



BlueCross BlueShield of Illinois



# Affordable health coverage designed by manufacturers for manufacturers

Effective October 1, 2023, to September 30, 2024

[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/\$2,000	\$1,500/\$3,750
INDIVIDUAL OUT OF POCKET*	\$6,750/\$8,550	\$5,850/\$7,850
FAMILY DEDUCTIBLE*	\$2,250/\$6,000	\$4,500/\$11,250
FAMILY OUT OF POCKET*	\$17,300/\$18,200	\$14,650/\$18,200
COINSURANCE*	20%/40%	10%/30%
PCP OFFICE VISIT COPAY*	\$40/\$60	\$35/\$60
SPECIALIST OFFICE VISIT COPAY*	\$60/\$100	\$50/\$100
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	\$5,000	\$3,600
INDIVIDUAL OUT OF POCKET	\$5,000	\$6,250	\$9,100	\$9,100
FAMILY DEDUCTIBLE	\$5,000	\$3,000	\$15,000	\$10,800
FAMILY OUT OF POCKET	\$10,000	\$12,500	\$18,200	\$18,200
COINSURANCE	20%	20%	30%	40%
PCP OFFICE VISIT COPAY	\$20	\$40	\$45	\$60
SPECIALIST OFFICE VISIT COPAY	\$60	\$60	\$65	\$80
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	\$5,000
INDIVIDUAL OUT OF POCKET	\$1,500	\$6,250	\$7,750	\$9,100
FAMILY DEDUCTIBLE	\$750	\$3,000	\$3,000	\$15,000
FAMILY OUT OF POCKET	\$4,500	\$12,500	\$18,200	\$18,200
COINSURANCE	20%	20%	20%	30%
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**	\$4,600/\$5,300	\$3,000	\$6,900
INDIVIDUAL OUT OF POCKET**	\$4,600/\$7,050	\$3,600	\$6,900
FAMILY DEDUCTIBLE**	\$13,800/\$14,100	\$9,000	\$13,800
FAMILY OUT OF POCKET**	\$13,800/\$14,100	\$10,800	\$13,800
COINSURANCE**	0%/30%	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	\$3,250	\$0
INDIVIDUAL OUT OF POCKET	\$9,100	\$1,500
FAMILY DEDUCTIBLE	\$9,750	\$0
FAMILY OUT OF POCKET	\$18,200	\$4,500
COINSURANCE	30%	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, 2023, through September 30, 2024.

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.