



Small Group Business

Account Name: INTELLISOFT DEVELOPEMENT CORPORATION

Account Number: 204955

Renewal Effective Date: 01/01/2018

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act
01/01/2018 Renewal Rates

BCE New Network

Blue Choice Preferred Network - PPO Plans

Table for Plan # GS32BCE, Gold, \$1250/\$2500. Columns include PlanType, Ded In/Out, Office Visit/Specialists, Coins In/Out, OPX In/Out, ER Copay/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx, and Preferred RX. Includes a grid of Total Monthly Health Cost* by age.

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Table for Plan # GS31BCE, Gold, \$1500/\$3000. Columns include PlanType, Ded In/Out, Office Visit/Specialists, Coins In/Out, OPX In/Out, ER Copay/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx, and Preferred RX. Includes a grid of Total Monthly Health Cost* by age.

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Table for Plan # GS30BCE, Gold, \$3250/\$6500. Columns include PlanType, Ded In/Out, Office Visit/Specialists, Coins In/Out, OPX In/Out, ER Copay/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx, and Preferred RX. Includes a grid of Total Monthly Health Cost* by age.

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Table for Plan # S532BCE, Silver, \$2400/\$4800. Columns include PlanType, Ded In/Out, Office Visit/Specialists, Coins In/Out, OPX In/Out, ER Copay/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx, and Preferred RX. Includes a grid of Total Monthly Health Cost* by age.

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Table for Plan # S531BCE, Silver, \$4000/\$8000. Columns include PlanType, Ded In/Out, Office Visit/Specialists, Coins In/Out, OPX In/Out, ER Copay/ER Coins, IP In/Out, OP Surg In/Out, Ped Dental In/Out, Non-Preferred Rx, and Preferred RX. Includes a grid of Total Monthly Health Cost* by age.

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.