
State:	Illinois	Filing Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	ACT DOI-Illinois Individual 2026 Renewal of NGF Plans		
Project Name/Number:	/		

Filing at a Glance

Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
Product Name:	ACT DOI-Illinois Individual 2026 Renewal of NGF Plans
State:	Illinois
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Filing Type:	Rate
Date Submitted:	09/26/2025
SERFF Tr Num:	ILCP-134652975
SERFF Status:	Pending State Action
State Tr Num:	
State Status:	Assigned to Reviewer
Co Tr Num:	
Effective	01/01/2026
Date Requested:	
Author(s):	Brian Krzych, Matthew Stoner, Victor Zhou, Johnathon Whewell, Wooseok Jeong, Gabe Warner, Tatiana Sizova
Reviewer(s):	Christina Roy (primary), Becky Sheppard, Beth Verticchio, George Korean
Disposition Date:	
Disposition Status:	
Effective Date:	
State Filing Description:	

State: Illinois
Filing Company: Health Care Service Corporation, A Mutual Legal Reserve Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: ACT DOI-Illinois Individual 2026 Renewal of NGF Plans
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: 14.5% Filing Status Changed: 10/29/2025
State Status Changed: 09/26/2025
Deemer Date: Created By: Gabe Warner
Submitted By: Gabe Warner Corresponding Filing Tracking Number:
State TOI: H16I Individual Health - Major Medical
State Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Include Exchange Intentions: No

Filing Description:

This rate filing is to comply with the Illinois Department of Insurance (IDOI) requirement to provide a recent rate filing accompanying benefit updates in SERFF filing ILCP-134652975. It provides rates for the 11th renewal of existing NGF policy plans.

Company and Contact

Filing Contact Information

Brian Krzych, Sr. Director Actuary Brian_Krzych@bcbsok.com
1400 S. Boston Avenue 918-551-2128 [Phone]
Tulsa, OK 74119

Filing Company Information

Health Care Service Corporation, CoCode: 70670 State of Domicile: Illinois
A Mutual Legal Reserve Company Group Code: Company Type:
300 E. Randolph Group Name: State ID Number:
Chicago, IL 60601 FEIN Number: 36-1236610
(312) 653-5494 ext. [Phone]

State: Illinois

Filing Company: Health Care Service Corporation, A Mutual Legal Reserve Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: ACT DOI-Illinois Individual 2026 Renewal of NGF Plans

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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	ILCP-134652975	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	ACT DOI-Illinois Individual 2026 Renewal of NGF Plans		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.900%
Effective Date of Last Rate Revision:	01/01/2025
Filing Method of Last Filing:	File and Use
SERFF Tracking Number of Last Filing:	ILCP-134231909

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Health Care Service Corporation, A Mutual Legal Reserve Company	Increase	14.500%	14.500%	\$235,243	1,545	\$30,017,062	14.500%	14.500%

State: Illinois **Filing Company:** Health Care Service Corporation, A Mutual Legal Reserve Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: ACT DOI-Illinois Individual 2026 Renewal of NGF Plans

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Health Care Service Corporation, A Mutual Legal Reserve Company

HHS Issuer Id: 36096

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BCBSIL Individual Transitional Policies (GM)			3022

Trend Factors: 7.00% per annum on an allowed-charge basis

FORMS:

New Policy Forms:

Affected Forms: DB-42HCSC, DB-A79HCSC, DB-43HCSC, DB-A79HCSC, DB-46HCSC, DB-A71HCSC, DB-47HCSC, DB-A71HCSC, DB-48HCSC, DB-A79HCSC, DB-49HCSC, DB-A79HCSC, DB-50HCSC, DB-A79HCSC, DB-51HCSC, DB-A79HCSC, DB-48HCSC, DB-A79HCSC, DB-50HCSC, DB-A79HCSC, DB-51HCSC, DB-A79HCSC

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 38,488

Benefit Change: None

Percent Change Requested: Min: 14.5 Max: 14.5 Avg: 14.5

PRIOR RATE:

Total Earned Premium: 30,017,062.00

Total Incurred Claims: 27,351,572.00

Annual \$: Min: 155.82 Max: 5,297.49 Avg: 788.40

REQUESTED RATE:

Projected Earned Premium: 30,252,306.00

Projected Incurred Claims: 28,409,157.00

Annual \$: Min: 178.42 Max: 6,065.63 Avg: 907.84

SERFF Tracking #:

ILCP-134652975

State Tracking #:

Company Tracking #:

State:

Illinois

Filing Company:

Health Care Service Corporation, A Mutual Legal Reserve Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

ACT DOI-Illinois Individual 2026 Renewal of NGF Plans

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		HSA 1-1-26 Manual	DB-50 HCSC, DB-51 HCSC, DB-A79	Revised	Previous State Filing Number: ILCP-134231909 Percent Rate Change Request: 14.5	HSA 1-1-26 Manual.pdf,
2		Ser 3 1-1-26	DB-42 HCSC, DB-43 HCSC, DB-A79	Revised	Previous State Filing Number: ILCP-134231909 Percent Rate Change Request: 14.5	Ser 3 1-1-26.pdf,
3		Ser 3 Advantage 1-1-26 Manual	DB-48 HCSC, DB-49 HCSC, DB-A79	Revised	Previous State Filing Number: ILCP-134231909 Percent Rate Change Request: 14.5	Ser 3 Advantage 1-1-26 Manual.pdf,
4		Ser 3 Choice 1-1-26 Manual	DB-46 HCSC, DB-47 HCSC, DB-A71	Revised	Previous State Filing Number: ILCP-134231909 Percent Rate Change Request: 14.5	Ser 3 Choice 1-1-26 Manual.pdf,
5		Unicare SOLO HSA 1-1-26 Manual	DB-50 HCSC, DB-51 HCSC, DB-A79	Revised	Previous State Filing Number: ILCP-134231909 Percent Rate Change Request: 14.5	Unicare SOLO HSA 1-1-26 Manual.pdf,
6		Unicare SOLO SBA 1-1-26 Manual	DB-48 HCSC, DB-A79	Revised	Previous State Filing Number: ILCP-134231909 Percent Rate Change Request: 14.5	Unicare SOLO SBA 1-1-26 Manual.pdf,

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA and BlueEdge Individual HSA 5000
Effective 1/1/2026 -- 1-1-26 Manual With Step
Additional Rating Factors

Area Factor: (1)

<u>Area</u>	<u>Factor</u>
1	1.0000
2	0.8850
3	0.8017
4	0.7407

Underwriting Tier: (2)

<u>Tier</u>	<u>Factor</u>
1	1.00
2	1.25
3	1.50
4	1.75
5	2.00
6	2.25
7	2.50
8	2.75
9	3.00
10	4.00
11	6.00
12	8.00

Generation Factor: (3)

<u>Generation</u>	<u>Factor</u>
New Business	1.0000
1	1.0100
2	1.0504
3	1.0924
4	1.1361

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example:

[Male Age 40, BlueEdge 80/60 \$1600 Deductible]		1,041.17
[Area 2]	*	0.8850
[Tier 2]	*	1.2500
[Generation 1]	*	1.0100
Final Rate		1,163.31

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers are based on individual underwriting information.**(3) Generation Factors are based on original effective date of coverage.**

New Business (0):	0	to	1	years from original effective date of coverage
1st Generation (1):	1	to	2	years from original effective date of coverage
2nd Generation (2):	2	to	3	years from original effective date of coverage
3rd Generation (3):	3	to	4	years from original effective date of coverage
4th Generation (4):	4	or	more	years from original effective date of coverage

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA: Single - 1-1-26 Manual
Effective 1/1/2026

BlueEdge (80/60) \$1,700
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	460.61	460.61	460.61
06-14	460.61	460.61	1765.41
15-19	517.98	588.89	1765.41
20-24	585.55	790.35	1765.41
25-29	629.60	823.25	1812.78
30-34	713.10	937.05	1845.68
35-39	833.14	1041.17	1906.69
40-44	1041.17	1207.76	2033.92
45-49	1331.76	1415.99	2161.05
50-54	1664.10	1641.92	2334.61
55-59	2153.87	1850.05	2630.52
60-64	2685.49	2113.16	3004.71
65+	3448.77	2589.70	3004.71

BlueEdge (80/60) \$1,750
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	400.28	400.28	400.28
06-14	400.28	400.28	1534.17
15-19	450.13	511.75	1534.17
20-24	508.86	686.83	1534.17
25-29	547.13	715.42	1575.33
30-34	619.69	814.31	1603.92
35-39	724.01	904.79	1656.95
40-44	904.79	1049.56	1767.51
45-49	1157.32	1230.52	1877.99
50-54	1446.13	1426.86	2028.82
55-59	1871.74	1607.72	2285.96
60-64	2333.73	1836.37	2611.14
65+	2997.03	2250.49	2611.14

BlueEdge (80/60) \$2,600
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	346.01	346.01	346.01
06-14	346.01	346.01	1326.18
15-19	389.11	442.37	1326.18
20-24	439.87	593.71	1326.18
25-29	472.95	618.43	1361.77
30-34	535.68	703.92	1386.48
35-39	625.86	782.13	1432.31
40-44	782.13	907.27	1527.89
45-49	1000.42	1063.70	1623.39
50-54	1250.08	1233.42	1753.77
55-59	1617.99	1389.77	1976.05
60-64	2017.35	1587.41	2257.15
65+	2590.72	1945.39	2257.15

BlueEdge (80/60) \$3,500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	300.85	300.85	300.85
06-14	300.85	300.85	1153.07
15-19	338.32	384.63	1153.07
20-24	382.45	516.22	1153.07
25-29	411.22	537.71	1184.02
30-34	465.76	612.03	1205.50
35-39	544.17	680.04	1245.35
40-44	680.04	788.84	1328.46
45-49	869.84	924.85	1411.49
50-54	1086.91	1072.42	1524.85
55-59	1406.80	1208.36	1718.12
60-64	1754.02	1380.21	1962.52
65+	2252.56	1691.46	1962.52

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA: Family - 1-1-26 Manual
Effective 1/1/2026

BlueEdge (80/60) \$1,700
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	414.55	414.55	460.61
06-14	414.55	414.55	1765.41
15-19	466.18	530.00	1765.41
20-24	527.00	711.32	1765.41
25-29	566.64	740.93	1812.78
30-34	641.79	843.35	1845.68
35-39	749.83	937.05	1906.69
40-44	937.05	1086.98	2033.92
45-49	1198.58	1274.39	2161.05
50-54	1497.69	1477.73	2334.61
55-59	1938.48	1665.05	2630.52
60-64	2416.94	1901.84	3004.71
65+	3103.89	2330.73	3004.71

Children
Per Child 412.87

BlueEdge (80/60) \$1,750
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	360.25	360.25	400.28
06-14	360.25	360.25	1534.17
15-19	405.12	460.58	1534.17
20-24	457.97	618.15	1534.17
25-29	492.42	643.88	1575.33
30-34	557.72	732.88	1603.92
35-39	651.61	814.31	1656.95
40-44	814.31	944.60	1767.51
45-49	1041.59	1107.47	1877.99
50-54	1301.52	1284.17	2028.82
55-59	1684.57	1446.95	2285.96
60-64	2100.36	1652.73	2611.14
65+	2697.33	2025.44	2611.14

Children
Per Child 358.79

BlueEdge (80/60) \$2,600
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	276.81	276.81	346.01
06-14	276.81	276.81	1326.18
15-19	311.29	353.90	1326.18
20-24	351.90	474.97	1326.18
25-29	378.36	494.74	1361.77
30-34	428.54	563.13	1386.48
35-39	500.69	625.70	1432.31
40-44	625.70	725.82	1527.89
45-49	800.34	850.96	1623.39
50-54	1000.06	986.73	1753.77
55-59	1294.39	1111.81	1976.05
60-64	1613.88	1269.93	2257.15
65+	2072.58	1556.31	2257.15

Children
Per Child 275.68

BlueEdge (80/60) \$3,500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	240.68	240.68	300.85
06-14	240.68	240.68	1153.07
15-19	270.66	307.70	1153.07
20-24	305.96	412.97	1153.07
25-29	328.98	430.17	1184.02
30-34	372.61	489.63	1205.50
35-39	435.33	544.03	1245.35
40-44	544.03	631.08	1328.46
45-49	695.87	739.88	1411.49
50-54	869.52	857.94	1524.85
55-59	1125.44	966.69	1718.12
60-64	1403.22	1104.17	1962.52
65+	1802.05	1353.17	1962.52

Children
Per Child 239.70

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA 5000: Single - 1-1-26 Manual
Effective 1/1/2026

BlueEdge (100/80) \$5,000

Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	295.67	295.67	295.67
06-14	295.67	295.67	1133.22
15-19	332.49	378.01	1133.22
20-24	375.87	507.33	1133.22
25-29	404.14	528.45	1163.62
30-34	457.74	601.49	1184.74
35-39	534.80	668.33	1223.91
40-44	668.33	775.26	1305.58
45-49	854.86	908.92	1387.18
50-54	1068.19	1053.95	1498.59
55-59	1382.57	1187.55	1688.53
60-64	1723.82	1356.44	1928.73
65+	2213.77	1662.33	1928.73

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA 5000: Family - 1-1-26 Manual
Effective 1/1/2026

BlueEdge (100/80) \$5,000

Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	236.53	236.53	295.67
06-14	236.53	236.53	1133.22
15-19	265.99	302.40	1133.22
20-24	300.69	405.86	1133.22
25-29	323.31	422.76	1163.62
30-34	366.19	481.20	1184.74
35-39	427.84	534.66	1223.91
40-44	534.66	620.21	1305.58
45-49	683.89	727.14	1387.18
50-54	854.55	843.16	1498.59
55-59	1106.05	950.04	1688.53
60-64	1379.05	1085.15	1928.73
65+	1771.01	1329.86	1928.73
Children			
Per Child			235.57

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA: Single - 1-1-26 Manual
Effective 1/1/2026

BlueEdge (100/80) \$1,700**Standard Rate**

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	561.95	561.95	561.95
06-14	561.95	561.95	2153.80
15-19	631.94	718.44	2153.80
20-24	714.38	964.23	2153.80
25-29	768.11	1004.37	2211.59
30-34	869.98	1143.20	2251.73
35-39	1016.44	1270.23	2326.17
40-44	1270.23	1473.46	2481.39
45-49	1624.75	1727.51	2636.48
50-54	2030.20	2003.15	2848.23
55-59	2627.72	2257.07	3209.23
60-64	3276.30	2578.05	3665.75
65+	4207.50	3159.44	3665.75

BlueEdge (100/80) \$1,750**Standard Rate**

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	486.89	486.89	486.89
06-14	486.89	486.89	1866.10
15-19	547.53	622.47	1866.10
20-24	618.95	835.43	1866.10
25-29	665.51	870.21	1916.18
30-34	753.77	990.50	1950.96
35-39	880.67	1100.56	2015.45
40-44	1100.56	1276.65	2149.94
45-49	1407.72	1496.76	2284.31
50-54	1759.02	1735.58	2467.78
55-59	2276.72	1955.58	2780.56
60-64	2838.66	2233.69	3176.10
65+	3645.48	2737.41	3176.10

BlueEdge (100/80) \$2,600**Standard Rate**

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	421.26	421.26	421.26
06-14	421.26	421.26	1614.59
15-19	473.73	538.58	1614.59
20-24	535.53	722.83	1614.59
25-29	575.81	752.92	1657.92
30-34	652.18	857.00	1688.01
35-39	761.97	952.22	1743.81
40-44	952.22	1104.58	1860.17
45-49	1217.99	1295.02	1976.44
50-54	1521.94	1501.66	2135.17
55-59	1969.87	1692.01	2405.79
60-64	2456.07	1932.63	2748.02
65+	3154.15	2368.47	2748.02

BlueEdge (100/80) \$3,500**Standard Rate**

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	365.95	365.95	365.95
06-14	365.95	365.95	1402.61
15-19	411.53	467.87	1402.61
20-24	465.22	627.93	1402.61
25-29	500.21	654.07	1440.24
30-34	566.55	744.48	1466.38
35-39	661.93	827.20	1514.86
40-44	827.20	959.56	1615.94
45-49	1058.08	1125.00	1716.94
50-54	1322.12	1304.50	1854.84
55-59	1711.24	1469.86	2089.93
60-64	2133.61	1678.89	2387.23
65+	2740.03	2057.50	2387.23

Blue Cross Blue Shield Of Illinois
BlueEdge Individual HSA: Family - 1-1-26 Manual
Effective 1/1/2026

BlueEdge (100/80) \$1,700
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	505.75	505.75	561.95
06-14	505.75	505.75	2153.80
15-19	568.74	646.60	2153.80
20-24	642.94	867.81	2153.80
25-29	691.30	903.93	2211.59
30-34	782.98	1028.88	2251.73
35-39	914.79	1143.20	2326.17
40-44	1143.20	1326.12	2481.39
45-49	1462.27	1554.76	2636.48
50-54	1827.18	1802.83	2848.23
55-59	2364.95	2031.36	3209.23
60-64	2948.67	2320.25	3665.75
65+	3786.75	2843.49	3665.75

Children
Per Child 503.70

BlueEdge (100/80) \$1,750
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	438.20	438.20	486.89
06-14	438.20	438.20	1866.10
15-19	492.77	560.23	1866.10
20-24	557.06	751.89	1866.10
25-29	598.96	783.19	1916.18
30-34	678.39	891.45	1950.96
35-39	792.60	990.50	2015.45
40-44	990.50	1148.98	2149.94
45-49	1266.95	1347.08	2284.31
50-54	1583.12	1562.02	2467.78
55-59	2049.05	1760.02	2780.56
60-64	2554.80	2010.32	3176.10
65+	3280.93	2463.67	3176.10

Children
Per Child 436.41

BlueEdge (100/80) \$2,600
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	337.01	337.01	421.26
06-14	337.01	337.01	1614.59
15-19	378.99	430.86	1614.59
20-24	428.42	578.27	1614.59
25-29	460.65	602.34	1657.92
30-34	521.74	685.60	1688.01
35-39	609.58	761.78	1743.81
40-44	761.78	883.66	1860.17
45-49	974.39	1036.02	1976.44
50-54	1217.55	1201.33	2135.17
55-59	1575.89	1353.61	2405.79
60-64	1964.86	1546.11	2748.02
65+	2523.32	1894.77	2748.02

Children
Per Child 335.64

BlueEdge (100/80) \$3,500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	292.76	292.76	365.95
06-14	292.76	292.76	1402.61
15-19	329.23	374.29	1402.61
20-24	372.18	502.34	1402.61
25-29	400.17	523.26	1440.24
30-34	453.24	595.59	1466.38
35-39	529.54	661.76	1514.86
40-44	661.76	767.64	1615.94
45-49	846.46	900.00	1716.94
50-54	1057.70	1043.60	1854.84
55-59	1368.99	1175.89	2089.93
60-64	1706.88	1343.11	2387.23
65+	2192.02	1646.00	2387.23

Children
Per Child 291.57

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Additional Rating Factors

Area Factor: (1)

<u>Area</u>	<u>Factor</u>
1	1.0000
2	0.8850
3	0.8017
4	0.7407

Underwriting Tier: (2)

<u>Tier</u>	<u>Factor</u>
1	1.00
2	1.25
3	1.50
4	1.75
5	2.00
6	2.25
7	2.50
8	2.75
9	3.00
10	4.00
11	6.00
12	8.00

Generation Factor: (3)

<u>Generation</u>	<u>Factor</u>
New Business	1.0000
1	1.0100
2	1.0733
3	1.1371
4	1.1826

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example:

[Male Age 40, BlueValue 80/60 \$500 Deductible]

1,501.1300

[Area 2]

* 0.8850

[Tier 2]

* 1.2500

[Generation 1]

* 1.0100

Final Rate

1,677.23

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers are based on individual underwriting information.

(3) Generation Factors are based on original effective date of coverage.

New Business (0): 0 to 1 years from original effective date of coverage

1st Generation (1): 1 to 2 years from original effective date of coverage

2nd Generation (2): 2 to 3 years from original effective date of coverage

3rd Generation (3): 3 to 4 years from original effective date of coverage

4th Generation (4): 4 to more years from original effective date of coverage

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Rider # DB-A79 HCSC

BlueValue (100/80) \$250
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	928.93	928.93	928.93
06-14	928.93	928.93	3560.33
15-19	1044.62	1187.61	3560.33
20-24	1180.90	1593.92	3560.33
25-29	1269.71	1660.27	3655.86
30-34	1438.11	1889.77	3722.22
35-39	1680.21	2099.74	3845.26
40-44	2099.74	2435.70	4101.85
45-49	2685.78	2855.65	4358.23
50-54	3356.02	3311.30	4708.26
55-59	4343.74	3731.03	5305.00
60-64	5415.87	4261.64	6059.65
65+	6955.19	5222.69	6059.65

Children
Per Child 925.15

BlueValue (100/80) \$500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	839.91	839.91	839.91
06-14	839.91	839.91	3219.17
15-19	944.52	1073.81	3219.17
20-24	1067.74	1441.18	3219.17
25-29	1148.05	1501.18	3305.55
30-34	1300.31	1708.69	3365.54
35-39	1519.21	1898.54	3476.80
40-44	1898.54	2202.31	3708.80
45-49	2428.42	2582.02	3940.61
50-54	3034.44	2994.00	4257.10
55-59	3927.51	3373.52	4796.66
60-64	4896.91	3853.28	5479.00
65+	6288.73	4722.24	5479.00

Children
Per Child 836.50

BlueValue (100/80) \$1000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	706.97	706.97	706.97
06-14	706.97	706.97	2709.63
15-19	795.02	903.85	2709.63
20-24	898.73	1213.07	2709.63
25-29	966.33	1263.57	2782.34
30-34	1094.49	1438.23	2832.84
35-39	1278.75	1598.03	2926.48
40-44	1598.03	1853.72	3121.76
45-49	2044.05	2173.33	3316.88
50-54	2554.14	2520.10	3583.27
55-59	3305.85	2839.55	4037.44
60-64	4121.81	3243.37	4611.77
65+	5293.33	3974.79	4611.77

Children
Per Child 704.09

BlueValue (100/80) \$2500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	523.82	523.82	523.82
06-14	523.82	523.82	2007.66
15-19	589.06	669.69	2007.66
20-24	665.90	898.81	2007.66
25-29	715.99	936.22	2061.53
30-34	810.95	1065.64	2098.95
35-39	947.47	1184.04	2168.33
40-44	1184.04	1373.49	2313.02
45-49	1514.51	1610.29	2457.59
50-54	1892.45	1867.23	2654.97
55-59	2449.42	2103.92	2991.48
60-64	3054.00	2403.13	3417.02
65+	3922.02	2945.06	3417.02

Children
Per Child 521.69

BlueValue (100/80) \$5000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	421.46	421.46	421.46
06-14	421.46	421.46	1615.34
15-19	473.95	538.83	1615.34
20-24	535.78	723.17	1615.34
25-29	576.08	753.27	1658.69
30-34	652.48	857.40	1688.79
35-39	762.32	952.67	1744.62
40-44	952.67	1105.09	1861.03
45-49	1218.56	1295.63	1977.36
50-54	1522.65	1502.36	2136.17
55-59	1970.78	1692.79	2406.91
60-64	2457.21	1933.53	2749.30
65+	3155.61	2369.57	2749.30

Children
Per Child 419.75

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Rider # DB-A79 HCSC

BlueValue (80/60) \$250
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	731.10	731.10	731.10
06-14	731.10	731.10	2802.12
15-19	822.16	934.70	2802.12
20-24	929.41	1254.47	2802.12
25-29	999.32	1306.70	2877.31
30-34	1131.85	1487.32	2929.53
35-39	1322.40	1652.58	3026.37
40-44	1652.58	1916.99	3228.32
45-49	2113.82	2247.51	3430.10
50-54	2641.32	2606.12	3705.58
55-59	3418.70	2936.47	4175.25
60-64	4262.50	3354.08	4769.19
65+	5474.01	4110.47	4769.19

Children
Per Child 728.13

BlueValue (80/60) \$500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	664.10	664.10	664.10
06-14	664.10	664.10	2545.32
15-19	746.81	849.04	2545.32
20-24	844.24	1139.51	2545.32
25-29	907.73	1186.94	2613.62
30-34	1028.12	1351.02	2661.05
35-39	1201.20	1501.13	2749.02
40-44	1501.13	1741.31	2932.46
45-49	1920.10	2041.54	3115.75
50-54	2399.26	2367.28	3365.98
55-59	3105.39	2667.36	3792.60
60-64	3871.86	3046.69	4332.11
65+	4972.34	3733.76	4332.11

Children
Per Child 661.40

BlueValue (80/60) \$1000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	568.19	568.19	568.19
06-14	568.19	568.19	2177.73
15-19	638.96	726.42	2177.73
20-24	722.31	974.94	2177.73
25-29	776.64	1015.53	2236.17
30-34	879.65	1155.91	2276.75
35-39	1027.73	1284.34	2352.02
40-44	1284.34	1489.84	2508.96
45-49	1642.80	1746.71	2665.78
50-54	2052.76	2025.41	2879.88
55-59	2656.92	2282.15	3244.89
60-64	3312.70	2606.70	3706.48
65+	4254.26	3194.54	3706.48

Children
Per Child 565.88

BlueValue (80/60) \$2500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	429.50	429.50	429.50
06-14	429.50	429.50	1646.17
15-19	483.00	549.11	1646.17
20-24	546.01	736.97	1646.17
25-29	587.07	767.65	1690.35
30-34	664.93	873.76	1721.02
35-39	776.87	970.85	1777.92
40-44	970.85	1126.19	1896.55
45-49	1241.81	1320.35	2015.09
50-54	1551.71	1531.03	2176.94
55-59	2008.40	1725.10	2452.85
60-64	2504.11	1970.44	2801.77
65+	3215.84	2414.79	2801.77

Children
Per Child 427.76

BlueValue (80/60) \$5000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	342.88	342.88	342.88
06-14	342.88	342.88	1314.16
15-19	385.58	438.36	1314.16
20-24	435.88	588.33	1314.16
25-29	468.67	612.82	1349.42
30-34	530.83	697.54	1373.92
35-39	620.19	775.04	1419.33
40-44	775.04	899.05	1514.04
45-49	991.35	1054.06	1608.68
50-54	1238.75	1222.24	1737.87
55-59	1603.33	1377.17	1958.14
60-64	1999.06	1573.02	2236.69
65+	2567.25	1927.76	2236.69

Children
Per Child 341.48

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SelectBlue (100/80) \$0
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	1219.39	1219.39	1219.39
06-14	1219.39	1219.39	4673.60
15-19	1371.26	1558.97	4673.60
20-24	1550.15	2092.32	4673.60
25-29	1666.74	2179.42	4799.01
30-34	1887.80	2480.68	4886.11
35-39	2205.60	2756.31	5047.63
40-44	2756.31	3197.32	5384.45
45-49	3525.60	3748.58	5721.00
50-54	4405.41	4346.70	6180.48
55-59	5701.98	4897.69	6963.82
60-64	7109.35	5594.21	7954.44
65+	9130.00	6855.77	7954.44

Children

Per Child 1214.43

SelectBlue (100/80) \$250
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	1055.39	1055.39	1055.39
06-14	1055.39	1055.39	4045.02
15-19	1186.84	1349.29	4045.02
20-24	1341.66	1810.91	4045.02
25-29	1442.57	1886.29	4153.57
30-34	1633.90	2147.04	4228.95
35-39	1908.96	2385.60	4368.75
40-44	2385.60	2767.29	4660.27
45-49	3051.42	3244.41	4951.55
50-54	3812.90	3762.09	5349.23
55-59	4935.09	4238.97	6027.22
60-64	6153.17	4841.81	6884.60
65+	7902.06	5933.70	6884.60

Children

Per Child 1051.09

SelectBlue (100/80) \$500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	1002.51	1002.51	1002.51
06-14	1002.51	1002.51	3842.34
15-19	1127.37	1281.69	3842.34
20-24	1274.44	1720.17	3842.34
25-29	1370.29	1791.78	3945.45
30-34	1552.03	2039.46	4017.06
35-39	1813.31	2266.07	4149.85
40-44	2266.07	2628.64	4426.76
45-49	2898.53	3081.85	4703.45
50-54	3621.86	3573.59	5081.20
55-59	4687.81	4026.58	5725.22
60-64	5844.87	4599.21	6539.65
65+	7506.12	5636.39	6539.65

Children

Per Child 998.43

SelectBlue (100/80) \$1000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	795.24	795.24	795.24
06-14	795.24	795.24	3047.94
15-19	894.29	1016.70	3047.94
20-24	1010.95	1364.53	3047.94
25-29	1086.98	1421.33	3129.73
30-34	1231.15	1617.80	3186.53
35-39	1438.41	1797.56	3291.87
40-44	1797.56	2085.17	3511.53
45-49	2299.26	2444.68	3731.01
50-54	2873.04	2834.75	4030.66
55-59	3718.61	3194.08	4541.53
60-64	4636.44	3648.32	5187.57
65+	5954.23	4471.07	5187.57

Children

Per Child 792.00

SelectBlue (100/80) \$2500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	620.05	620.05	620.05
06-14	620.05	620.05	2376.49
15-19	697.28	792.72	2376.49
20-24	788.24	1063.92	2376.49
25-29	847.52	1108.21	2440.26
30-34	959.93	1261.40	2484.55
35-39	1121.53	1401.56	2566.68
40-44	1401.56	1625.81	2737.95
45-49	1792.74	1906.12	2909.08
50-54	2240.11	2210.26	3142.72
55-59	2899.41	2490.43	3541.04
60-64	3615.04	2844.61	4044.76
65+	4642.53	3486.10	4044.76

Children

Per Child 617.53

SelectBlue (100/80) \$5000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	539.44	539.44	539.44
06-14	539.44	539.44	2067.51
15-19	606.62	689.66	2067.51
20-24	685.76	925.60	2067.51
25-29	737.33	964.13	2122.99
30-34	835.12	1097.40	2161.52
35-39	975.71	1219.34	2232.97
40-44	1219.34	1414.43	2381.98
45-49	1559.66	1658.30	2530.86
50-54	1948.87	1922.90	2734.12
55-59	2522.45	2166.64	3080.66
60-64	3145.04	2474.77	3518.89
65+	4038.94	3032.86	3518.89

Children

Per Child 537.24

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SelectBlue (80/60) \$0
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	1023.31	1023.31	1023.31
06-14	1023.31	1023.31	3922.07
15-19	1150.76	1308.28	3922.07
20-24	1300.88	1755.86	3922.07
25-29	1398.72	1828.96	4027.31
30-34	1584.23	2081.78	4100.41
35-39	1850.93	2313.09	4235.95
40-44	2313.09	2683.18	4518.61
45-49	2958.67	3145.80	4801.04
50-54	3697.01	3647.74	5186.63
55-59	4785.08	4110.12	5844.01
60-64	5966.14	4694.64	6675.34
65+	7661.87	5753.34	6675.34

Children

Per Child 1019.15

SelectBlue (80/60) \$250
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	886.21	886.21	886.21
06-14	886.21	886.21	3396.60
15-19	996.58	1133.00	3396.60
20-24	1126.59	1520.62	3396.60
25-29	1211.33	1583.92	3487.74
30-34	1371.98	1802.87	3551.04
35-39	1602.95	2003.18	3668.43
40-44	2003.18	2323.69	3913.22
45-49	2562.27	2724.33	4157.81
50-54	3201.69	3159.02	4491.74
55-59	4143.99	3559.46	5061.04
60-64	5166.81	4065.66	5780.99
65+	6635.35	4982.52	5780.99

Children

Per Child 882.60

SelectBlue (80/60) \$ 500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	842.48	842.48	842.48
06-14	842.48	842.48	3229.00
15-19	947.41	1077.10	3229.00
20-24	1071.00	1445.59	3229.00
25-29	1151.56	1505.76	3315.65
30-34	1304.28	1713.91	3375.83
35-39	1523.85	1904.34	3487.42
40-44	1904.34	2209.04	3720.13
45-49	2435.84	2589.90	3952.65
50-54	3043.71	3003.15	4270.10
55-59	3939.51	3383.82	4811.32
60-64	4911.87	3865.05	5495.74
65+	6307.94	4736.67	5495.74

Children

Per Child 839.05

SelectBlue (80/60) \$1000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	667.29	667.29	667.29
06-14	667.29	667.29	2557.55
15-19	750.40	853.12	2557.55
20-24	848.29	1144.98	2557.55
25-29	912.10	1192.65	2626.18
30-34	1033.06	1357.51	2673.84
35-39	1206.98	1508.34	2762.23
40-44	1508.34	1749.68	2946.55
45-49	1929.32	2051.35	3130.72
50-54	2410.79	2378.66	3382.16
55-59	3120.31	2680.18	3810.83
60-64	3890.47	3061.33	4352.93
65+	4996.24	3751.70	4352.93

Children

Per Child 664.58

SelectBlue (80/60) \$2500
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	531.21	531.21	531.21
06-14	531.21	531.21	2035.98
15-19	597.37	679.14	2035.98
20-24	675.30	911.48	2035.98
25-29	726.09	949.43	2090.61
30-34	822.39	1080.67	2128.55
35-39	960.83	1200.74	2198.92
40-44	1200.74	1392.86	2345.65
45-49	1535.87	1633.01	2492.26
50-54	1919.14	1893.57	2692.42
55-59	2483.97	2133.60	3033.67
60-64	3097.07	2437.02	3465.22
65+	3977.33	2986.60	3465.22

Children

Per Child 529.05

SelectBlue (80/60) \$5000
Standard Rate

<u>Age</u>	<u>Male</u>	<u>Female w/o mat</u>	<u>Female w/ mat</u>
01-05	467.05	467.05	467.05
06-14	467.05	467.05	1790.07
15-19	525.22	597.11	1790.07
20-24	593.73	801.39	1790.07
25-29	638.39	834.75	1838.11
30-34	723.06	950.14	1871.47
35-39	844.78	1055.72	1933.33
40-44	1055.72	1224.63	2062.34
45-49	1350.37	1435.77	2191.24
50-54	1687.35	1664.86	2367.23
55-59	2183.96	1875.90	2667.26
60-64	2723.01	2142.68	3046.69
65+	3496.95	2625.88	3046.69

Children

Per Child 465.15

Blue Cross Blue Shield Of Illinois

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Additional Rating Factors

Area	Factor
1	1.0000
2	0.8850
3	0.8017
4	0.7407

Tier	Factor
1	1.00
2	1.25
3	1.50
4	1.75
5	2.00
6	2.25
7	2.50
8	2.75
9	3.00
10	4.00
11	6.00
12	8.00

Generation	Factor
New Business	1.0000
1	1.0100
2	1.0733
3	1.1371
4	1.1826

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example:

[Male Age 40, BlueValue Advantage 80/50 \$500 Deductible]		1,171.57
[Area 2]	*	0.8850
[Tier 2]	*	1.2500
[Generation 1]	*	1.0100
Final Rate		1,309.01

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers are based on individual underwriting information.

(3) Generation Factors are based on original effective date of coverage.

New Business (0):	0	to	1	years from original effective date of coverage
1st Generation (1):	1	to	2	years from original effective date of coverage
2nd Generation (2):	2	to	3	years from original effective date of coverage
3rd Generation (3):	3	to	4	years from original effective date of coverage
4th Generation (4):	4	to	more	years from original effective date of coverage

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BlueValue Advantage (80/50) \$250

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	575.13	575.13	575.13
06-14	575.13	575.13	2204.33
15-19	646.76	735.30	2204.33
20-24	731.14	986.85	2204.33
25-29	786.13	1027.93	2263.48
30-34	890.39	1170.03	2304.56
35-39	1040.28	1300.03	2380.74
40-44	1300.03	1508.03	2539.61
45-49	1662.87	1768.04	2698.34
50-54	2077.84	2050.15	2915.05
55-59	2689.37	2310.02	3284.52
60-64	3353.16	2638.54	3751.75
65+	4306.22	3233.56	3751.75

Children

Per Child 572.79

BlueValue Advantage (80/50) \$500

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	518.30	518.30	518.30
06-14	518.30	518.30	1986.52
15-19	582.86	662.64	1986.52
20-24	658.89	889.34	1986.52
25-29	708.45	926.36	2039.82
30-34	802.41	1054.41	2076.85
35-39	937.49	1171.57	2145.50
40-44	1171.57	1359.02	2288.67
45-49	1498.56	1593.34	2431.72
50-54	1872.52	1847.57	2627.02
55-59	2423.63	2081.77	2959.98
60-64	3021.84	2377.82	3381.04
65+	3880.72	2914.05	3381.04

Children

Per Child 516.19

BlueValue Advantage (80/50) \$1000

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	443.91	443.91	443.91
06-14	443.91	443.91	1701.40
15-19	499.20	567.53	1701.40
20-24	564.32	761.70	1701.40
25-29	606.77	793.40	1747.05
30-34	687.24	903.08	1778.76
35-39	802.94	1003.42	1837.56
40-44	1003.42	1163.97	1960.18
45-49	1283.47	1364.65	2082.70
50-54	1603.76	1582.39	2249.97
55-59	2075.77	1782.97	2535.14
60-64	2588.12	2036.54	2895.77
65+	3323.72	2495.80	2895.77

Children

Per Child 442.11

BlueValue Advantage (80/50) \$1750

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	375.38	375.38	375.38
06-14	375.38	375.38	1438.71
15-19	422.13	479.91	1438.71
20-24	477.20	644.09	1438.71
25-29	513.09	670.91	1477.32
30-34	581.14	763.65	1504.13
35-39	678.97	848.50	1553.85
40-44	848.50	984.26	1657.54
45-49	1085.31	1153.96	1761.14
50-54	1356.15	1338.08	1902.59
55-59	1755.29	1507.70	2143.73
60-64	2188.53	1722.11	2448.68
65+	2810.56	2110.47	2448.68

Children

Per Child 373.85

BlueValue Advantage (80/50) \$2500

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	318.35	318.35	318.35
06-14	318.35	318.35	1220.15
15-19	358.00	407.00	1220.15
20-24	404.70	546.24	1220.15
25-29	435.14	568.98	1252.89
30-34	492.85	647.64	1275.63
35-39	575.82	719.60	1317.79
40-44	719.60	834.73	1405.73
45-49	920.43	978.65	1493.59
50-54	1150.13	1134.80	1613.55
55-59	1488.63	1278.65	1818.06
60-64	1856.05	1460.49	2076.68
65+	2383.59	1789.85	2076.68

Children

Per Child 317.05

BlueValue Advantage (80/50) \$5000

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	255.40	255.40	255.40
06-14	255.40	255.40	978.89
15-19	287.21	326.53	978.89
20-24	324.68	438.24	978.89
25-29	349.10	456.48	1005.16
30-34	395.40	519.58	1023.40
35-39	461.96	577.31	1057.23
40-44	577.31	669.68	1127.78
45-49	738.44	785.14	1198.27
50-54	922.72	910.42	1294.51
55-59	1194.28	1025.82	1458.58
60-64	1489.06	1171.71	1666.06
65+	1912.29	1435.95	1666.06

Children

Per Child 254.36

Blue Cross Blue Shield Of Illinois

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SelectBlue Advantage (80/50) \$250 Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	682.34	682.34	682.34
06-14	682.34	682.34	2615.24
15-19	767.33	872.37	2615.24
20-24	867.43	1170.81	2615.24
25-29	932.67	1219.55	2685.42
30-34	1056.37	1388.13	2734.16
35-39	1234.21	1542.37	2824.54
40-44	1542.37	1789.15	3013.02
45-49	1972.85	2097.62	3201.35
50-54	2465.17	2432.32	3458.46
55-59	3190.70	2740.64	3896.80
60-64	3978.24	3130.40	4451.13
65+	5108.95	3836.34	4451.13

Children

Per Child 679.57

SelectBlue Advantage (80/50) \$ 500 Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	646.78	646.78	646.78
06-14	646.78	646.78	2478.93
15-19	727.33	826.90	2478.93
20-24	822.22	1109.79	2478.93
25-29	884.06	1155.99	2545.45
30-34	1001.31	1315.78	2591.65
35-39	1169.88	1461.98	2677.32
40-44	1461.98	1695.90	2855.98
45-49	1870.02	1988.29	3034.48
50-54	2336.68	2305.54	3278.20
55-59	3024.40	2597.79	3693.69
60-64	3770.88	2967.23	4219.13
65+	4842.66	3636.38	4219.13

Children

Per Child 644.15

SelectBlue Advantage (80/50) \$1000 Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	513.81	513.81	513.81
06-14	513.81	513.81	1969.28
15-19	577.80	656.89	1969.28
20-24	653.17	881.62	1969.28
25-29	702.30	918.32	2022.12
30-34	795.45	1045.26	2058.82
35-39	929.36	1161.40	2126.88
40-44	1161.40	1347.23	2268.80
45-49	1485.55	1579.51	2410.61
50-54	1856.27	1831.53	2604.22
55-59	2402.60	2063.70	2934.29
60-64	2995.61	2357.19	3351.70
65+	3847.04	2888.76	3351.70

Children

Per Child 511.71

SelectBlue Advantage (80/50) \$1750 Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	449.97	449.97	449.97
06-14	449.97	449.97	1724.60
15-19	506.01	575.27	1724.60
20-24	572.02	772.08	1724.60
25-29	615.04	804.22	1770.88
30-34	696.61	915.39	1803.02
35-39	813.89	1017.10	1862.62
40-44	1017.10	1179.84	1986.91
45-49	1300.98	1383.26	2111.10
50-54	1625.64	1603.97	2280.65
55-59	2104.08	1807.29	2569.71
60-64	2623.41	2064.31	2935.26
65+	3369.05	2529.84	2935.26

Children

Per Child 448.14

SelectBlue Advantage (80/50) \$2500 Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	391.84	391.84	391.84
06-14	391.84	391.84	1501.81
15-19	440.64	500.96	1501.81
20-24	498.12	672.34	1501.81
25-29	535.59	700.33	1542.11
30-34	606.62	797.14	1570.10
35-39	708.74	885.71	1622.00
40-44	885.71	1027.42	1730.23
45-49	1132.91	1204.56	1838.38
50-54	1415.63	1396.76	1986.02
55-59	1832.27	1573.82	2237.74
60-64	2284.51	1797.63	2556.07
65+	2933.82	2203.02	2556.07

Children

Per Child 390.24

SelectBlue Advantage (80/50) \$5000 Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	344.10	344.10	344.10
06-14	344.10	344.10	1318.83
15-19	386.95	439.92	1318.83
20-24	437.43	590.42	1318.83
25-29	470.33	615.00	1354.22
30-34	532.71	700.01	1378.80
35-39	622.39	777.79	1424.37
40-44	777.79	902.24	1519.42
45-49	994.88	1057.80	1614.39
50-54	1243.15	1226.58	1744.05
55-59	1609.02	1382.06	1965.10
60-64	2006.16	1578.61	2244.64
65+	2576.37	1934.61	2244.64

Children

Per Child 342.70

Blue Cross Blue Shield Of Illinois BlueChoice Series 3 - 1-1-26 Manual

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Additional Rating Factors

<u>Area</u>	<u>Factor</u>
1	1.0000
2	0.8850
3	0.8017
4	0.7407

<u>Tier</u>	<u>Factor</u>
1	1.00
2	1.25
3	1.50
4	1.75
5	2.00
6	2.25
7	2.50
8	2.75
9	3.00
10	4.00
11	6.00
12	8.00

<u>Generation</u>	<u>Factor</u>
New Business	1.0000
1	1.0100
2	1.0733
3	1.1371
4	1.1826

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example:

[Male Age 40, BlueChoice Value 80/50 \$500 Deductible]		1,072.5800
[Area 2]	*	0.8850
[Tier 2]	*	1.2500
[Generation 1]	*	1.0100
Final Rate		1,198.41

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers are based on individual underwriting information.

(3) Generation Factors are based on original effective date of coverage.

New Business (0):	0	to	1	years from original effective date of coverage
1st Generation (1):	1	to	2	years from original effective date of coverage
2nd Generation (2):	2	to	3	years from original effective date of coverage
3rd Generation (3):	3	to	4	years from original effective date of coverage
4th Generation (4):	4	or	more	years from original effective date of coverage

Blue Cross Blue Shield Of Illinois

BlueChoice Series 3 - 1-1-26 Manual

Effective 1/1/2026

BlueChoice Value (80/50) \$250

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	524.01	524.01	524.01
06-14	524.01	524.01	2008.39
15-19	589.27	669.94	2008.39
20-24	666.15	899.13	2008.39
25-29	716.25	936.56	2062.28
30-34	811.24	1066.02	2099.71
35-39	947.81	1184.47	2169.12
40-44	1184.47	1373.99	2313.86
45-49	1515.06	1610.88	2458.49
50-54	1893.14	1867.91	2655.94
55-59	2450.31	2104.69	2992.57
60-64	3055.11	2404.00	3418.26
65+	3923.44	2946.13	3418.26

Children

Per Child 521.88

BlueChoice Value (80/50) \$500

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	474.51	474.51	474.51
06-14	474.51	474.51	1818.67
15-19	533.61	606.65	1818.67
20-24	603.22	814.20	1818.67
25-29	648.59	848.09	1867.47
30-34	734.61	965.32	1901.36
35-39	858.28	1072.58	1964.22
40-44	1072.58	1244.19	2095.29
45-49	1371.94	1458.71	2226.25
50-54	1714.30	1691.46	2405.05
55-59	2218.85	1905.87	2709.87
60-64	2766.51	2176.91	3095.36
65+	3552.81	2667.83	3095.36

Children

Per Child 472.58

BlueChoice Value (80/50) \$1000

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	406.79	406.79	406.79
06-14	406.79	406.79	1559.12
15-19	457.46	520.07	1559.12
20-24	517.13	698.00	1559.12
25-29	556.03	727.06	1600.96
30-34	629.77	827.56	1630.01
35-39	735.79	919.51	1683.90
40-44	919.51	1066.63	1796.26
45-49	1176.14	1250.53	1908.53
50-54	1469.65	1450.07	2061.82
55-59	1902.19	1633.88	2323.14
60-64	2371.69	1866.24	2653.61
65+	3045.78	2287.10	2653.61

Children

Per Child 405.14

BlueChoice Value (80/50) \$1750

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	344.35	344.35	344.35
06-14	344.35	344.35	1319.79
15-19	387.23	440.24	1319.79
20-24	437.75	590.85	1319.79
25-29	470.67	615.45	1355.20
30-34	533.10	700.52	1379.80
35-39	622.84	778.36	1425.41
40-44	778.36	902.90	1520.52
45-49	995.60	1058.57	1615.56
50-54	1244.05	1227.47	1745.31
55-59	1610.19	1383.07	1966.52
60-64	2007.62	1579.76	2246.27
65+	2578.24	1936.01	2246.27

Children

Per Child 342.94

BlueChoice Value (80/50) \$2500

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	291.19	291.19	291.19
06-14	291.19	291.19	1116.05
15-19	327.46	372.28	1116.05
20-24	370.17	499.64	1116.05
25-29	398.02	520.44	1146.00
30-34	450.80	592.38	1166.80
35-39	526.70	658.20	1205.37
40-44	658.20	763.52	1285.80
45-49	841.91	895.16	1366.17
50-54	1052.01	1037.99	1475.89
55-59	1361.63	1169.56	1662.95
60-64	1697.71	1335.89	1899.51
65+	2180.24	1637.15	1899.51

Children

Per Child 290.01

BlueChoice Value (80/50) \$5000

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	234.68	234.68	234.68
06-14	234.68	234.68	899.46
15-19	263.91	300.03	899.46
20-24	298.33	402.68	899.46
25-29	320.77	419.44	923.59
30-34	363.32	477.42	940.36
35-39	424.48	530.47	971.44
40-44	530.47	615.34	1036.26
45-49	678.52	721.43	1101.03
50-54	847.84	836.54	1189.46
55-59	1097.37	942.58	1340.22
60-64	1368.23	1076.63	1530.87
65+	1757.11	1319.43	1530.87

Children

Per Child 233.72

Blue Cross Blue Shield Of Illinois

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BlueChoice Select (80/50) \$250

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	615.35	615.35	615.35
06-14	615.35	615.35	2358.47
15-19	691.99	786.71	2358.47
20-24	782.26	1055.86	2358.47
25-29	841.10	1099.81	2421.76
30-34	952.65	1251.84	2465.71
35-39	1113.03	1390.93	2547.22
40-44	1390.93	1613.48	2717.19
45-49	1779.14	1891.67	2887.02
50-54	2223.13	2193.50	3118.89
55-59	2877.43	2471.55	3514.20
60-64	3587.64	2823.04	4014.10
65+	4607.33	3459.67	4014.10

Children

Per Child 612.85

BlueChoice Select (80/50) \$500

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	583.84	583.84	583.84
06-14	583.84	583.84	2237.69
15-19	656.55	746.42	2237.69
20-24	742.20	1001.79	2237.69
25-29	798.02	1043.49	2297.73
30-34	903.86	1187.73	2339.43
35-39	1056.02	1319.70	2416.77
40-44	1319.70	1530.85	2578.04
45-49	1688.03	1794.79	2739.17
50-54	2109.28	2081.17	2959.17
55-59	2730.07	2344.98	3334.23
60-64	3403.91	2678.47	3808.53
65+	4371.38	3282.49	3808.53

Children

Per Child 581.46

BlueChoice Select (80/50) \$1000

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	463.79	463.79	463.79
06-14	463.79	463.79	1777.57
15-19	521.55	592.94	1777.57
20-24	589.59	795.80	1777.57
25-29	633.93	828.93	1825.27
30-34	718.01	943.51	1858.40
35-39	838.88	1048.34	1919.83
40-44	1048.34	1216.08	2047.94
45-49	1340.94	1425.75	2175.94
50-54	1675.57	1653.24	2350.70
55-59	2168.71	1862.80	2648.64
60-64	2703.99	2127.72	3025.42
65+	3472.53	2607.55	3025.42

Children

Per Child 461.90

BlueChoice Select (80/50) \$1750

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	407.76	407.76	407.76
06-14	407.76	407.76	1562.82
15-19	458.54	521.31	1562.82
20-24	518.36	699.66	1562.82
25-29	557.35	728.78	1604.76
30-34	631.27	829.52	1633.88
35-39	737.54	921.69	1687.89
40-44	921.69	1069.16	1800.52
45-49	1178.94	1253.50	1913.06
50-54	1473.14	1453.51	2066.71
55-59	1906.70	1637.75	2328.65
60-64	2377.32	1870.67	2659.91
65+	3053.01	2292.52	2659.91

Children

Per Child 406.10

BlueChoice Select (80/50) \$2500

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	355.07	355.07	355.07
06-14	355.07	355.07	1360.88
15-19	399.29	453.95	1360.88
20-24	451.38	609.25	1360.88
25-29	485.33	634.61	1397.40
30-34	549.70	722.34	1422.76
35-39	642.24	802.60	1469.80
40-44	802.60	931.01	1567.87
45-49	1026.60	1091.53	1665.87
50-54	1282.79	1265.69	1799.66
55-59	1660.33	1426.13	2027.76
60-64	2070.14	1628.95	2316.21
65+	2658.52	1996.30	2316.21

Children

Per Child 353.62

BlueChoice Select (80/50) \$5000

Standard Rate

Age	Male	Female w/o mat	Female w/ mat
01-05	312.41	312.41	312.41
06-14	312.41	312.41	1197.39
15-19	351.32	399.41	1197.39
20-24	397.15	536.06	1197.39
25-29	427.02	558.37	1229.52
30-34	483.66	635.56	1251.83
35-39	565.08	706.17	1293.21
40-44	706.17	819.16	1379.51
45-49	903.27	960.40	1465.73
50-54	1128.68	1113.64	1583.45
55-59	1460.86	1254.80	1784.15
60-64	1821.43	1433.25	2037.94
65+	2339.13	1756.46	2037.94

Children

Per Child 311.14

Blue Cross Blue Shield Of Illinois

BlueEdge Individual HSA and BlueEdge Individual HSA 5000

Effective 1/1/2026 -- 1-1-26 Manual

Additional Rating Factors

Area Factor: (1)

Area	Factor
1	1.0000
2	0.9600
3	0.9200
4	0.8800

Underwriting Tier: (2)

Tier	Factor
1	0.9600
2	1.0500
3	1.1200

Option: (2)

Option	Factor
1	0.8400
2	1.0800
3	1.3400

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example:

[Male Age 40, BlueEdge Indiv 80/60 \$1750 Deductible]

832.99

[Area 2]

* 0.9600

[Tier 2]

* 1.0500

[Option 1]

* 0.8400

Final Rate

705.31

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers and Option number are assigned based on current Unicare premium levels.

Blue Cross Blue Shield Of Illinois

BlueEdge Individual HSA: Single - 1-1-26 Manual

Base Rates -- Effective 1/1/2026

Form #	DB-50 HCSC				DB-50 HCSC				DB-51 HCSC
Rider #	DB-A79 HCSC				DB-A79 HCSC				DB-A79 HCSC
	80/60 coinsurance				100/80 coinsurance				
Effective 1/1/2026 -- 1-1-26 Manual	\$1,700 deductible	\$1,750 deductible	\$2,600 deductible	\$3,500 deductible	\$1,700 deductible	\$1,750 deductible	\$2,600 deductible	\$3,500 deductible	\$5,000 deductible
Age									
Male									
0	1,570.70	1,364.97	1,248.36	1,085.43	1,743.80	1,510.88	1,383.07	1,201.50	1,066.75
1	805.98	700.41	640.58	556.97	894.80	775.29	709.70	616.53	547.38
2	651.12	565.82	517.49	449.95	722.85	626.31	573.33	498.07	442.20
3	498.86	433.51	396.48	344.73	553.83	479.85	439.27	381.58	338.79
4	454.14	394.66	360.95	313.83	504.19	436.84	399.89	347.40	308.43
5	444.72	386.47	353.46	307.32	493.73	427.78	391.60	340.18	302.03
6	401.36	348.78	319.00	277.36	445.60	386.07	353.42	307.02	272.59
7	385.24	334.78	306.19	266.22	427.70	370.57	339.22	294.69	261.63
8	377.60	328.14	300.11	260.94	419.21	363.21	332.49	288.84	256.44
9	370.06	321.58	294.12	255.73	410.84	355.96	325.86	283.07	251.31
10	362.62	315.12	288.21	250.60	402.59	348.81	319.31	277.38	246.27
11	380.74	330.87	302.60	263.11	422.71	366.25	335.26	291.25	258.58
12	449.33	390.48	357.12	310.50	498.83	432.20	395.65	343.71	305.16
13	530.17	460.71	421.37	366.37	588.59	509.97	466.84	405.54	360.06
14	625.56	543.63	497.19	432.29	694.49	601.74	550.83	478.51	424.84
15	618.65	537.61	491.69	427.50	686.82	595.08	544.75	473.23	420.15
16	582.63	506.31	463.06	402.62	646.83	560.43	513.03	445.67	395.68
17	520.94	452.72	414.04	360.00	578.36	501.12	458.72	398.49	353.79
18	534.56	464.55	424.86	369.41	593.46	514.20	470.71	408.92	363.05
19	548.07	476.28	435.60	378.75	608.47	527.19	482.60	419.25	372.22
20	561.69	488.11	446.42	388.14	623.57	540.29	494.59	429.65	381.46
21	575.30	499.94	457.24	397.56	638.70	553.39	506.58	440.07	390.71
22	588.91	511.77	468.06	406.96	653.81	566.48	518.56	450.48	399.95
23	597.40	519.13	474.80	412.82	663.23	574.64	526.03	456.97	405.70
24	606.08	526.69	481.71	418.82	672.87	583.00	533.68	463.62	411.62
25	614.98	534.42	488.78	424.98	682.76	591.56	541.52	470.42	417.66
26	624.00	542.25	495.94	431.20	692.75	600.22	549.45	477.31	423.78
27	633.20	550.26	503.26	437.57	702.98	609.08	557.56	484.36	430.03
28	644.51	560.09	512.25	445.39	715.54	619.97	567.52	493.01	437.72
29	661.90	575.19	526.07	457.40	734.83	636.68	582.82	506.31	449.52
30	679.80	590.76	540.30	469.77	754.72	653.91	598.60	520.01	461.68
31	698.23	606.77	554.94	482.51	775.19	671.63	614.83	534.10	474.19
32	717.19	623.24	570.01	495.61	796.22	689.87	631.51	548.60	487.07
33	738.55	641.80	586.99	510.37	819.93	710.40	650.32	564.94	501.57
34	760.43	660.83	604.38	525.50	844.23	731.46	669.61	581.68	516.44
35	783.05	680.48	622.36	541.12	869.35	753.22	689.51	598.98	531.80
36	806.30	700.68	640.84	557.19	895.15	775.58	709.98	616.77	547.59
37	837.92	728.16	665.97	579.04	930.26	806.00	737.83	640.96	569.07
38	876.56	761.74	696.68	605.74	973.16	843.17	771.85	670.51	595.31
39	916.67	796.59	728.55	633.46	1,017.68	881.75	807.17	701.19	622.54
40	958.54	832.99	761.84	662.40	1,064.17	922.04	844.05	733.23	650.99
41	1,001.90	870.66	796.30	692.36	1,112.31	963.74	882.22	766.39	680.43
42	1,047.14	909.97	832.25	723.62	1,162.52	1,007.25	922.05	800.99	711.16
43	1,101.07	956.85	875.11	760.88	1,222.40	1,059.11	969.54	842.25	747.78
44	1,157.19	1,005.61	919.72	799.67	1,284.72	1,113.11	1,018.96	885.18	785.90
45	1,215.63	1,056.39	966.16	840.05	1,349.59	1,169.32	1,070.41	929.87	825.58
46	1,276.25	1,109.08	1,014.35	881.94	1,416.90	1,227.64	1,123.80	976.25	866.77
47	1,339.40	1,163.95	1,064.53	925.58	1,487.00	1,288.37	1,179.40	1,024.55	909.64
48	1,395.00	1,212.26	1,108.72	964.00	1,548.74	1,341.87	1,228.36	1,067.08	947.40
49	1,453.32	1,262.95	1,155.08	1,004.32	1,613.48	1,397.95	1,279.72	1,111.69	987.00
50	1,514.58	1,316.20	1,203.77	1,046.64	1,681.49	1,456.89	1,333.66	1,158.56	1,028.62
51	1,591.77	1,383.25	1,265.10	1,099.98	1,767.18	1,531.13	1,401.61	1,217.58	1,081.03
52	1,673.64	1,454.41	1,330.20	1,156.56	1,858.09	1,609.90	1,473.72	1,280.23	1,136.64
53	1,760.97	1,530.30	1,399.60	1,216.91	1,955.03	1,693.89	1,550.62	1,347.02	1,195.94
54	1,853.65	1,610.84	1,473.25	1,280.95	2,057.92	1,783.04	1,632.22	1,417.92	1,258.89
55	1,951.76	1,696.11	1,551.23	1,348.75	2,166.85	1,877.41	1,718.63	1,492.97	1,325.52
56	2,055.85	1,786.55	1,633.97	1,420.68	2,282.40	1,977.53	1,810.27	1,572.59	1,396.21
57	2,166.22	1,882.47	1,721.68	1,496.95	2,404.94	2,083.71	1,907.45	1,657.02	1,471.17
58	2,251.45	1,956.54	1,789.42	1,555.85	2,499.57	2,165.69	1,982.51	1,722.22	1,529.06
59	2,341.72	2,034.98	1,861.16	1,618.23	2,599.76	2,252.50	2,061.99	1,791.26	1,590.36
60	2,453.45	2,132.07	1,949.96	1,695.44	2,723.82	2,360.00	2,160.37	1,876.74	1,666.25
61	2,572.92	2,235.90	2,044.92	1,778.00	2,856.46	2,474.91	2,265.58	1,968.12	1,747.38
62	2,700.88	2,347.10	2,146.61	1,866.43	2,998.52	2,598.00	2,378.25	2,066.00	1,834.28
63	2,889.89	2,511.35	2,296.85	1,997.04	3,208.36	2,779.81	2,544.68	2,210.58	1,962.65
64	3,178.89	2,762.50	2,526.55	2,196.76	3,529.22	3,057.81	2,799.17	2,431.66	2,158.93
65+	3,468.54	3,014.20	2,756.75	2,396.91	3,850.78	3,336.41	3,054.20	2,653.21	2,355.63

Blue Cross Blue Shield Of Illinois

BlueEdge Individual HSA: Single - 1-1-26 Manual

Base Rates -- Effective 1/1/2026

Form #	DB-50 HCSC				DB-50 HCSC				DB-51 HCSC
Rider #	DB-A79 HCSC				DB-A79 HCSC				DB-A79 HCSC
	80/60 coinsurance				100/80 coinsurance				
Effective 1/1/2026 -- 1-1-26 Manual	\$1,700	\$1,750	\$2,600	\$3,500	\$1,700	\$1,750	\$2,600	\$3,500	\$5,000
Age	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Female									
0	1,570.70	1,364.97	1,248.36	1,085.43	1,743.80	1,510.88	1,383.07	1,201.50	1,066.75
1	805.98	700.41	640.58	556.97	894.80	775.29	709.70	616.53	547.38
2	651.12	565.82	517.49	449.95	722.85	626.31	573.33	498.07	442.20
3	498.86	433.51	396.48	344.73	553.83	479.85	439.27	381.58	338.79
4	454.14	394.66	360.95	313.83	504.19	436.84	399.89	347.40	308.43
5	444.72	386.47	353.46	307.32	493.73	427.78	391.60	340.18	302.03
6	401.36	348.78	319.00	277.36	445.60	386.07	353.42	307.02	272.59
7	385.24	334.78	306.19	266.22	427.70	370.57	339.22	294.69	261.63
8	377.60	328.14	300.11	260.94	419.21	363.21	332.49	288.84	256.44
9	370.06	321.58	294.12	255.73	410.84	355.96	325.86	283.07	251.31
10	362.62	315.12	288.21	250.60	402.59	348.81	319.31	277.38	246.27
11	380.74	330.87	302.60	263.11	422.71	366.25	335.26	291.25	258.58
12	449.33	390.48	357.12	310.50	498.83	432.20	395.65	343.71	305.16
13	530.17	460.71	421.37	366.37	588.59	509.97	466.84	405.54	360.06
14	625.56	543.63	497.19	432.29	694.49	601.74	550.83	478.51	424.84
15	604.30	525.15	480.30	417.60	670.90	581.27	532.12	462.25	410.40
16	598.23	519.87	475.46	413.41	664.16	575.43	526.77	457.61	406.27
17	592.26	514.68	470.72	409.28	657.53	569.70	521.52	453.04	402.23
18	632.79	549.90	502.93	437.28	702.52	608.68	557.20	484.04	429.75
19	673.31	585.11	535.14	465.29	747.51	647.66	592.88	515.04	457.27
20	713.83	620.32	567.35	493.29	792.50	686.64	628.56	546.04	484.78
21	754.37	655.56	599.55	521.29	837.49	725.62	664.25	577.05	512.31
22	794.88	690.76	631.76	549.31	882.48	764.60	699.93	608.04	539.84
23	797.92	693.40	634.16	551.40	885.85	767.52	702.60	610.35	541.90
24	801.05	696.13	636.67	553.57	889.34	770.55	705.37	612.76	544.04
25	805.88	700.32	640.50	556.89	894.69	775.19	709.61	616.46	547.31
26	814.99	708.23	647.74	563.19	904.80	783.94	717.63	623.41	553.48
27	827.98	719.52	658.06	572.16	919.22	796.43	729.07	633.35	562.31
28	855.93	743.81	680.28	591.49	950.25	823.33	753.70	654.72	581.30
29	885.26	769.30	703.58	611.76	982.81	851.53	779.50	677.16	601.22
30	903.79	785.40	718.32	624.55	1,003.39	869.36	795.82	691.34	613.80
31	922.84	801.96	733.46	637.72	1,024.54	887.69	812.61	705.92	626.74
32	942.42	818.99	749.03	651.26	1,046.28	906.54	829.85	720.90	640.04
33	960.02	834.26	763.01	663.41	1,065.81	923.45	845.34	734.35	651.98
34	981.80	853.19	780.32	678.46	1,089.99	944.39	864.52	751.00	666.78
35	1,003.58	872.12	797.63	693.51	1,114.17	965.35	883.71	767.67	681.57
36	1,025.36	891.05	814.94	708.57	1,138.36	986.30	902.86	784.33	696.35
37	1,047.14	909.97	832.25	723.62	1,162.52	1,007.25	922.05	800.99	711.16
38	1,080.65	939.09	858.88	746.78	1,199.73	1,039.48	951.56	826.62	733.92
39	1,114.16	968.20	885.52	769.93	1,236.94	1,071.71	981.06	852.26	756.67
40	1,147.66	997.33	912.15	793.09	1,274.14	1,103.96	1,010.57	877.89	779.43
41	1,181.18	1,026.45	938.78	816.25	1,311.33	1,136.19	1,040.08	903.52	802.18
42	1,214.68	1,055.57	965.41	839.40	1,348.54	1,168.42	1,069.58	929.15	824.94
43	1,256.57	1,091.96	998.70	868.34	1,395.04	1,208.71	1,106.46	961.19	853.39
44	1,298.45	1,128.37	1,031.99	897.28	1,441.54	1,249.00	1,143.35	993.23	881.83
45	1,340.34	1,164.77	1,065.28	926.23	1,488.05	1,289.29	1,180.23	1,025.27	910.28
46	1,382.22	1,201.17	1,098.57	955.18	1,534.54	1,329.58	1,217.11	1,057.30	938.73
47	1,424.11	1,237.57	1,131.86	984.11	1,581.05	1,369.87	1,253.99	1,089.35	967.18
48	1,469.56	1,277.06	1,167.98	1,015.53	1,631.50	1,413.57	1,294.01	1,124.12	998.04
49	1,515.00	1,316.56	1,204.10	1,046.92	1,681.94	1,457.29	1,334.03	1,158.88	1,028.89
50	1,560.45	1,356.04	1,240.22	1,078.34	1,732.42	1,501.00	1,374.05	1,193.64	1,059.76
51	1,605.89	1,395.54	1,276.34	1,109.73	1,782.86	1,544.72	1,414.06	1,228.40	1,090.63
52	1,651.34	1,435.03	1,312.46	1,141.15	1,833.32	1,588.43	1,454.08	1,263.17	1,121.49
53	1,684.52	1,463.88	1,338.84	1,164.07	1,870.18	1,620.36	1,483.31	1,288.55	1,144.04
54	1,719.08	1,493.90	1,366.31	1,187.96	1,908.53	1,653.60	1,513.74	1,314.99	1,167.50
55	1,764.01	1,532.94	1,402.01	1,219.01	1,958.40	1,696.81	1,553.29	1,349.36	1,198.02
56	1,811.14	1,573.88	1,439.46	1,251.57	2,010.71	1,742.14	1,594.78	1,385.40	1,230.01
57	1,860.66	1,616.93	1,478.83	1,285.80	2,065.71	1,789.78	1,638.41	1,423.29	1,263.65
58	1,908.52	1,658.52	1,516.87	1,318.87	2,118.82	1,835.81	1,680.53	1,459.90	1,296.16
59	1,958.78	1,702.19	1,556.81	1,353.60	2,174.64	1,884.16	1,724.79	1,498.34	1,330.30
60	2,011.66	1,748.15	1,598.83	1,390.14	2,233.35	1,935.03	1,771.35	1,538.79	1,366.20
61	2,067.05	1,796.29	1,642.86	1,428.42	2,294.84	1,988.31	1,820.13	1,581.16	1,403.82
62	2,125.27	1,846.88	1,689.14	1,468.65	2,359.47	2,044.31	1,871.40	1,625.69	1,443.37
63	2,231.45	1,939.16	1,773.52	1,542.03	2,477.36	2,146.45	1,964.91	1,706.92	1,515.48
64	2,343.08	2,036.16	1,862.24	1,619.17	2,601.29	2,253.82	2,063.19	1,792.30	1,591.28
65+	2,604.55	2,263.38	2,070.06	1,799.85	2,891.57	2,505.33	2,293.42	1,992.31	1,768.86

Blue Cross Blue Shield Of Illinois

BlueEdge Individual HSA: Family - 1-1-26 Manual

Base Rates -- Effective 1/1/2026

Form # Rider #	DB-50 HCSC				DB-50 HCSC				DB-51 HCSC
	DB-A79 HCSC				DB-A79 HCSC				DB-A79
	80/60 coinsurance				100/80 coinsurance				
Effective 1/1/2026 -- 1-1-26 Manual	\$1,700	\$1,750	\$2,600	\$3,500	\$1,700	\$1,750	\$2,600	\$3,500	\$5,000
Age	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Male									
0	1413.63	1228.47	998.73	868.33	1569.42	1359.80	1106.46	961.19	853.39
1	725.38	630.37	512.48	445.57	805.32	697.76	567.76	493.22	437.90
2	586.00	509.24	413.99	359.96	650.58	563.68	458.67	398.45	353.76
3	448.97	390.17	317.19	275.79	498.45	431.87	351.41	305.27	271.04
4	408.73	355.20	288.76	251.07	453.77	393.15	319.92	277.91	246.74
5	400.25	347.82	282.78	245.86	444.35	385.00	313.28	272.15	241.62
6	361.24	313.91	255.20	221.89	401.04	347.47	282.74	245.62	218.07
7	346.73	301.30	244.95	212.98	384.93	333.51	271.38	235.75	209.31
8	339.84	295.32	240.09	208.75	377.29	326.88	265.98	231.06	205.15
9	333.05	289.43	235.29	204.58	369.75	320.37	260.68	226.46	201.05
10	326.36	283.61	230.57	200.47	362.33	313.93	255.44	221.91	197.02
11	342.67	297.78	242.08	210.49	380.43	329.61	268.20	232.99	206.86
12	404.39	351.43	285.69	248.40	448.96	388.99	316.52	274.98	244.13
13	477.15	414.65	337.09	293.09	529.72	458.97	373.47	324.43	288.05
14	563.00	489.26	397.76	345.83	625.05	541.56	440.67	382.81	339.88
15	556.78	483.85	393.35	342.01	618.14	535.57	435.80	378.58	336.12
16	524.36	455.68	370.45	322.10	582.16	504.39	410.42	356.54	316.56
17	468.86	407.44	331.24	288.00	520.52	451.00	366.98	318.80	283.04
18	481.11	418.09	339.89	295.54	534.13	462.79	376.57	327.13	290.44
19	493.25	428.65	348.47	302.99	547.62	474.47	386.07	335.39	297.78
20	505.52	439.30	357.14	310.52	561.22	486.26	395.67	343.73	305.17
21	517.77	449.95	365.79	318.04	574.83	498.04	405.26	352.05	312.57
22	530.02	460.59	374.45	325.57	588.43	509.83	414.86	360.38	319.97
23	537.65	467.22	379.84	330.26	596.90	517.18	420.83	365.58	324.57
24	545.49	474.02	385.37	335.06	605.59	524.70	426.95	370.90	329.29
25	553.48	480.98	391.02	339.98	614.48	532.40	433.22	376.34	334.13
26	561.59	488.03	396.75	344.97	623.47	540.20	439.56	381.85	339.03
27	569.88	495.24	402.60	350.06	632.69	548.18	446.04	387.49	344.04
28	580.06	504.08	409.80	356.31	643.99	557.97	454.02	394.41	350.17
29	595.71	517.68	420.85	365.92	661.35	573.02	466.26	405.05	359.62
30	611.82	531.68	432.24	375.82	679.24	588.52	478.88	416.00	369.35
31	628.41	546.09	443.96	386.01	697.66	604.46	491.87	427.28	379.37
32	645.47	560.93	456.01	396.48	716.60	620.88	505.21	438.88	389.66
33	664.69	577.62	469.59	408.30	737.93	639.37	520.26	451.95	401.26
34	684.39	594.74	483.49	420.39	759.81	658.32	535.68	465.35	413.14
35	704.74	612.43	497.89	432.90	782.42	677.90	551.61	479.19	425.43
36	725.67	630.61	512.67	445.75	805.64	698.02	567.98	493.42	438.07
37	754.13	655.34	532.78	463.23	837.23	725.40	590.27	512.76	455.25
38	788.90	685.57	557.34	484.59	875.84	758.85	617.49	536.41	476.25
39	825.00	716.93	582.84	506.76	915.91	793.56	645.73	560.95	498.04
40	862.70	749.69	609.47	529.92	957.76	829.82	675.24	586.58	520.80
41	901.71	783.61	637.04	553.89	1001.08	867.36	705.78	613.11	544.35
42	942.42	818.99	665.80	578.89	1046.28	906.52	737.64	640.80	568.92
43	990.96	861.15	700.09	608.71	1100.16	953.21	775.63	673.80	598.21
44	1041.47	905.05	735.78	639.74	1156.24	1001.80	815.17	708.13	628.72
45	1094.06	950.74	772.93	672.04	1214.63	1052.38	856.32	743.90	660.45
46	1148.64	998.16	811.48	705.56	1275.21	1104.87	899.05	781.00	693.42
47	1205.46	1047.54	851.62	740.46	1338.31	1159.54	943.51	819.64	727.72
48	1255.51	1091.03	886.98	771.21	1393.85	1207.68	982.69	853.67	757.92
49	1307.99	1136.66	924.06	803.45	1452.13	1258.16	1023.77	889.36	789.61
50	1363.12	1184.57	963.01	837.31	1513.34	1311.20	1066.93	926.85	822.89
51	1432.58	1244.93	1012.08	879.99	1590.45	1378.01	1121.29	974.07	864.82
52	1506.27	1308.97	1064.15	925.25	1672.27	1448.90	1178.97	1024.18	909.31
53	1584.88	1377.27	1119.68	973.52	1759.52	1524.50	1240.49	1077.63	956.76
54	1668.28	1449.75	1178.60	1024.76	1852.12	1604.72	1305.77	1134.34	1007.11
55	1756.58	1526.49	1240.98	1079.01	1950.16	1689.67	1374.89	1194.38	1060.42
56	1850.26	1607.90	1307.17	1136.55	2054.15	1779.77	1448.21	1258.07	1116.96
57	1949.59	1694.22	1377.34	1197.56	2164.43	1875.33	1525.95	1325.61	1176.93
58	2026.31	1760.88	1431.54	1244.68	2249.62	1949.12	1586.01	1377.77	1223.24
59	2107.54	1831.49	1488.93	1294.58	2339.79	2027.26	1649.59	1433.01	1272.28
60	2208.10	1918.86	1559.97	1356.35	2451.43	2124.00	1728.30	1501.38	1332.99
61	2315.63	2012.31	1635.94	1422.40	2570.81	2227.42	1812.46	1574.50	1397.90
62	2430.80	2112.39	1717.30	1493.14	2698.67	2338.19	1902.60	1652.80	1467.44
63	2600.91	2260.21	1837.48	1597.63	2887.52	2501.84	2035.75	1768.46	1570.11
64	2861.01	2486.25	2021.24	1757.42	3176.29	2752.03	2239.34	1945.32	1727.15
65+	3121.69	2712.79	2205.39	1917.53	3465.70	3002.77	2443.37	2122.57	1884.51

Blue Cross Blue Shield Of Illinois

BlueEdge Individual HSA: Family - 1-1-26 Manual

Base Rates -- Effective 1/1/2026

Form # Rider #	DB-50 HCSC				DB-50 HCSC				DB-51 HCSC
	DB-A79 HCSC				DB-A79 HCSC				DB-A79
	80/60 coinsurance				100/80 coinsurance				
Effective 1/1/2026 -- 1-1-26 Manual	\$1,700	\$1,750	\$2,600	\$3,500	\$1,700	\$1,750	\$2,600	\$3,500	\$5,000
Age	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Female									
0	1413.63	1228.47	998.73	868.33	1569.42	1359.80	1106.46	961.19	853.39
1	725.38	630.37	512.48	445.57	805.32	697.76	567.76	493.22	437.90
2	586.00	509.24	413.99	359.96	650.58	563.68	458.67	398.45	353.76
3	448.97	390.17	317.19	275.79	498.45	431.87	351.41	305.27	271.04
4	408.73	355.20	288.76	251.07	453.77	393.15	319.92	277.91	246.74
5	400.25	347.82	282.78	245.86	444.35	385.00	313.28	272.15	241.62
6	361.24	313.91	255.20	221.89	401.04	347.47	282.74	245.62	218.07
7	346.73	301.30	244.95	212.98	384.93	333.51	271.38	235.75	209.31
8	339.84	295.32	240.09	208.75	377.29	326.88	265.98	231.06	205.15
9	333.05	289.43	235.29	204.58	369.75	320.37	260.68	226.46	201.05
10	326.36	283.61	230.57	200.47	362.33	313.93	255.44	221.91	197.02
11	342.67	297.78	242.08	210.49	380.43	329.61	268.20	232.99	206.86
12	404.39	351.43	285.69	248.40	448.96	388.99	316.52	274.98	244.13
13	477.15	414.65	337.09	293.09	529.72	458.97	373.47	324.43	288.05
14	563.00	489.26	397.76	345.83	625.05	541.56	440.67	382.81	339.88
15	543.87	472.63	384.23	334.08	603.81	523.16	425.69	369.80	328.34
16	538.41	467.88	380.37	330.72	597.74	517.89	421.42	366.08	325.02
17	533.04	463.21	376.57	327.42	591.78	512.74	417.21	362.43	321.78
18	569.51	494.92	402.34	349.83	632.27	547.81	445.76	387.23	343.80
19	605.98	526.60	428.11	372.23	672.76	582.90	474.31	412.03	365.82
20	642.45	558.30	453.88	394.63	713.24	617.98	502.85	436.83	387.83
21	678.92	589.99	479.64	417.04	753.75	653.06	531.40	461.63	409.85
22	715.39	621.69	505.41	439.43	794.23	688.14	559.95	486.43	431.87
23	718.13	624.06	507.34	441.12	797.26	690.77	562.08	488.29	433.52
24	720.94	626.53	509.34	442.84	800.40	693.49	564.30	490.22	435.23
25	725.29	630.28	512.40	445.52	805.22	697.66	567.70	493.15	437.83
26	733.49	637.41	518.19	450.55	814.32	705.56	574.11	498.74	442.80
27	745.18	647.56	526.45	457.73	827.29	716.79	583.25	506.68	449.85
28	770.34	669.43	544.23	473.19	855.23	740.98	602.95	523.78	465.04
29	796.73	692.36	562.87	489.40	884.52	766.38	623.60	541.73	480.96
30	813.41	706.86	574.65	499.64	903.04	782.42	636.66	553.08	491.03
31	830.56	721.76	586.77	510.18	922.09	798.92	650.07	564.73	501.39
32	848.18	737.08	599.22	520.99	941.65	815.87	663.88	576.72	512.03
33	864.01	750.84	610.40	530.73	959.23	831.10	676.26	587.48	521.59
34	883.62	767.87	624.26	542.77	980.99	849.96	691.60	600.81	533.42
35	903.22	784.91	638.10	554.81	1002.75	868.81	706.96	614.14	545.26
36	922.82	801.93	651.95	566.85	1024.52	887.67	722.30	627.47	557.09
37	942.42	818.99	665.80	578.89	1046.28	906.52	737.64	640.80	568.92
38	972.58	845.18	687.12	597.42	1079.76	935.53	761.25	661.30	587.13
39	1002.74	871.39	708.41	615.94	1113.24	964.55	784.85	681.81	605.34
40	1032.90	897.59	729.72	634.47	1146.73	993.55	808.46	702.31	623.54
41	1063.05	923.81	751.02	652.99	1180.20	1022.56	832.06	722.82	641.75
42	1093.20	950.01	772.33	671.52	1213.68	1051.57	855.67	743.32	659.95
43	1130.92	982.78	798.96	694.67	1255.54	1087.83	885.17	768.95	682.71
44	1168.61	1015.53	825.60	717.83	1297.40	1124.09	914.68	794.59	705.47
45	1206.30	1048.29	852.22	740.98	1339.24	1160.35	944.18	820.23	728.22
46	1244.00	1081.05	878.86	764.14	1381.09	1196.61	973.69	845.85	750.98
47	1281.70	1113.81	905.49	787.30	1422.94	1232.87	1003.19	871.48	773.74
48	1322.59	1149.36	934.38	812.43	1468.35	1272.22	1035.21	899.29	798.43
49	1363.50	1184.90	963.28	837.54	1513.76	1311.56	1067.22	927.10	823.12
50	1404.40	1220.44	992.18	862.67	1559.16	1350.91	1099.23	954.91	847.81
51	1445.30	1255.98	1021.07	887.79	1604.58	1390.25	1131.25	982.73	872.50
52	1486.20	1291.53	1049.98	912.92	1649.98	1429.59	1163.26	1010.53	897.19
53	1516.08	1317.49	1071.07	931.27	1683.15	1458.33	1186.64	1030.85	915.23
54	1547.19	1344.51	1093.04	950.37	1717.68	1488.24	1210.99	1051.98	934.00
55	1587.61	1379.65	1121.61	975.20	1762.56	1527.13	1242.63	1079.48	958.41
56	1630.02	1416.51	1151.57	1001.26	1809.64	1567.92	1275.83	1108.32	984.02
57	1674.59	1455.25	1183.06	1028.65	1859.13	1610.80	1310.71	1138.63	1010.93
58	1717.66	1492.67	1213.49	1055.08	1906.94	1652.23	1344.43	1167.91	1036.92
59	1762.90	1531.98	1245.45	1082.87	1957.17	1695.73	1379.82	1198.67	1064.24
60	1810.49	1573.34	1279.07	1112.12	2010.01	1741.52	1417.09	1231.03	1092.96
61	1860.35	1616.65	1314.29	1142.75	2065.36	1789.48	1456.11	1264.93	1123.07
62	1912.74	1662.19	1351.31	1174.93	2123.52	1839.88	1497.12	1300.56	1154.69
63	2008.31	1745.24	1418.82	1233.62	2229.63	1931.80	1571.92	1365.53	1212.38
64	2108.77	1832.54	1489.79	1295.32	2341.15	2028.44	1650.55	1433.84	1273.03
65+	2344.08	2037.04	1656.04	1439.88	2602.41	2254.80	1834.73	1593.85	1415.09

Blue Cross Blue Shield Of Illinois

BlueEdge Individual HSA: Family - 1-1-26 Manual

Base Rates -- Effective 1/1/2026

Form # Rider #	DB-50 HCSC				DB-50 HCSC				DB-51 HCSC
	DB-A79 HCSC				DB-A79 HCSC				DB-A79
	80/60 coinsurance				100/80 coinsurance				
Effective 1/1/2026 -- 1-1-26 Manual	\$1,700	\$1,750	\$2,600	\$3,500	\$1,700	\$1,750	\$2,600	\$3,500	\$5,000
Age	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Dependent children									
1st child	437.10	379.84	308.80	268.49	485.26	420.45	342.13	297.20	263.86
2 or more	1018.48	885.07	719.53	625.61	1130.70	979.68	797.17	692.51	614.84

Blue Cross Blue Shield Of Illinois
Filing # HCSCU65IL1401 - Series 3 SelectBlue Advantage
Effective 1/1/2026 -- 1-1-26 Manual
Additional Rating Factors

Area Factor: (1)

<u>Area</u>	<u>Factor</u>
1	1.0000
2	0.9600
3	0.9200
4	0.8800

Underwriting Tier: (2)

<u>Tier</u>	<u>Factor</u>
1	0.9600
2	1.0500
3	1.1200

Option: (2)

<u>Option</u>	<u>Factor</u>
1	0.8400
2	1.0800
3	1.3400

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example Medical Rate:

[Male Age 40, SelectBlue Adv 80/50 \$500 Deductible]	1,417.78
[Area 3]	* 0.9200
[Tier 1]	* 0.9600
[Option 2]	* 1.0800
Final Rate	1,352.36

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers and Option number are assigned based on current UniCare premium levels.

Blue Cross Blue Shield Of Illinois
Filing # HCSCU65IL1401 - Series 3 SelectBlue Advantage
Effective 1/1/2026 -- 1-1-26 Manual
Additional Rating Factors for Maternity Coverage

Area Factor: (1)

<u>Area</u>	<u>Factor</u>
1	1.0000
2	0.8850
3	0.8017
4	0.7407

Underwriting Tier: (2)

<u>Tier</u>	<u>Factor</u>
1	1.0000
2	1.2500
3	2.2500

Option: (2)

<u>Option</u>	<u>Factor</u>
1	1.0000
2	1.0000
3	1.0000

The additional rating factors apply multiplicatively to the rates on the attached pages.

Example Maternity Portion (3):

[Female Age 30, SelectBlue Adv 80/50 \$500 Deductible]	1,351.7700
[Area 2]	* 0.8850
[Tier 2]	* 1.2500
[Option 2]	* 1.0000
<hr/> Final Maternity Rate	<hr/> 1,495.40

(1) Area Definitions:

Areas are defined by zip codes to approximate the following counties:

Area 1: "Chicago" zip codes

Area 2: non-Area 1 Cook, DuPage, Lake & Will counties

Area 3: Kane, McHenry, Madison & St. Clair counties

Area 4: All Other Illinois counties

(2) Underwriting tiers and Option number are assigned based on current UniCare premium levels.**(3) Maternity factors for Area, Tier and Option are based on those for our existing, non-conversion business.**

Since "Option" is not a rating factor on existing business, it is default to 1.0 for all Options for Maternity. Maternity rates illustrated in this spreadsheet will be added to the Medical rate to determine total premium.

Blue Cross Blue Shield Of Illinois
Filing # HCSCU65IL1401 - Series 3 SelectBlue Advantage
Effective 1/1/2026 -- 1-1-26 Manual

Select Blue Advantage (80/50)						
Base Rates - Medical Rate (does NOT include Maternity)						
1/2026 -- 1-1-26 Form # DB-48 HCSC, Rider # DB-A79 HCSC						
Age	Deductible					
	\$250 *	\$500	\$1,000	\$1,750	\$2,500	\$5,000
Male						
0	2450.90	2323.23	1845.47	1616.16	1469.37	1290.34
1	1257.64	1192.13	946.97	829.30	753.98	662.12
2	1015.98	963.05	765.00	669.94	609.10	534.90
3	778.41	737.85	586.12	513.29	466.67	409.81
4	708.64	671.73	533.59	467.27	424.84	373.08
5	693.94	657.78	522.51	457.58	416.03	365.34
6	626.29	593.66	471.58	412.98	375.47	329.72
7	601.13	569.80	452.63	396.39	360.39	316.48
8	589.20	558.49	443.65	388.52	353.22	310.21
9	577.43	547.35	434.78	380.75	346.18	304.01
10	565.84	536.35	426.05	373.12	339.24	297.90
11	594.10	563.14	447.33	391.75	356.18	312.79
12	701.12	664.60	527.93	462.31	420.34	369.12
13	827.26	784.16	622.90	545.50	495.96	435.53
14	976.12	925.26	735.00	643.66	585.21	513.90
15	965.33	915.04	726.87	636.55	578.73	508.22
16	909.13	861.76	684.55	599.48	545.03	478.63
17	812.88	770.54	612.08	536.02	487.34	427.96
18	834.13	790.67	628.08	550.02	500.07	439.14
19	855.21	810.65	643.95	563.93	512.71	450.24
20	876.45	830.78	659.95	577.93	525.43	461.42
21	897.69	850.92	675.93	591.94	538.18	472.61
22	918.94	871.04	691.93	605.95	550.91	483.79
23	932.16	883.61	701.88	614.67	558.85	490.76
24	945.73	896.45	712.12	623.62	566.98	497.90
25	959.61	909.62	722.56	632.78	575.30	505.21
26	973.67	922.94	733.13	642.04	583.73	512.61
27	988.05	936.57	743.97	651.53	592.35	520.18
28	1005.69	953.29	757.25	663.16	602.93	529.46
29	1032.81	979.01	777.68	681.04	619.18	543.75
30	1060.75	1005.49	798.72	699.47	635.94	558.46
31	1089.51	1032.75	820.37	718.43	653.17	573.60
32	1119.08	1060.78	842.63	737.93	670.91	589.17
33	1152.42	1092.39	867.75	759.91	690.89	606.72
34	1186.57	1124.75	893.45	782.43	711.37	624.69
35	1221.86	1158.20	920.03	805.70	732.53	643.27
36	1258.13	1192.58	947.33	829.63	754.27	662.38
37	1307.48	1239.36	984.50	862.17	783.85	688.36
38	1367.77	1296.52	1029.90	901.92	820.00	720.09
39	1430.34	1355.83	1077.02	943.18	857.51	753.04
40	1495.71	1417.78	1126.23	986.28	896.70	787.45
41	1563.36	1481.89	1177.16	1030.88	937.26	823.07
42	1633.94	1548.81	1230.31	1077.43	979.58	860.22
43	1718.09	1628.58	1293.68	1132.92	1030.02	904.51
44	1805.67	1711.59	1359.62	1190.67	1082.53	950.63
45	1896.84	1798.02	1428.27	1250.79	1137.19	998.64
46	1991.46	1887.69	1499.50	1313.17	1193.90	1048.44
47	2089.97	1981.09	1573.70	1378.14	1252.98	1100.31
48	2176.74	2063.33	1639.03	1435.35	1304.99	1145.99
49	2267.75	2149.60	1707.55	1495.36	1359.55	1193.90
50	2363.33	2240.20	1779.53	1558.40	1416.87	1244.23
51	2483.75	2354.35	1870.20	1637.80	1489.05	1307.61
52	2611.53	2475.47	1966.41	1722.05	1565.65	1374.89
53	2747.81	2604.64	2069.02	1811.90	1647.35	1446.64
54	2892.40	2741.70	2177.90	1907.25	1734.04	1522.77
55	3045.50	2886.83	2293.18	2008.22	1825.83	1603.37
56	3207.92	3040.79	2415.48	2115.31	1923.20	1688.88
57	3380.13	3204.03	2545.15	2228.88	2026.44	1779.54
58	3513.14	3330.10	2645.30	2316.58	2106.18	1849.57
59	3653.98	3463.62	2751.35	2409.45	2190.63	1923.72
60	3828.34	3628.87	2882.63	2524.40	2295.14	2015.50
61	4014.76	3805.59	3023.02	2647.35	2406.91	2113.65
62	4214.43	3994.85	3173.35	2779.01	2526.61	2218.77
63	4509.35	4274.42	3395.42	2973.49	2703.44	2374.05
64	4960.32	4701.88	3735.00	3270.86	2973.78	2611.46
65	5412.26	5130.30	4075.29	3568.87	3244.74	2849.40

* The obtain the base rates for Option 3 for the \$250 deductible, a factor of 1.05 needs to be applied to these base rates.

Blue Cross Blue Shield Of Illinois
Filing # HCSCU65IL1401 - Series 3 SelectBlue Advantage
Effective 1/1/2026 -- 1-1-26 Manual

Select Blue Advantage (80/50)						
Base Rates - Medical Rate (does NOT include Maternity)						
1/2026 -- 1-1-26 Form # DB-48 HCSC, Rider # DB-A79 HCSC						
Age	Deductible					
	\$250 *	\$500	\$1,000	\$1,750	\$2,500	\$5,000
Female						
0	2450.90	2323.23	1845.47	1616.16	1469.37	1290.34
1	1257.64	1192.13	946.97	829.30	753.98	662.12
2	1015.98	963.05	765.00	669.94	609.10	534.90
3	778.41	737.85	586.12	513.29	466.67	409.81
4	708.64	671.73	533.59	467.27	424.84	373.08
5	693.94	657.78	522.51	457.58	416.03	365.34
6	626.29	593.66	471.58	412.98	375.47	329.72
7	601.13	569.80	452.63	396.39	360.39	316.48
8	589.20	558.49	443.65	388.52	353.22	310.21
9	577.43	547.35	434.78	380.75	346.18	304.01
10	565.84	536.35	426.05	373.12	339.24	297.90
11	594.10	563.14	447.33	391.75	356.18	312.79
12	701.12	664.60	527.93	462.31	420.34	369.12
13	827.26	784.16	622.90	545.50	495.96	435.53
14	976.12	925.26	735.00	643.66	585.21	513.90
15	942.94	893.82	710.01	621.78	565.31	496.43
16	933.47	884.83	702.88	615.53	559.64	491.46
17	924.16	876.00	695.87	609.39	554.06	486.55
18	987.39	935.95	743.48	651.09	591.96	519.83
19	1050.62	995.90	791.08	692.80	629.87	553.13
20	1113.86	1055.83	838.72	734.47	667.78	586.41
21	1177.10	1115.77	886.32	776.18	705.69	619.70
22	1240.33	1175.69	933.93	817.88	743.59	653.00
23	1245.06	1180.20	937.50	820.99	746.44	655.49
24	1249.98	1184.83	941.20	824.23	749.37	658.07
25	1257.48	1191.96	946.85	829.19	753.88	662.03
26	1271.70	1205.44	957.55	838.55	762.40	669.51
27	1291.96	1224.65	972.81	851.92	774.55	680.18
28	1335.58	1266.00	1005.65	880.69	800.69	703.15
29	1381.32	1309.38	1040.10	910.86	828.13	727.23
30	1410.26	1336.78	1061.88	929.94	845.47	742.46
31	1439.99	1364.97	1084.28	949.54	863.31	758.11
32	1470.55	1393.94	1107.28	969.69	881.62	774.19
33	1498.00	1419.95	1127.95	987.79	898.07	788.65
34	1531.98	1452.17	1153.53	1010.21	918.45	806.54
35	1565.97	1484.38	1179.13	1032.61	938.81	824.44
36	1599.96	1516.60	1204.72	1055.02	959.20	842.32
37	1633.94	1548.81	1230.31	1077.43	979.58	860.22
38	1686.24	1598.38	1269.68	1111.90	1010.93	887.75
39	1738.50	1647.94	1309.05	1146.38	1042.27	915.28
40	1790.80	1697.50	1348.43	1180.87	1073.61	942.80
41	1843.09	1747.06	1387.79	1215.34	1104.96	970.32
42	1895.37	1796.61	1427.16	1249.81	1136.31	997.85
43	1960.73	1858.58	1476.38	1292.91	1175.50	1032.27
44	2026.09	1920.54	1525.60	1336.01	1214.67	1066.68
45	2091.46	1982.48	1574.80	1379.10	1253.84	1101.09
46	2156.80	2044.43	1624.02	1422.21	1293.04	1135.49
47	2222.16	2106.39	1673.23	1465.30	1332.22	1169.90
48	2293.07	2173.61	1726.62	1512.07	1374.73	1207.24
49	2363.99	2240.82	1780.02	1558.82	1417.25	1244.57
50	2434.90	2308.04	1833.41	1605.58	1459.76	1281.89
51	2505.82	2375.26	1886.81	1652.34	1502.27	1319.25
52	2576.74	2442.49	1940.22	1699.09	1544.79	1356.57
53	2628.52	2491.58	1979.20	1733.26	1575.84	1383.84
54	2682.44	2542.70	2019.80	1768.81	1608.17	1412.23
55	2752.54	2609.13	2072.59	1815.04	1650.19	1449.13
56	2826.07	2678.83	2127.95	1863.52	1694.27	1487.83
57	2903.35	2752.10	2186.15	1914.48	1740.60	1528.53
58	2978.03	2822.87	2242.37	1963.72	1785.37	1567.84
59	3056.45	2897.21	2301.43	2015.44	1832.39	1609.13
60	3138.98	2975.43	2363.55	2069.85	1881.86	1652.57
61	3225.40	3057.37	2428.65	2126.84	1933.68	1698.08
62	3316.25	3143.46	2497.05	2186.76	1988.14	1745.91
63	3481.93	3300.52	2621.80	2295.99	2087.48	1833.13
64	3656.11	3465.63	2752.95	2410.85	2191.89	1924.83
65	4064.10	3852.36	3060.16	2679.89	2436.50	2139.63

* The obtain the base rates for Option 3 for the \$250 deductible, a factor of 1.05 needs to be applied to these base rates.

Blue Cross Blue Shield Of Illinois
Filing # HCSCU65IL1401 - Series 3 SelectBlue Advantage
Effective 1/1/2026 -- 1-1-26 Manual

Select Blue Advantage (80/50)

Base Rates - Medical Rate (does NOT include Maternity)

1/2026 -- 1-1-26 Form # DB-48 HCSC, Rider # DB-A79 HCSC

Age	Deductible					
	\$250 *	\$500	\$1,000	\$1,750	\$2,500	\$5,000

Dependent children						
1st child	757.82	718.34	570.62	499.71	454.33	398.97
2 or more	1765.80	1673.80	1329.60	1164.38	1058.63	929.64

* The obtain the base rates for Option 3 for the \$250 deductible, a factor of 1.05 needs to be applied to these base rates.

Blue Cross Blue Shield Of Illinois
Filing # HCSCU65IL1401 - Series 3 SelectBlue Advantage
Effective 1/1/2026 -- 1-1-26 Manual
Select Blue Advantage (80/50)
Base Rates - Maternity Rates ONLY
1/2026 -- 1-1-26 Form # DB-48 HCSC, Rider # DB-A79 HCSC

Age	Deductible					
	\$250	\$500	\$1,000	\$1,750	\$2,500	\$5,000
Female						
1	0.00	0.00	0.00	0.00	0.00	0.00
2	0.00	0.00	0.00	0.00	0.00	0.00
3	0.00	0.00	0.00	0.00	0.00	0.00
4	0.00	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00	0.00
6	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
7	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
8	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
9	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
10	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
11	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
12	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
13	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
14	2047.73	1941.09	1541.93	1350.31	1227.77	1078.15
15	1846.44	1750.29	1390.41	1217.59	1106.97	972.24
16	1846.44	1750.29	1390.41	1217.59	1106.97	972.24
17	1846.44	1750.29	1390.41	1217.59	1106.97	972.24
18	1846.44	1750.29	1390.41	1217.59	1106.97	972.24
19	1846.44	1750.29	1390.41	1217.59	1106.97	972.24
20	1530.31	1450.63	1152.28	1009.13	917.54	805.68
21	1530.31	1450.63	1152.28	1009.13	917.54	805.68
22	1530.31	1450.63	1152.28	1009.13	917.54	805.68
23	1530.31	1450.63	1152.28	1009.13	917.54	805.68
24	1530.31	1450.63	1152.28	1009.13	917.54	805.68
25	1552.99	1472.17	1169.40	1024.04	931.03	817.70
26	1552.99	1472.17	1169.40	1024.04	931.03	817.70
27	1552.99	1472.17	1169.40	1024.04	931.03	817.70
28	1552.99	1472.17	1169.40	1024.04	931.03	817.70
29	1552.99	1472.17	1169.40	1024.04	931.03	817.70
30	1426.13	1351.77	1073.83	940.36	855.03	750.85
31	1426.13	1351.77	1073.83	940.36	855.03	750.85
32	1426.13	1351.77	1073.83	940.36	855.03	750.85
33	1426.13	1351.77	1073.83	940.36	855.03	750.85
34	1426.13	1351.77	1073.83	940.36	855.03	750.85
35	1358.43	1287.66	1022.88	895.83	814.45	715.18
36	1358.43	1287.66	1022.88	895.83	814.45	715.18
37	1358.43	1287.66	1022.88	895.83	814.45	715.18
38	1358.43	1287.66	1022.88	895.83	814.45	715.18
39	1358.43	1287.66	1022.88	895.83	814.45	715.18
40	1296.67	1229.15	976.37	855.09	777.41	682.71
41	1296.67	1229.15	976.37	855.09	777.41	682.71
42	1296.67	1229.15	976.37	855.09	777.41	682.71
43	1296.67	1229.15	976.37	855.09	777.41	682.71
44	1296.67	1229.15	976.37	855.09	777.41	682.71
45	1169.40	1108.51	880.52	771.17	701.12	615.73
46	1169.40	1108.51	880.52	771.17	701.12	615.73
47	1169.40	1108.51	880.52	771.17	701.12	615.73
48	1169.40	1108.51	880.52	771.17	701.12	615.73
49	1169.40	1108.51	880.52	771.17	701.12	615.73
50	1087.19	1030.50	818.67	716.98	651.80	572.39
51	1087.19	1030.50	818.67	716.98	651.80	572.39
52	1087.19	1030.50	818.67	716.98	651.80	572.39
53	1087.19	1030.50	818.67	716.98	651.80	572.39
54	1087.19	1030.50	818.67	716.98	651.80	572.39
55	1224.91	1161.14	922.37	807.81	734.39	645.02
56	1224.91	1161.14	922.37	807.81	734.39	645.02
57	1224.91	1161.14	922.37	807.81	734.39	645.02
58	1224.91	1161.14	922.37	807.81	734.39	645.02
59	1224.91	1161.14	922.37	807.81	734.39	645.02
60	1399.32	1326.42	1053.62	922.75	838.98	736.79
61	1399.32	1326.42	1053.62	922.75	838.98	736.79
62	1399.32	1326.42	1053.62	922.75	838.98	736.79
63	1399.32	1326.42	1053.62	922.75	838.98	736.79
64	1399.32	1326.42	1053.62	922.75	838.98	736.79
65	651.52	617.51	490.55	429.62	390.63	343.06

SERFF Tracking #:	ILCP-134652975	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	ACT DOI-Illinois Individual 2026 Renewal of NGF Plans		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	Checklist for Renewal of Transitional (Grandmothered) Policy Plans.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Certificate of Compliance
Comments:	The Certification of Compliance, pursuant to 50 IAC 916 Exhibit A is required to be completed and attached within all form filings and all Network Adequacy filings. The Certification of Compliance is available on the Illinois Administrative Code website: ftp://www.ilga.gov/jcar/admincode/050/05000916ZZ9999aR.html
Attachment(s):	2025 Certificate of Compliance Signed FINAL.pdf
Item Status:	
Status Date:	



Illinois Department of Insurance

BRUCE RAUNER
Governor

JENNIFER HAMMER
Director

Checklist for Renewal of Transitional (Grandmothered) Policy Plans

The following are additional guidelines for submitting rate filings for Transitional plans meeting the requirements specified in Company Bulletins 2014-04 and 2017-01:

- I. Where a company chooses to continue using the last set of rates that were given a SERFF disposition of "Filed" by DOI, no further actuarial review by DOI will be required. These filings should be submitted to DOI no later than fifteen (15) days prior to the date the company intends to implement the rates.
- II. Where a company chooses to use rates that are different than the last set of rates that were given a SERFF disposition of "Filed" by DOI, then the following apply:
 - a) A rate filing changing trend only will result in an expedited DOI actuarial review with an estimated completion time of two (2) weeks.
 - b) A rate filing changing any other assumptions/factors other than trend will result in a full actuarial review.
- III. All rate filings should contain at a minimum the information set out in this paragraph. The failure to include such information, requiring a subsequent request to the company for same, will result in a commensurate delay in actuarial review times. The required information follows:
 - a) A cover letter indicating the following:
 1. The rate filing option the company has chosen (either 1, 2a, or 2b above);
 2. The SERFF filing number for the last "Filed" rate filing;
 3. The trend used in the last "Filed" rate filing; and
 4. The intended implementation date of the rates.
 - b) An actuarial memorandum including:
 1. Proposed effective date;
 2. Requested rate increase – from current rates and annual;
 3. Reason for rate increase (attribution analysis);
 4. Historical rate increases;
 5. Target loss ratio for the rating and two preceding periods;
 6. Historic loss ratios;
 7. Benefit description including:
 - a) Type of Policy
 - b) Benefits
 - c) Renewability
 - d) General Marketing Method
 - e) Underwriting Method,
 - f) Premium Classifications
 - g) Age Basis and Issue Age

8. Market (individual or small group);
9. Average premium before and after rate increase;
10. Historical financial experience (earned premiums, incurred claims, resulting loss ratios, policyholders, covered lives, member months, etc. by calendar year since inception of product);
11. Description and demonstration of the development of proposed base rate increase describing the source of each assumption used including trends, lapse rates, and interest rates;
12. Description and demonstration of all changes in rating factors;
13. Base period experience including:
 - a) Base period from and through dates
 - b) Paid through date
 - c) Completion methodology and average factors and IBNR
 - d) Contract reserves
 - e) Allowed claims experience by service type
 - f) Paid claims experience by service type
 - g) Corresponding member months
 - h) Credibility analysis
 - i) Treatment of large claims and development of pooling charges and credits
14. Treatment of reinsurance;
15. Projected policyholders, individuals and member months;
16. Projection factors by type of service (inpatient, outpatient, professional, other and prescription drug), including:
 - a) Utilization
 - b) Cost
 - c) Service mix
17. Experience adjustments:
 - a) Due to benefit changes
 - b) Due to demographic changes
18. Historic trends should be provided, if not provided in prior filings;
19. Summary of changes in filing from previous filing (benefits, rating factors, administrative costs, gain/loss margins etc.);
20. Loss ratio with and without proposed rate increase;
21. Cumulative, future and lifetime loss ratios;
22. Company's State rebate MLR for this market with credibility adjustment;
23. Explanation when the future loss ratio is not consistent with the federal rebate MLR;
24. Administrative costs and load included in rates; and
25. Rate filing disclosure form required for "unreasonable" rate increases.

If you have any questions regarding this checklist, please contact Eric Anderson at eric.anderson@illinois.gov.

04/01/2017

Health Care Service Corporation, a Mutual Legal Reserve Company

(Company Name)

By: Arron Beeson

Title: AVP, Individual & Family Markets

certifies that the policy forms submitted or referenced in this filing do comply:

- a) with all provisions of the Illinois Insurance Code applicable to the policy forms; and
- b) with all provisions of 50 Ill. Adm. Code applicable to policy forms;

and does further certify to the best of our knowledge and belief that:

- 1) the forms do not contain any inconsistent, ambiguous or misleading clauses;
- 2) the forms do not contain specifications or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverage of the policy forms;
- 3) the only variation from the usual provisions of the policy forms are clearly marked or otherwise indicated;
- 4) the language of the policy form, as submitted or approved, shall be exactly as it has been or will be offered for issuance or delivery in the State of Illinois as approved by the Director, except for hypothetical data and other appropriate variable material; and
- 5) the policy forms do not contain any provision or clause currently being disapproved by the Director.

In utilizing the procedure for policy form filing and approval set forth in 50 Ill. Adm. Code 916, Health Care Service Corporation, a Mutual Legal Reserve Company, hereby expressly agrees and consents to a review, by the Director, to be made at any time, and further hereby expressly agrees and consents to the discontinuance by the company of future use of the approved policy forms, 30 days from the date of mailing an order of withdrawal issued by the Director pursuant to Section 143(1) of the Illinois Insurance Code. The order shall set forth the reasons why the previously approved policy forms are violative of or contrary to the provisions of the Illinois Insurance Code or all provisions of 50 Ill. Adm. Code applicable to policy forms. Each company shall have the right to request a hearing within that 30 day period. The request shall be made in writing to the Director. The order of withdrawal shall be stayed and the company shall be given a hearing under the provisions of Sections 143(1), 401(c), 401.1, 402(2), 426 and 429 of the Illinois Insurance Code [215 ILCS 5/143(1), 401(c), 401.1, 402(2), 426 and 429] and 50 Ill. Adm. Code 2402, as may be applicable, to determine:

- a) whether the policy form shall be disapproved; and
- b) whether further orders of the Director may be appropriate.

Health Care Service Corporation, a Mutual Legal Reserve Company

(Company Name)

By: 

(Signature)

Title: AVP, Individual & Family Markets

Date: 5/21/2025