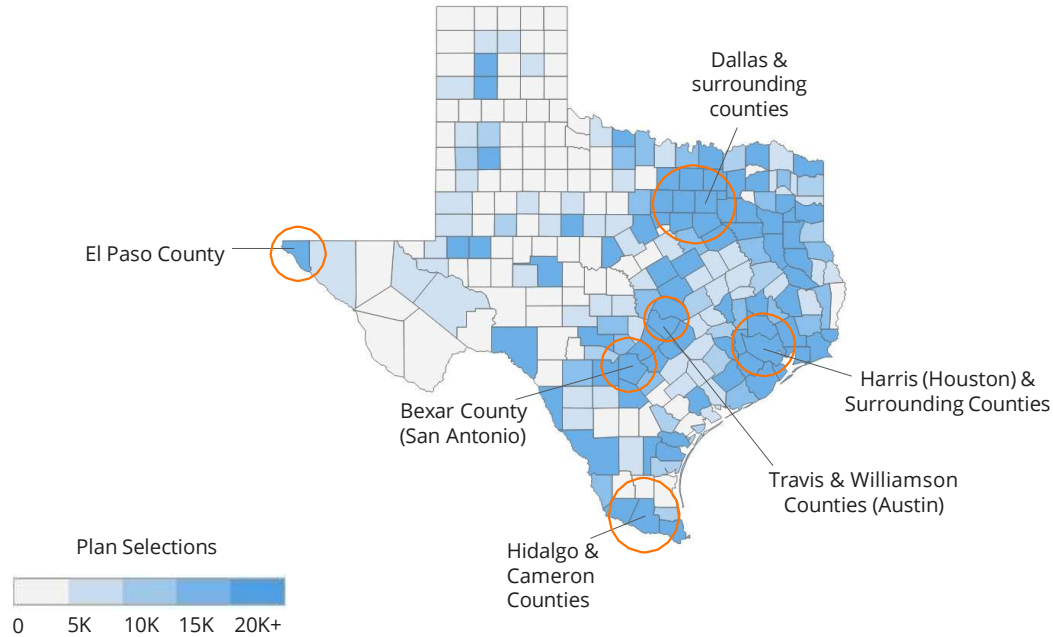
Network Availability (one plan aligned to one name)				
Plan Descriptor	Features	Bronze	Silver	Gold
Balance	High Deductible & OPX	TX: BAV HMO	TX: BAV HMO, BAV POS	TX: BAV POS
Support	Low/Average Deductible & High OPX	TX: BAV POS		
Secure	Low/Average Deductible & OPX			TX: BAV HMO, BAV POS
Max	Low Deducible & High OPX			TX: BAV HMO
Champion	Premium Plan Design (Richer Design)	TX: MBH	TX: MBH, BAV HMO, BAV POS	TX: MBH
Signature	Off-Exchange Only Plans	TX: BAV HMO, BAV POS	TX: MBH, BAV HMO, BAV POS	TX: BAV HMO
Standard	CMS Standardized Plan Design	TX: MBH, BAV HMO, BAV POS	TX: MBH, BAV HMO, BAV POS	TX: MBH, BAV HMO, BAV POS

On-Exchange Market Opportunity

72% (3.01M) of total on-exchange selections in 2026 came from 15 of Texas' 254 counties

2026 On-Exchange Plan Selections by County

Total On-Exchange Plan Selections: **4.17M**



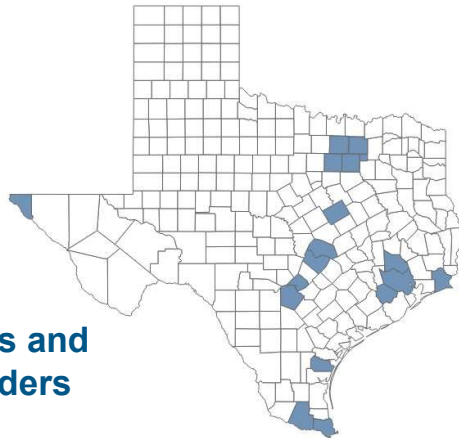
Rank	County	2026 On-Exchange Market Size
1	Harris	731,300
2	Dallas	452,075
3	Bexar	299,950
4	Tarrant	236,647
5	Hidalgo	210,638
6	Travis	184,355
7	Collin	168,207
8	Fort Bend	147,504
9	El Paso	135,308
10	Denton	120,019
11	Cameron	78,862
12	Montgomery	75,204
13	Williamson	63,546
14	Lubbock	53,334
15	Webb	51,727
Top 15 Total		3,008,676
All Other TX Counties		1,163,557
Texas Total		4,172,233

Source: CMS 2026 Open Enrollment Public Use File; Represents on-exchange plan selections for all carriers in the market

Texas Provider Networks

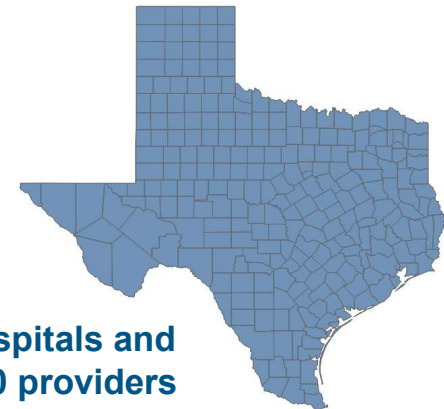
MyBlue Health HMO

- Bexar, Cameron, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hidalgo, Jefferson, McLennan, Montgomery, Rockwall, Tarrant, Travis, and Williamson Counties
- On and Off Exchange
- Gold, Silver, Bronze



Blue Advantage HMO & Blue Advantage Plus POS

- Statewide existing network in all 254 counties
- On and Off Exchange
- Gold, Silver, Bronze, Catastrophic



Source: BCBSTX Network Team. Network status as of 6/18/2026. 2025 Rate Landscape File. Internal TX Network provider counts for where network is currently loaded (contracted). Hospital counts are acute care unique parent PFINs (Practice Locations) – does not count satellite locations billed under another entity. Provider counts are unique NPIs. Providers: PCPs and Specialists. PCP = Internal Medicine, Family Practice, General Practice, Geriatric Medicine, and Pediatrics. Specialist = non-PCP providers. Duplication of counts is possible: one provider may have multiple practice locations and one NPI may have multiple specialty records (i.e., one NPI could be a family practice MD and an Emergency Medicine MD).

Texas Market Landscape 2027

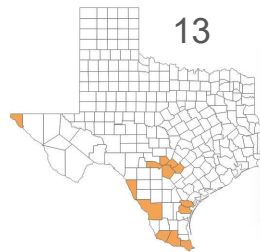
Blue Advantage HMO / Blue Advantage Plus POS Network is statewide.

In 2027, **Antidote Health** is entering the market. **Baylor Scott & White** and **Cigna** are exiting the market. **Harbor Health, Oscar** and **Wellpoint** are expanding to multiple counties.

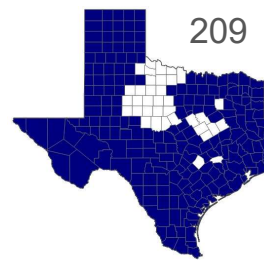
Blue Advantage HMO Blue Advantage Plus POS



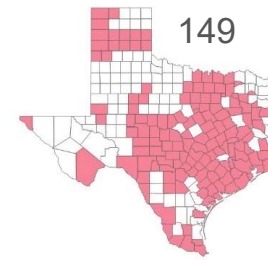
Antidote Health (New)



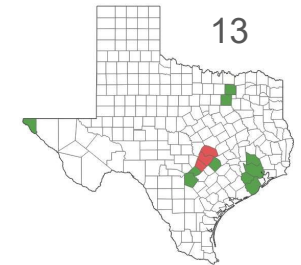
UnitedHealthcare



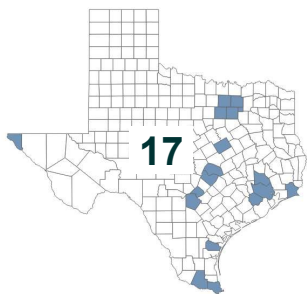
Ambetter



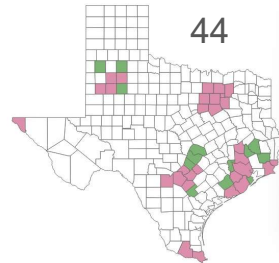
Harbor Health



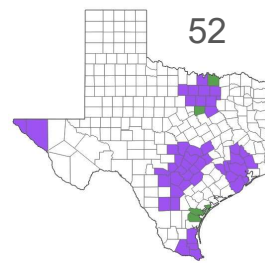
MyBlue Health HMO



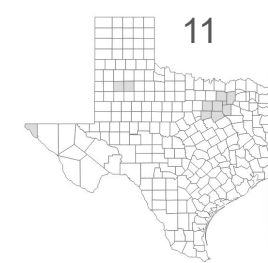
Wellpoint



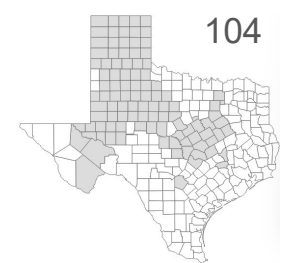
Oscar



Cigna



Baylor Scott & White



Competitor source: SERFF; 2026 Rate Landscape File

Expansion Counties Exiting Counties

Participating Health Systems by Network

Market	MyBlue Health - HMO	Blue Advantage HMO and Blue Advantage Plus POS
Abilene	N/A	Hendrick Medical Center
Amarillo	N/A	Ardent Health Services, NW Tx Healthcare
Austin-Round Rock	HCA Southwest	Baylor Scott & White, HCA Southwest, Seton Healthcare
Beaumont-Port Arthur	Baptist Beaumont Hospital	CHRISTUS, Steward Health
Bryan-College Station-Lufkin	N/A	Baylor Scott & White, Catholic Health Initiatives
Corpus Christi	HCA Southwest	CHRISTUS, HCA Southwest
Dallas	HCA North, Methodist Health, THR	Baylor Scott & White, HCA North, Methodist Health
El Paso	Tenet	HCA Southwest, Tenet, University Medical Center El Paso
Fort Worth-Arlington	HCA North, Methodist Health, THR	Baylor Scott & White, HCA North, Methodist Health, Texas Health Resources
Greenville-Denton	N/A	Baylor Scott & White, CHRISTUS, HCA North, LifePoint, Texas Health Resources

*N/A represents not offered in this county

Not all participating network health systems represented in this analysis. Does not include contracted independent hospitals (non-integrated facilities). Not all hospital facilities are in-network within a given health system listed above. **Please note this Network information confirmed on 6/18/25.** Health system participation subject to change.

Source: BCBSTX Network Performance Team

Participating Health Systems by Network

Market	MyBlue Health - HMO	Blue Advantage HMO and Blue Advantage Plus - POS
Houston/Pasadena/Bellaire (Harris County only)	Catholic Health Initiatives, Harris County Hospital District, HCA Southeast, Steward	Catholic Health Initiatives, HCA Houston, Memorial Hermann, Steward**
Jefferson	Baptist Beaumont & CHRISTUS & Triangle Area Network and Legacy Community Health Systems Facilities*	N/A
Killeen-Temple-Waco	N/A	Baylor Scott & White, Providence Health Alliance, Seton
Laredo	N/A	Doctors Hospital of Laredo, Laredo Medical Center
Brownsville-McAllen	Tenet (Cameron County), Universal Health System (Hidalgo County)	HCA Southwest, Prime, Tenet, Universal Health Systems
Lubbock	N/A	University Medical Center – Lubbock, Texas Tech Health Sciences Center, Lubbock Heart Hospital
Midland-Odessa-San Angelo	N/A	Midland Memorial Hospital, Medical Center Hospital – Odessa, Shannon Clinic, Steward
Nueces	HCA Southwest	Catholic Health Initiatives, HCA Southeast, Memorial Hermann UTMB
San Antonio	HCA Southwest	CHRISTUS, HCA Southwest, Tenet
Texarkana-Tyler-Longview	N/A	Baylor Scott & White, CHRISTUS, Steward UT Health East Texas
Victoria	N/A	Community Health Systems, Seton
Wichita Falls	N/A	United Regional, Kell West Regional Hospital, Momentum Specialty Surgery Center

*N/A represents not offered in this county

** Blue Advantage HMO and Blue Advantage Plus POS (Catholic Health Initiatives, HCA Houston, Memorial Hermann, Steward): ONLY available in Houston

Not all participating network health systems represented in this analysis. Does not include contracted independent hospitals (non-integrated facilities). Not all hospital facilities are in-network within a given health system listed above. **Please note this Network information confirmed on 6/18/25.** Health system participation subject to change.

MyBlue Health: Using PCPs vs Select PCPs

- **Members must choose an in-network PCP.** These include:
 - Participating Physician (family practitioner, internist, obstetrician/gynecologist, pediatrician)
 - Physician Assistant
 - Advanced Practice Registered Nurse
 - Advanced Practice Nurse
- **Members may choose a Select PCP** within designated Practice Groups, which results in a \$0 office visit copayment for scheduled PCP office visits
- **When using in-network Non-Select PCPs,** members will access care at standard benefit level

2027 On- and Off-Exchange Plans

Network: Blue Advantage HMOSM

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE [®] providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Security HMO SM - HSA	Both	\$12,000	\$12,000	0%	\$20	DC	DC	\$20	DC	0%
Blue Advantage Bronze HMO SM - Balance HSA	Both	\$11,750	\$11,750	0%	DC	DC	DC	DC	DC	0%
Blue Advantage Bronze HMO SM - Classic HSA	Both	\$7,500	\$14,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Advantage Bronze HMO SM - Signature HSA	Off Only	\$8,500	\$8,500	0%	DC	DC	DC	DC	DC	0%
Blue Advantage Silver HMO SM - Balance	Both	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Champion	Both	\$3,100	\$10,550	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Signature 1	Off Only	\$1,600	\$12,000	50%	\$15	DC	DC	\$15	\$25	\$0 / \$5 / \$75 / 35% / 45% / 50%
Blue Advantage Silver HMO SM - Signature 2	Off Only	\$2,500	\$12,000	30%	\$40	\$85	\$40	\$40	\$60	\$0 / \$10 / \$50 / \$100 / \$150 / \$250
Blue Advantage Gold HMO SM - Max	Both	\$550	\$10,500	30%	\$10	\$50	\$10	\$10	\$30	\$5 / \$15 / \$75 / 45% / 50% / 55%
Blue Advantage Gold HMO SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%
Blue Advantage Gold HMO SM - Signature	Off Only	\$0	\$12,000	0%	\$55	\$115	\$55	\$55	\$60	\$5 / \$20 / \$50 / \$100 / 40% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

2027 Silver CSR Variants

Network: Blue Advantage HMO

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Silver HMO SM - Balance	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Balance (73% CSR)	\$5,500	\$8,600	40%	\$30	\$70	\$30	\$30	\$50	\$5 / \$15 / \$80 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Balance (87% CSR)	\$1,400	\$3,400	30%	\$10	\$50	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Balance (94% CSR)	\$300	\$2,400	20%	\$0	\$15	\$0	\$0	\$20	\$0 / \$10 / \$35 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Champion	\$3,100	\$10,550	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Champion (73% CSR)	\$3,100	\$8,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Silver HMO SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 On- and Off-Exchange Plans

Network: Blue Advantage Plus - POS

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Plus Security SM - HSA	Both	\$12,000	\$12,000	0%	\$20	0%	0%	\$20	0%	0%
Blue Advantage Plus Bronze SM - Support HSA	Both	\$8,000	\$12,000	50%	0%	DC	DC	DC	\$100	\$0 / \$10 / 35% / 45% / 50% / 55%
Blue Advantage Plus Bronze SM - Classic HSA	Both	\$7,500	\$14,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Advantage Plus Bronze SM - Signature HSA	Off Only	\$4,500	\$8,500	40%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Plus Silver SM - Balance	Both	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Champion	Both	\$3,100	\$10,550	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Signature	Off Only	\$1,650	\$11,000	50%	\$15	DC	DC	\$15	\$25	\$0 / \$5 / \$75 / 35% / 45% / 50%
Blue Advantage Plus Gold SM - Balance	Both	\$2,500	\$8,600	20%	\$0	\$50	\$0	\$0	\$30	\$15 / \$25 / \$50 / 45% / 50% / 55%
Blue Advantage Plus Gold SM - Secure	Both	\$1,800	\$7,800	30%	\$15	\$50	\$15	\$15	\$35	\$15 / \$25 / 30% / 45% / 50% / 55%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 Silver CSR Variants

Network: Blue Advantage Plus - POS

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies‡
Blue Advantage Plus Silver SM - Balance	\$7,000	\$10,700	40%	\$35	\$75	\$35	\$35	\$55	\$5 / \$15 / \$100 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Balance (73% CSR)	\$5,500	\$8,600	40%	\$30	\$70	\$30	\$30	\$50	\$5 / \$15 / \$80 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Balance (87% CSR)	\$1,400	\$3,400	30%	\$10	\$50	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Balance (94% CSR)	\$300	\$2,400	20%	\$0	\$15	\$0	\$0	\$20	\$0 / \$10 / \$35 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Champion	\$3,100	\$10,550	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Champion (73% CSR)	\$3,100	\$8,200	40%	\$40	\$90	\$40	\$40	\$60	\$5 / \$15 / \$90 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Champion (87% CSR)	\$800	\$3,200	35%	\$20	\$70	\$20	\$20	\$40	\$0 / \$10 / \$50 / 45% / 50% / 55%
Blue Advantage Plus Silver SM - Champion (94% CSR)	\$0	\$2,400	25%	\$10	\$30	\$10	\$10	\$30	\$0 / \$10 / \$50 / 45% / 50% / 55%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 On- and Off-Exchange Plans

Network: MyBlue Health - HMO

2027 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Health Security SM - HSA	Both	\$12,000	\$12,000	0%	\$20	DC	DC	\$20	DC	0%
MyBlue Health Bronze SM - Balance HSA	Both	\$11,750	\$11,750	0%	\$0/\$75	DC	DC	\$75	\$0**	0%
MyBlue Health Bronze SM - Champion HSA	Both	\$5,000	\$11,100	50%	\$0/\$45	DC	DC	\$45	\$0**	\$5 / \$15 / 35% / 45% / 50% / 55%
MyBlue Health Bronze SM - Classic HSA	Both	\$7,500	\$14,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
MyBlue Health Silver SM - Balance	Both	\$7,000	\$10,350	40%	\$0/\$35	\$75	\$35	\$35	\$0**	\$5 / \$15 / \$100 / 45% / 50% / 55%
MyBlue Health Silver SM - Champion	Both	\$3,100	\$10,550	40%	\$0/\$40	\$90	\$40	\$40	\$0**	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Health Silver SM - Signature	Off Only	\$1,600	\$10,600	50%	\$0/\$15	DC	DC	\$15	\$0**	\$0 / \$5 / \$75 / 35% / 45% / 50%
MyBlue Health Gold SM - Secure	Both	\$1,800	\$7,000	30%	\$0/\$15	\$50	\$15	\$15	\$0**	\$15 / \$25 / 30% / 45% / 50% / 55%
MyBlue Health Gold SM - Champion	Both	\$1,200	\$9,200	20%	\$0/\$10	\$50	\$10	\$10	\$0**	\$15 / \$25 / \$40 / 45% / 50% / 55%
MyBlue Health Gold SM - Classic	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

** First two urgent care visits free

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

2027 Silver CSR Variants

Network: MyBlue Health - HMO

2027 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Health Silver SM - Balance	\$7,000	\$10,350	40%	\$0/\$35	\$75	\$35	\$35	\$0**	\$0 / \$15 / \$100 / 45% / 50% / 55%
MyBlue Health Silver SM - Balance (73% CSR)	\$5,500	\$8,350	40%	\$0/\$30	\$70	\$30	\$30	\$0**	\$0 / \$15 / \$80 / 45% / 50% / 55%
MyBlue Health Silver SM - Balance (87% CSR)	\$1,400	\$3,000	30%	\$0/\$10	\$50	\$10	\$10	\$0**	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Health Silver SM - Balance (94% CSR)	\$300	\$2,100	20%	\$0/\$5	\$15	\$5	\$5	\$0**	\$0 / \$10 / \$35 / 45% / 50% / 55%
MyBlue Health Silver SM - Champion	\$3,100	\$10,550	40%	\$0/\$40	\$90	\$40	\$40	\$0**	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Health Silver SM - Champion (73% CSR)	\$3,100	\$8,200	40%	\$0/\$40	\$90	\$40	\$40	\$0**	\$5 / \$15 / \$90 / 45% / 50% / 55%
MyBlue Health Silver SM - Champion (87% CSR)	\$800	\$3,200	35%	\$0/\$20	\$70	\$20	\$20	\$0**	\$0 / \$10 / \$50 / 45% / 50% / 55%
MyBlue Health Silver SM - Champion (94% CSR)	\$0	\$2,400	25%	\$0/\$10	\$30	\$10	\$10	\$0**	\$0 / \$10 / \$50 / 45% / 50% / 55%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

** First two urgent care visits free

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Please note all plans are ICHRA compatible

Dental & Pediatric Vision in Qualified Health Plans





Dental care for the whole family

5 family dental plans

2 pediatric plans



- All plans offer coverage for **basic preventive services**
- Plans also offer coverage for **other dental procedures** (oral surgery, extractions, restorative work, etc.)
- We offer **a range of monthly rates** to fit your clients' budgets
- Introducing the new **BlueCare DentalSM 1E** plan that offers preventive-only coverage for adults and comprehensive pediatric coverage



PY2027 Dental QHPs

BlueCare Dental 1A BlueCare Dental 4 Kids 1A	• 100% coverage on most preventive services with in-network dentists • Low \$25 deductible for in-network services • Savings on all dental procedures up to annual \$1,500 max for adults; unlimited annual max on BlueCare Dental 4 KidsSM 1A
BlueCare Dental 1B BlueCare Dental 4 Kids 1B	• Lower monthly premium (compared to 1A plans) • 100% coverage on most preventive services provided by in-network dentists • \$50 deductible for in-network services • Savings on all dental procedures up to annual \$1,000 max for adults; unlimited annual max on BlueCare Dental 4 Kids 1B
BlueCare Dental 1C	• Lower monthly premium (compared to 1A & 1B plans) • 80% coverage on most preventive services provided by in-network dentists • \$50 deductible for in-network services • Savings on all dental procedures up to annual \$1,000 max for adults
BlueCare Dental 1D	• Lowest monthly premium (compared to 1A, 1B & 1C plans) • 100% coverage on most preventive services provided by in-network dentists • \$50 deductible for many services • Savings on procedures up to the annual \$1,000 max for adults
BlueCare Dental 1E IL ONLY	• Lowest monthly premium (compared to 1A, 1B, 1C, & 1D plans in IL only) • 100% coverage on most preventive services provided by in-network dentists • Deductibles are waived for Preventive services • Savings on procedures up to the annual \$1,000 max for adults

2027 Dental QHPs Benefits

New!

Benefits ²	BlueCare Dental 1A ³	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B ³	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C	BlueCare Dental 1D	IL BlueCare Dental 1E IL ONLY
Individual Deductible (family deductible = 3x individual)	\$25	\$25	\$50	\$50	\$50	\$50	\$50
Annual Maximum	\$1,500 ⁴	N/A	\$1,000 ⁴	N/A	\$1,000 ⁴	\$1,000 ⁴	\$1,000 ⁴
Diagnostic Evaluations	0% ⁵	0% ⁵	0% ⁵	20% ⁵	20% ⁵	0% ⁵	0% ⁵
Preventive	0% ⁵	0% ⁵	0% ⁵	20% ⁵	20% ⁵	0% ⁵	0% ⁵
Diagnostic Radiographs	0% ⁵	0% ⁵	0% ⁵	20% ⁵	20% ⁵	0% ⁵	0% ⁵
Miscellaneous Preventive Services	20%	20%	0% ⁵	20% ⁵	20% ⁵	0% ⁵	0% ⁵
Basic Restorative	20%	20%	40%	50%	50% ⁶	50% ⁶	N/A
Non-Surgical Extractions	20%	20%	40%	50%	50% ⁶	50% ⁶	N/A
Non-Surgical Periodontal	20%	20%	40%	50%	50% ⁶	50% ⁶	N/A
Endodontics	20%	20%	50%	50%	50% ⁶	N/A	N/A
Oral Surgery	20%	20%	50%	50%	50% ⁶	N/A	N/A
Surgical Periodontal	20% ⁷	20%	50% ⁷	50%	50% ⁷	N/A	N/A
Major Restorative	50% ⁷	50%	50% ⁷	50%	50% ⁷	N/A	N/A
Prosthodontics	50% ⁷	50%	50% ⁷	50%	50% ⁷	N/A	N/A
Misc. Restor. & Prosthodontics Services	50% ⁷	50%	50% ⁷	50%	50% ⁷	N/A	N/A
Orthodontics ⁸ (up to age 19)	50% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Out-of-Pocket Maximum (no out-of-pocket maximums for adults)	Applies to Pediatric Plans Only \$450 for 1 child // \$900 for 2+ children						

1. This does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. 2. In-network coverage. 3. If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19. 4. Annual maximum does not apply to members up to age 19. 5. Deductible is waived. 6. Six month waiting period from date of purchase applies before any services are allowed. 7. Twelve month waiting period from date of purchase applies before any services are allowed. 8. Unlimited maximum for medically necessary orthodontia for members up to age 19.

Waiting Period Policy

A dental waiting period is a specific amount of time after purchasing a dental plan when select services are not covered. We have recently updated our waiting period policy. This applies to the 1A, 1B, 1C and 1D plans in all states.

- **For New Members:** We will no longer accept Letters of Credible Coverage or Certificates of Coverage as a reason to waive the waiting period from prospects looking to purchase our Dental plans. No exception for new members from another carrier.
- **For Current Members:** We will waive the waiting period only if members meet their previous waiting period, more than 12 months, prior to the plan change or did not have a lapse in coverage.
- **Note:** Waiting periods do not apply to **BlueCare Dental** IE Preventive-only plan

We market family dental plans that cover adults as well as the pediatric dental plans as required under ACA (if applicable). These dental plans can be purchased with or without medical plans.



**Integrated into
medical coverage**

**For children
up to age 19**



QHP Pediatric Vision Coverage

- \$0 copay for annual eye exam with dilation
- Up to \$39 for retinal imaging
- \$150 allowance for frames, with 20% off balance over \$150
- \$0 copay for some lenses — single, bifocal, trifocal and lenticular
- Other progressive lenses have varying copays
- \$0 copay for medically necessary contact lenses
- Benefit frequency is once every 12 months

Pharmacy Highlights



Preferred Pharmacies by State

Illinois	Montana	New Mexico	Oklahoma	Texas
Jewel- Osco (Albertsons) Independent Pharmacies Walgreens Walmart Sam's Club	Albertsons/ Safeway Independent Pharmacies Walgreens Walmart Sam's Club	Albertsons Independent Pharmacies Walgreens Walmart Sam's Club	Independent Pharmacies Walgreens Walmart Sam's Club	Albertsons Brookshire Independent Pharmacies H-E-B Walgreens Walmart Sam's Club

Pharmacy Networks: PPO

We use a tiered network structure that categorizes **in-network pharmacies** into two buckets: **Preferred** and **Non-Preferred**

1. IN-NETWORK: **Preferred Pharmacies**. Lower copay/coinsurance at an in-network Preferred Pharmacy vs. using an in-network Non-Preferred pharmacy
 2. IN-NETWORK: **Non-Preferred Pharmacies**. Member cost share may be higher when using a Non-Preferred Pharmacy versus using a Preferred Pharmacy
 3. OUT-OF-NETWORK PHARMACIES. Member out-of-pocket costs are highest when using OON pharmacies
- Members can get up to a 90-day supply of medication from a Preferred Pharmacy or from a mail order pharmacy
 - Members can get up to a 30-day supply of medication from a Non-Preferred Pharmacy
 - 90-day supplies are 3x the 30-day retail copay

PPO Plans in Illinois have their own designated network: Preferred Pharmacy Network (a tiered network)

*Based on BCBSIL HMO Health Insurance Marketplace membership Q1 2026

- Pharmacies in the Preferred Network are subject to change
- Select Independent Pharmacies may be included in the Preferred Pharmacy Network

98.9% of members have access to at least 1 pharmacy within 2 miles*

Pharmacy Networks: HMO & POS

Flat pharmacy network structure

1. IN-NETWORK: Participating pharmacies.
2. OUT-OF-NETWORK PHARMACIES. If the benefit has an OON benefit, such as IL POS, member out-of-pocket costs are highest when using these pharmacies
 - Members can get up to a 90-day supply of medication from participating Extended Supply Network retail pharmacies or from a mail order pharmacy (Express Scripts® Pharmacy or Walgreens Mail Service)
 - 90-day supplies are 3x the 30-day retail copay

**99.7% of members
have access to at
least 1 pharmacy
within 2 miles***

- Pharmacies in the IL HMO POS Network are subject to change
- Select Independent Pharmacies may be included

HMO & POS Plans in Illinois have their own designated network and are not on the Preferred Pharmacy Network

* Based on BCBSIL PPO Health Insurance Marketplace membership Q1 2026

90-Day Supply Options

Network	90-Day Supply Providers
PPO	• Preferred Pharmacies in the tiered PPO Network • Mail Order via Express Scripts® Pharmacy
HMO and POS	• Extended Supply Network Pharmacies • Mail Order via Express Scripts® Pharmacy • Mail Order via Walgreens Mail Service

- Reduces trips to the pharmacy
- Adherence increases by 7–10% when prescriptions are filled for 90 days compared to 30 days*

Out-of-Network Pharmacies

- Member out-of-pocket costs are highest when using OON pharmacies
- A 50% benefit reduction applies for plans that allow OON benefits
- If applicable, members that fill prescriptions at OON pharmacies may pay full amount, then submit claims for eligible reimbursement

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois.

*Hermes M, Gleason PP, Starner CI, "Adherence to chronic medication therapy associated with 90-day supplies compared to 30-day supplies," Presented at Academy of Managed Care Pharmacy, Abstract in J Manag Care Pharm, 2010;16:141-142

Prescription Drug List Tier Design

- Classic* plans have 4 drug tiers
- Other** plans we offer have 6 drug tiers
- Regardless of the number of tiers, the lists have similar drugs in them for each market
- Drugs in tiers 1 and 2 of a 6-tier plan correspond to tier 1 of a 4-tier plan
- Drugs in tiers 5 and 6 of a 6-tier plan correspond to tier 4 of a 4-tier plan
- To view the latest drug lists, visit our [public websites](#)

* Formerly CMS Standardized Plan Designs

** Formerly Non-Standardized Plan Designs

Offered with Balance, Support, Secure, Max, Champion, and Signature plans

Plans with 6-Tier Drug List	
1	Generic
2	Generic: Non-Preferred
3	Brand: Preferred
4	Brand: Non-Preferred
5	Specialty: Preferred
6	Specialty: Non-Preferred

Offered with Classic* plans

Plans with 4-Tier Drug List	
1	Generic
2	Brand: Preferred
3	Brand: Non-Preferred
4	Specialty

Prescription Drug Tiers

- The Clear Cost Plans prescribed by OSI have 5 drug tiers
- Other plans we offer have 6 drug tiers
- Regardless of the number of tiers, the lists have similar drugs in them for each market
- Drugs in tiers 1 and 2 of a 6-tier plan correspond to tier 1 of a 5-tier plan
- To view the latest drug lists, visit our [public websites](#)

Offered with Non-Clear Cost Plans

Plans with 6-Tier Drug List	
1	Generic
2	Generic: Non-Preferred
3	Brand: Preferred
4	Brand: Non-Preferred
5	Specialty: Preferred
6	Specialty: Non-Preferred

Offered with Clear Cost Plans

Plans with 5-Tier Drug List	
1	Generic
2	Brand: Preferred
3	Brand: Non-Preferred
4	Specialty: Preferred
5	Specialty: Non-Preferred

Meeting Member Needs for Special Medications

Diabetes Focused Care

Co-preferred manufacturer and cost share tiering strategies to **improve access, choice and help lower overall costs.**

Generic Cost Share Tier*:

- Preferred Insulin examples: Fiasp, Novolog, Humalog, Humulin, Novolin, Lyumjev
- Preferred Test Strip examples: Ascensia Contour & Abbott Freestyle
- Diabetic supplies: syringes, lancets, pen needles

Free Meter Program

- [BCBSIL.com](https://www.bcbsil.com) → Prescription Drugs → Understanding Your Benefits → Glucose Meter Offer
- [Glucose Meters Flyer](#)

GLP-1 Access*

- Preferred Brand examples: Mounjaro, Ozempic, Rybelsus, Trulicity
- Potentially subject to review prior to coverage
- 30-day supply maximum

Products and cost share tiers subject to change. Check the benefit and corresponding drug list for up-to-date information.

\$0 Emergency Use Medications

Select acute Emergency Use Medications* have no cost (\$0) to the member

Why? These medications are typically used for emergency use or life-saving situations. Removing cost barriers improves access and helps ensure supply is on hand before it is needed. Ultimately improving clinical outcomes, member satisfaction and benefit experience.

Where? Applies at in-network pharmacies, including both preferred and non-preferred pharmacies.

What do members need to do? Members present their script and insurance card to a participating pharmacy and applicable emergency medications will process w/ \$0 member share. Deductible waived where applicable.



Zero-Dollar Emergency-Use Medications Flyer

What drug categories?

Severe allergic reactions
Hypoglycemia
Opioid overdoses
Nitrates

Product Examples

- Epinephrine
- Glucagon
- Naloxone / Narcan
- Nitroglycerin

Exclusions:

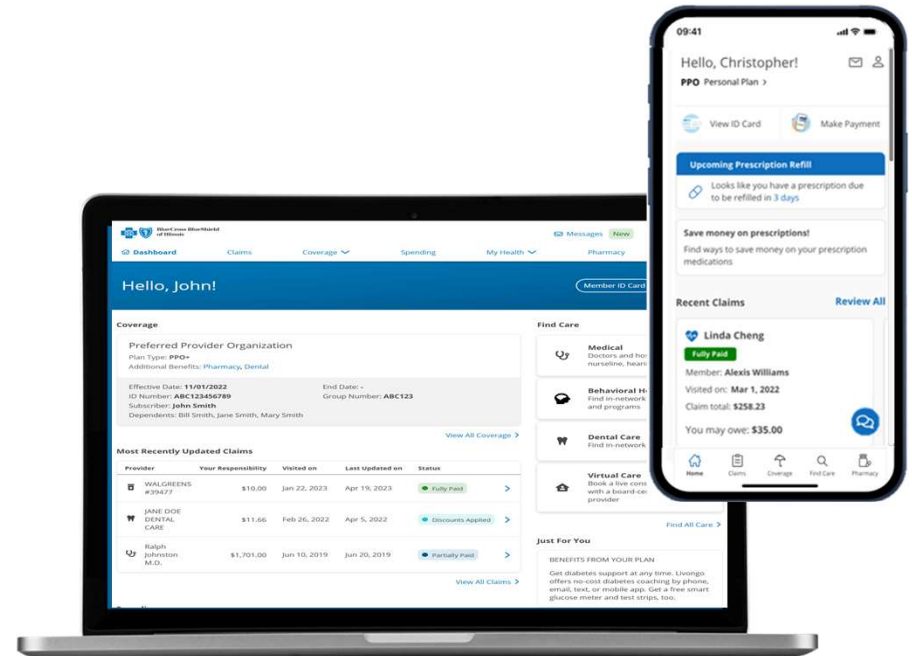
Health Savings Account eligible plans
Out of network pharmacies
Grandfathered and transitional plans
Non-preferred brand products

* HSA eligible plans are excluded from the Emergency Use Medications benefit

Rx Digital Tools Key Features

Either on the BCBSIL App or Blue Access for MembersSM, members can take control of their care by managing their medical, pharmacy, and ancillary benefits all in one place

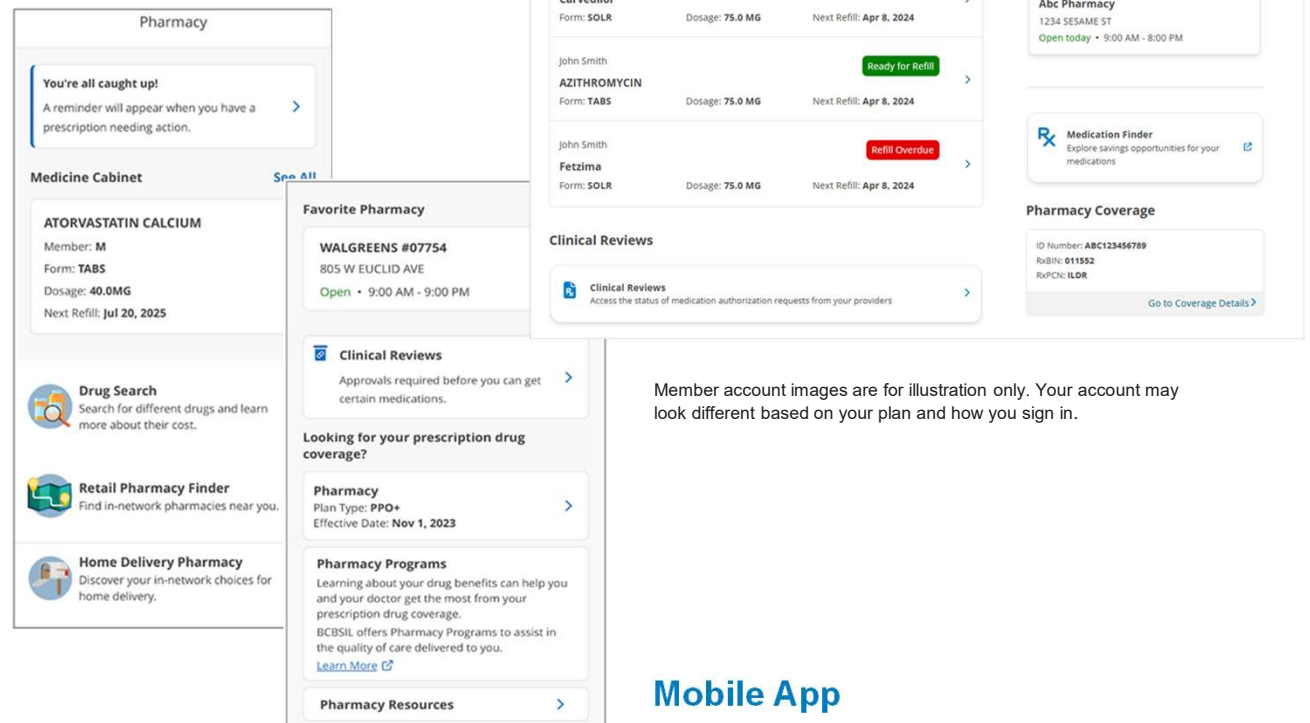
- Access Medication Savings tool
- Find in-network medical providers
- Locate nearby in-network pharmacies
- Share their member ID with their providers
- Check coverage and view claims status and history
- Access information about prescription drugs, including medication details, lower cost options, pre-approvals and refills
- Compare drug costs at different pharmacies
- Get clinical review status and details
- Live Chat with a pharmacy customer service representative



Pharmacy Home Page

Highlights key pharmacy content and provides access to the full pharmacy experience

- Medication Savings
- Refill Reminders
- Pharmacy Search
- Drug Search
- Medicine Cabinet
- Price Comparisons
- Clinical Reviews
- Favorite Pharmacy
- Pharmacy Coverage
- Pharmacy Programs and Resources



Member account images are for illustration only. Your account may look different based on your plan and how you sign in.

Value-Added Benefits



Virtual and On-Demand Care

Telehealth

HMO members may be able to see their primary care provider virtually. Telehealth ensures continuity of care with their existing doctor, using medical history for a more personalized treatment.

- **Services** – While PCPs can handle many health issues via telehealth, they may refer members to specialists for conditions requiring specific expertise.
- **Availability** – Telehealth services are typically available during their doctor's regular office hours. Some may offer after hours appointments, but this varies.
- **Cost** – The cost is usually similar to an in-person visit. Member out-of-pocket share will depend on their specific health plan.



MDLIVE Virtual Care

MDLIVE Virtual Care offers **24/7 digital health care by phone or video**. Board-certified doctors provide personalized care for hundreds of medical and mental health needs. The program is convenient for members to receive care digitally — anytime and anywhere.

IL HMO is excluded from MDLIVE Care



Don't Forget

MDLIVE now offers asynchronous urgent care, allowing members to receive medical advice without a formal appointment by **submitting photos** of their concern.



Blue365® Discounts

Blue365 is a discount program that offers easy access to premier health and wellness products and services.

Members can achieve their best health with discounts across multiple wellness categories and purpose-driven educational content to support members in **living healthy for less**.

After registering for an account, members can find deals for:

- Fitness gear
- Family activities
- Gym memberships
- Healthy eating
- Dental
- Vision
- Hearing aids
- And more from top national and local retailers

The screenshot displays the Blue365 website interface. At the top, the Blue Cross Blue Shield of Illinois logo is visible alongside the Blue365 branding. Navigation links include 'Equalized', 'How It Works', 'For Employers', 'Search', 'Join Blue365', and 'Sign In'. A main banner welcomes members and highlights a 'Join Blue365' button. To the right, a featured deal for Garmin offers up to 20% off. Below this, a section titled 'Millions of Blue365 members are looking at these deals' showcases four categories: Home & Family (Medical CareAlert), Nutrition (The Mayo Clinic Diet), Personal Care (dental solutions), and Home & Family (fetch pet insurance). Each category includes a brief description of the offer, a 'Details' button, and a 'Favorites' count. A 'See All Deals' button is located at the bottom right of the deals section.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. BCBSIL reserves the right to stop or change this program at any time without notice. The relationship between the Blue365 vendors and BCBSIL is that of independent contractors.

Blue Points Rewards Program Ending Dec. 31, 2026

The Blue Points Rewards Program will sunset on Dec. 31, 2026. Members should redeem any remaining points before this date, as unused points will not be available after the program ends.

- **What clients need to know:**

- Tell your clients to log in and review their Blue Points balance
- Encourage them to redeem points for gift cards before Dec. 31, 2026
- Suggest taking action early to avoid losing unused rewards

- **What happens to unused points?**

- Any points that are not redeemed by Dec. 31, 2026, will be forfeited and cannot be recovered



NEW! GO Wellbeing & GO Points

Our new digital wellness platform offers **engaging, personalized wellness resources** for all members, regardless of their stage on the journey to lifelong wellbeing. The **GO WellbeingSM**, powered by Sharecare also known as **GO Points Rewards** program helps them turn healthy choices into tangible treats.

Sharecare Platform Highlights

- **Health and Wellness Content:** Our digital library offers reader-friendly articles that reflect latest evidence-based information on a wide variety of health conditions and medicines.
- **Step Trackers:** Members can connect many types of medical & fitness trackers and earn points once you connect and enable step tracking
- **RealAge Test:** Members answer question from the RealAge which is clinically evaluated health-risk assessment that estimates how old your body is based on your lifestyle, genetics, and medical history
- **Enroll into Administrative Activities:** Streamline your administrative experience with stress-free, fully digital solutions—enroll in paperless billing, set up autopay, and access your digital ID cards anytime, anywhere

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Illinois to deliver a select collection of lifestyle programs, tools, and apps.



Members can earn **GO Points** rewards by reaching goals and completing healthy activities. Through the program, members could earn up to **\$100** in per year towards a **Livingwell Rewards which is a visa gift card** that can be used toward first aid, copays for doctor visits, grocery stores and more!

Earn \$100 Every Year!

Earn \$100 every year by completing the following activities*:

- Autopay**
- Stay Prepared – Find Urgent Care near you
- Understanding the differences: Urgent Care vs Emergency Room
- Complete the RealAge Test (Health Assessment)
- Add a PCP to your Sharecare Profile
- Connect a Device and Enable Step Tracking
- Enroll into Digital ID and Paperless
- Complete your Sharecare Registrations
- Follow a Health Topic ranging from stress, sleep and more!
- Watch one Health Topic

*Please note: Reward may be earned for completion of the above activities in IL, NM and MT. In OK and TX, reward is not earned for the activity of enrolling into digital ID and paperless. Reward is not earned for the activities of enrolling into autopay or enrolling into digital ID or paperless

** Autopay activity members who complete this activity will earn the total reward amount after 4 months

BEHAVIORAL HEALTH

Product Overview



Inpatient & Outpatient Management

Helps ensure members receive appropriate care and services for:

- Acute 24-hour care
- Residential Treatment Center
- Partial Hospital Program
- Intensive Outpatient Programs
- Applied Behavior Analysis

Case Management

For members who need more intense support, case managers:

- Monitor medication adherence
- Coordinate crisis interventions
- Assist with transitions between levels of care

Member Prevention Support & Outreach

- 24/7/365 Call Center
- Secure messaging via Blue Access for Members
- Member Outreach: Email Campaigns

Specialty Management & Risk Identification Outreach

- Autism Response Team
 - Eating Disorder Care Team
 - Risk Identification Outreach
 - Opioids/substance use disorders
 - Untreated depression
 - Harm reduction cohort
- RIO RESET** – Predictive analytics identifies at-risk members to help reduce suicide, self-harm and other adverse outcomes

MENTAL HEALTH HUB: Virtual, one-stop-shop access to all mental health resources



Eating Disorders



Pediatric Mental Illness



Obsessive Compulsive Disorders



Substance Use Disorders

Digital Mental Health



Evidence-based wellbeing and cognitive behavioral therapy programs, clinician coaching, mindfulness and wellness tools.

Equip is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide Member Health Platform and Tools, Care and Disease Management, Mental Health Administration/Network, Health Information Content, Provider Networks, Telehealth for members with coverage through BCBSIL.

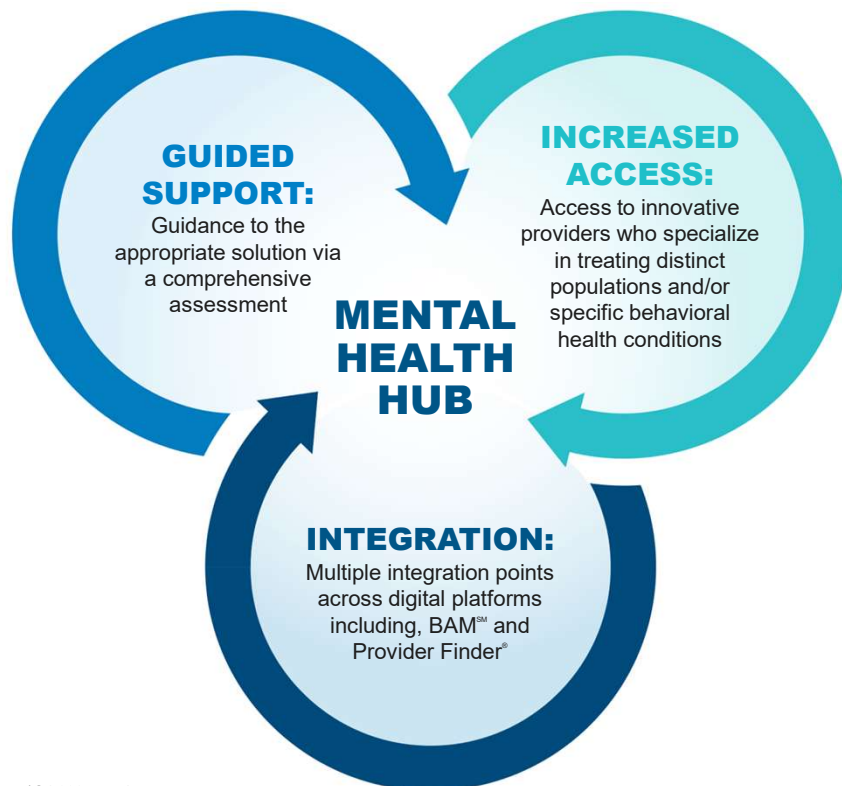
Workit Health, NOCD and Manatee are mental health providers contracted with NovaOne. The Mental Health Hub is administered by NovaOne. NovaOne is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSIL.

Learn to Live provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Illinois.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

MENTAL HEALTH HUB

A Single Destination for All Behavioral Health Needs

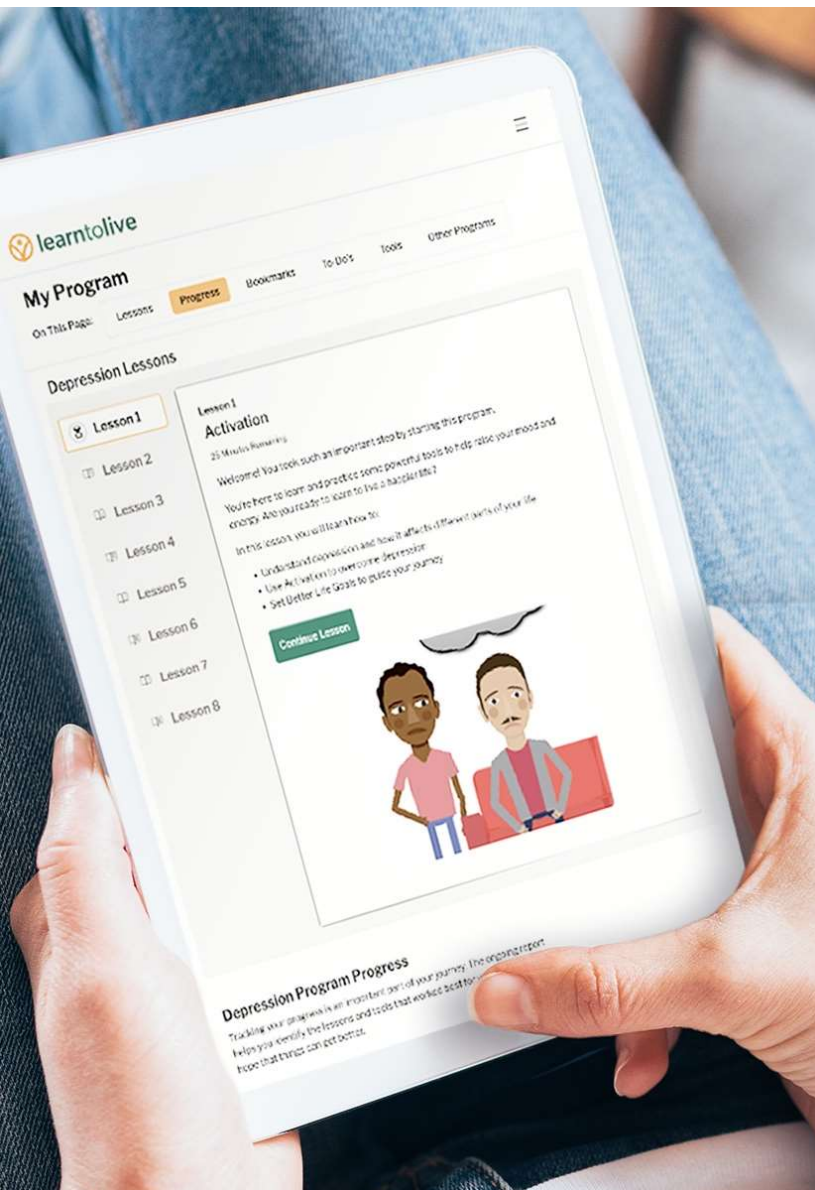


*Q4 2025 results

Net Promoter Score
93*

Avg. Speed to Care for New Patients
2.5 days*





Digital Mental Health from Learn to Live



Targeted online programs and services based on proven cognitive behavioral therapy principles – including optional coaching by phone, text or email from a qualified mental health professional



Private, convenient entry point for mental health

- Depression
- Stress, anxiety & worry
- Insomnia
- Social anxiety
- Panic
- Substance use
- Resilience
- **NEW:** Trauma



Clinical webinars, articles, quick breaks, mindfulness moments and toolkits



No cost to the member

Less than 50% of people with a mental health condition receive treatment*

*National Alliance on Mental Health, Mental Health by the Numbers, 2019

Learn to Live provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Illinois. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.