



**BLUE CROSS BLUE SHIELD OF IL  
2025 EMPLOYER CONTRIBUTION BY PLAN**

<b>HEALTH</b>	<b>BLUE CHOICE HSA</b>	<b>BLUE OPTIONS PPO</b>		<b>BLUE CHOICE PREFERRED PPO</b>		
	<b>G533BCE</b>	<b>G507OPT</b>	<b>G508OPT</b>	<b>P5E1BCE</b>	<b>G532BCE</b>	<b>G531BCE</b>
<b>Employee</b>	100%	100%	100%	100%	100%	100%
<b>Employee + Spouse</b>	60%	60%	60%	60%	60%	60%
<b>Employee + Children</b>	60%	60%	60%	60%	60%	60%
<b>Employee + Family</b>	60%	60%	60%	60%	60%	60%

**BI-WEEKLY PAYROLL DEDUCTIONS**

<b>HEALTH</b>	<b>BLUE CHOICE HSA</b>	<b>BLUE OPTION</b>	<b>BLUE OPTION</b>	<b>SMALL PPO</b>	<b>SMALL PPO</b>	<b>SMALL PPO</b>
	<b>G533BCE</b>	<b>G507OPT</b>	<b>G508OPT</b>	<b>P5E1BCE</b>	<b>G532BCE</b>	<b>G531BCE</b>
<b>EE</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>E + S</b>	\$158.78	\$181.84	\$178.97	\$193.27	\$158.78	\$165.12
<b>E + C</b>	\$134.96	\$154.56	\$152.12	\$164.28	\$134.96	\$140.35
<b>FAMILY</b>	\$293.75	\$336.42	\$331.10	\$357.56	\$293.75	\$305.48