



BlueCross BlueShield of Illinois



# Affordable health coverage designed by manufacturers for manufacturers

Effective October 1, 2022, to September 30, 2023

[imahealthplan.com](https://imahealthplan.com)

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

Illinois Manufacturers' Association (IMA) Health Plan is a statewide solution for affordable, flexible and customizable group health coverage for Illinois' manufacturers. IMA is working together with Blue Cross and Blue Shield of Illinois, to create more access to affordable health coverage for IMA members.

IMA Health Plan will allow manufacturers and their employees to choose the right health care plan within their budget and with health care providers they trust. For more information and qualifications for IMA Health Plan, please visit [imahealthplan.com](http://imahealthplan.com).



# Coverage and more in-network choices at an affordable price – that's **IMA Health Plan.**

## **Features:**

- No medical underwriting.
- Available in all 102 counties.
- Blue Options<sup>SM</sup>, Blue Choice Preferred PPO<sup>SM</sup>, Blue PPO<sup>SM</sup>, Blue Choice PPO<sup>SM</sup>, HSA-Eligible Plans and Blue Precision HMO<sup>SM</sup> offered by Blue Cross and Blue Shield of Illinois.
- Prescription drug coverage: Six-tier drug card or deductible/coinsurance plans available.
- Network availability in all 50 states.
- Office visit copayments: \$10 to \$60, depending on the plan you choose.

## **Eligibility**

Available to businesses that meet the following criteria:

- Maintain a manufacturing industry focus (SIC code assignment of 2000 - 3999)
- Employ two to 75 employees (on average) in the prior calendar year
- Be headquartered in Illinois
- Be an IMA member in good standing

## Blue Options

| PLAN NAME                      | Gold PPO 101                               | Gold PPO 106                               |
|--------------------------------|--|--|
| PLAN ID                        | G506OPT                                    | G508OPT                                    |
| INDIVIDUAL DEDUCTIBLE*         | \$750/\$1,750                              | \$1,500/\$3,250                            |
| INDIVIDUAL OUT OF POCKET*      | \$6,250/\$8,000                            | \$5,250/\$7,250                            |
| FAMILY DEDUCTIBLE*             | \$2,250/\$5,250                            | \$4,500/\$9,750                            |
| FAMILY OUT OF POCKET*          | \$16,500/\$17,400                          | \$13,750/\$17,400                          |
| COINSURANCE*                   | 20%/30%                                    | 10%/30%                                    |
| PCP OFFICE VISIT COPAY*        | \$40/\$60                                  | \$30/\$55                                  |
| SPECIALIST OFFICE VISIT COPAY* | \$60/\$100                                 | \$45/\$95                                  |
| INPATIENT CARE COPAY*          | \$250/\$500                                | \$250/\$500                                |
| OUTPATIENT CARE COPAY*         | \$200/\$400                                | \$200/\$400                                |
| PREFERRED DRUG COVERAGE**      | \$10 / \$20 / \$50 / \$100 / \$250 / \$350 | \$10 / \$20 / \$50 / \$100 / \$250 / \$350 |
| NON-PREFERRED DRUG COVERAGE**  | \$20 / \$30 / \$70 / \$120 / \$250 / \$350 | \$20 / \$30 / \$70 / \$120 / \$250 / \$350 |

## BLUE CHOICE PREFERRED PPO

| PLAN NAME                     | Gold PPO 102                              | Gold PPO 107                               | Silver PPO 104   | Silver PPO 120 |
|-------------------------------|---|--|--|----------------|
| PLAN ID                       | G531BCE                                   | G532BCE                                    | S531BCE  | S532BCE        |
| INDIVIDUAL DEDUCTIBLE         | \$2,500                                   | \$1,500                                    | \$4,700  | \$3,250        |
| INDIVIDUAL OUT OF POCKET      | \$5,000                                   | \$5,500                                    | \$8,550  | \$8,550        |
| FAMILY DEDUCTIBLE             | \$5,000                                   | \$3,000                                    | \$14,100   | \$9,750        |
| FAMILY OUT OF POCKET          | \$10,000                                  | \$11,000                                   | \$17,100   | \$17,100       |
| COINSURANCE                   | 20%                                       | 20%  | 20%  | 40%            |
| PCP OFFICE VISIT COPAY        | \$20                                      | \$40                                       | \$45   | \$50           |
| SPECIALIST OFFICE VISIT COPAY | \$60                                      | \$60                                       | \$65   | \$70           |
| INPATIENT CARE COPAY          | \$200                                     | \$200                                      | \$250  | \$250          |
| OUTPATIENT CARE COPAY         | \$150                                     | \$150                                      | \$200  | \$200          |
| PREFERRED DRUG COVERAGE**     | \$0 / \$10 / \$35 / \$75 / \$150 / \$250  | \$5 / \$15 / \$50 / \$100 / \$250 / \$350  | \$0 / \$10 / \$50 / \$100 / \$150 / \$250 / \$10 / \$20 / \$70 / \$120 / \$250 |                |
| NON-PREFERRED DRUG COVERAGE** | \$10 / \$20 / \$55 / \$95 / \$150 / \$250 | \$15 / \$25 / \$70 / \$120 / \$250 / \$350 | \$0 / \$10 / \$50 / \$100 / \$150 / \$250 / \$10 / \$20 / \$70 / \$120 / \$250 |                |

\*Blue Choice / Broad PPO

\*\*Prescription Drug Coverage Tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty

## BLUE PPO

| PLAN NAME                     | Platinum 119                              | Gold 107                                   | Gold 114                                   | Silver 104                                 |
|-------------------------------|---|--|--|--|
| PLAN ID                       | P503PPO                                   | G532PPO                                    | G534PPO                                    | S531PPO                                    |
| INDIVIDUAL DEDUCTIBLE         | \$250                                     | \$1,500                                    | \$1,000                                    | \$4,700                                    |
| INDIVIDUAL OUT OF POCKET      | \$1,250                                   | \$5,500                                    | \$6,750                                    | \$8,550                                    |
| FAMILY DEDUCTIBLE             | \$750                                     | \$3,000                                    | \$3,000                                    | \$14,100                                   |
| FAMILY OUT OF POCKET          | \$3,750                                   | \$11,000                                   | \$17,100                                   | \$17,100                                   |
| COINSURANCE                   | 20%                                       | 20%  | 20%  | 20%  |
| PCP OFFICE VISIT COPAY        | \$30                                      | \$40                                       | \$50                                       | \$45                                       |
| SPECIALIST OFFICE VISIT COPAY | \$60                                      | \$60                                       | \$70                                       | \$65                                       |
| INPATIENT CARE COPAY          | \$200                                     | \$200                                      | \$250                                      | \$250                                      |
| OUTPATIENT CARE COPAY         | \$150                                     | \$150                                      | \$200                                      | \$200                                      |
| PREFERRED DRUG COVERAGE*      | \$0 / \$10 / \$35 / \$75 / \$150 / \$250  | \$5 / \$15 / \$50 / \$100 / \$250 / \$350  | \$0 / \$10 / \$50 / \$100 / \$150 / \$250  | \$0 / \$10 / \$50 / \$100 / \$150 / \$250  |
| NON-PREFERRED DRUG COVERAGE*  | \$10 / \$20 / \$55 / \$95 / \$150 / \$250 | \$15 / \$25 / \$70 / \$120 / \$250 / \$350 | \$10 / \$20 / \$70 / \$120 / \$150 / \$250 | \$10 / \$20 / \$70 / \$120 / \$150 / \$250 |

## HSA-ELIGIBLE PLANS

| PLAN NAME                     | Blue Options Silver PPO <sup>SM</sup> 107 | Blue PPO Gold <sup>SM</sup> 113   | Blue Choice Preferred Bronze PPO <sup>SM</sup> 106 |
|-------------------------------|---|-----------------------------------|--|
| PLAN ID                       | S507OPT                                   | G533PPO                           | B535BCE  |
| INDIVIDUAL DEDUCTIBLE**       | \$4,000/\$4,750                           | \$2,900                           | \$6,900  |
| INDIVIDUAL OUT OF POCKET**    | \$4,000/\$6,900                           | \$3,600                           | \$6,900  |
| FAMILY DEDUCTIBLE**           | \$12,000/\$13,800                         | \$8,700                           | \$13,800   |
| FAMILY OUT OF POCKET**        | \$12,000/\$13,800                         | \$10,800                          | \$13,800   |
| COINSURANCE**                 | 0%/20%                                    | 10%                               | 0%   |
| PCP OFFICE VISIT COPAY        | DC***                                     | DC***                             | DC***  |
| SPECIALIST OFFICE VISIT COPAY | DC***                                     | DC***                             | DC***  |
| INPATIENT CARE COPAY          | DC***                                     | DC***                             | DC***  |
| OUTPATIENT CARE COPAY         | DC***                                     | DC***                             | \$125  |
| PREFERRED DRUG COVERAGE*      | 0%  | 10% / 10% / 20% / 30% / 40% / 50% | 0%   |
| NON-PREFERRED DRUG COVERAGE*  | 0%  | 20% / 20% / 30% / 40% / 40% / 50% | 0%   |

\*Prescription Drug Coverage Tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty

\*\*Blue Choice PPO / Broad PPO

\*\*\*Deductible / Coinsurance

## BLUE PRECISION HMO

| PLAN NAME                     | Silver HMO 106                             | Platinum HMO 107                          |
|-------------------------------|--|---|
| PLAN ID                       | S531PSN                                    | P506PSN                                   |
| INDIVIDUAL DEDUCTIBLE         | \$3,000                                    | \$0                                       |
| INDIVIDUAL OUT OF POCKET      | \$8,550                                    | \$1,500                                   |
| FAMILY DEDUCTIBLE             | \$9,000                                    | \$0                                       |
| FAMILY OUT OF POCKET          | \$17,100                                   | \$4,500                                   |
| COINSURANCE                   | 20%  | 0%  |
| PCP OFFICE VISIT COPAY        | \$40                                       | \$10                                      |
| SPECIALIST OFFICE VISIT COPAY | \$60                                       | \$45                                      |
| INPATIENT CARE COPAY          | \$750                                      | \$150                                     |
| OUTPATIENT CARE COPAY         | \$500                                      | \$100                                     |
| PREFERRED DRUG COVERAGE*      | \$10 / \$20 / \$50 / \$100 / \$250 / \$350 | \$0 / \$10 / \$50 / \$100 / \$150 / \$250 |
| NON-PREFERRED DRUG COVERAGE*  | \$10 / \$20 / \$50 / \$100 / \$250 / \$350 | \$0 / \$10 / \$50 / \$100 / \$150 / \$250 |

### Featuring a Benefits Administration Platform That's Seamless and Intuitive

IM Association Health Plan groups now have the advantage of an employee benefits administration portal called SIMON®. It delivers a seamless experience for employers and brokers to more easily maintain membership and billing for their group.

SIMON is a sophisticated, yet user-friendly way to simplify the process of enrollment, benefits, management and billing. With SIMON, you can access and manage employee benefits and group bill payment from one online portal – anywhere and anytime. The result? A much more streamlined and efficient process, which allows you to accomplish more in less time and to do so confidently knowing that the data is current, accurate and secure with SIMON.

### Vimly Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) Administration

Vimly will handle all COBRA administration duties and notices for Illinois IMA including:

- Sending an initial general COBRA notice to newly eligible employees and spouses
- Sending a COBRA election notice to qualified beneficiaries when they experience a COBRA qualifying event. A qualified beneficiary is an individual (an employee or dependent) who loses coverage and is eligible for continuation coverage under COBRA
- Monthly billing and collection of COBRA premiums from the COBRA participant
- Providing notice of unavailability of COBRA coverage as needed
- Sending a letter of early termination of COBRA as needed

**Cost:** Vimly provides COBRA administration for the IMA Health Plan for \$1 per employee per month to employers.

\*Prescription Drug Coverage Tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty



## IMA Health Plan Rates

All monthly premiums are applicable October 1, 2022 through September 30, 2023.

To obtain a quote, the following must be submitted:

- Group name
- Group address
- Effective date
- Current carrier
- Census (with ZIP codes)
- Agent/producer number
- SIC Code

Learn more about how to submit a request for quote at [imahealthplan.com](https://www.imahealthplan.com).

For general questions about IMA Health Plan, contact your local IMA representative.

[imahealthplan.com](https://www.imahealthplan.com)

Vimly Benefit Solutions, Inc., an independent company, solely responsible for its products and services, administers the SIMON online benefits portal for Blue Cross and Blue Shield of Illinois. This is not a contract. It is intended as a source of general information only. Full benefits, limitations and exclusions can be found in the specific product's contract. Rates are subject to change.