



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

2024 BCBSM Small Group Product Menu

Job Aid

January 1, 2024

The out-of-pocket costs shown are for in-network coverage

Red/Bold Indicates new plan Green/Bold indicates modification

Note: All plans include virtual primary care matching the PCP cost share effective 1/1/24

Note: All plans include \$0 copay for medical online visits except HSA. Behavioral health online visits follow BH cost share

Product Family	Plan	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	Employer Contribution	(OV/SPEC/UC/ER)	Custom Select Rx
Community Blue SM	2024 Community Blue PPO Platinum Option 1	\$0/\$0	20%	\$3,000/\$6,000	\$9,100/\$18,200	\$0	\$30/\$40/\$60/\$250	\$10/\$50/\$100
	2024 Community Blue PPO Platinum Option 2	\$250/\$500	20%	\$4,000/\$8,000	\$9,100/\$18,200	\$0	\$20/\$30/\$60/\$150	\$5/\$40/\$100
	2024 Community Blue PPO Platinum Option 3	\$500/\$1000	20%	\$2,000/\$4,000	\$8,700/\$17,400	\$0	\$20/\$30/\$60/\$150	\$10/\$40/\$100
	2024 Community Blue PPO Platinum Option 4	\$1,000/\$2,000	10%	\$3,000/\$6,000	\$7,350/\$14,700	\$0	\$10/\$20 /\$60/\$150	\$10/\$40/\$100
	2024 Community Blue PPO Gold	\$1,500/\$3,000	30%	\$6,000/\$12,000	\$9,450/\$18,900	\$0	\$30/\$50/\$60/\$250	\$15/\$30/\$60
Community Blue SM HRA	2024 Community Blue HRA Platinum	\$1,500/\$3,000	20%	\$4,000/\$8,000	\$6,350/\$12,700	\$300	\$20/\$20/\$60/\$150	\$5/\$40/\$80
	2024 Community Blue HRA PPO Gold	\$5,500/\$11,000	30%	N/A	\$8,700/\$17,400	\$0	\$40/\$40/\$60/\$250	\$15/\$30/\$60
Simply Blue SM	2024 Simply Blue PPO Platinum	\$250/\$500	20%	\$1,000/\$2,000	\$6,600/\$13,200	\$0	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%-\$150/25%-\$300
	2024 Simply Blue PPO Gold Option 1	\$500/\$1,000	30%	\$5,000/\$10,000	\$8,150/\$16,300	\$0	\$30/\$50/\$60/\$250	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Gold Option 2	\$1,000/\$2,000	20%	\$5,000/\$10,000	\$8,150/\$16,300	\$0	\$30/\$50/\$60/\$250	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Gold Option 3	\$1,500/\$3,000	20%	\$4,000/\$8,000	\$8,150/\$16,300	\$0	\$30/\$50/\$60/\$250	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Gold Option 4	\$2,000/\$4,000	20%	N/A	\$7,350/\$14,700	\$0	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Gold Option 5	\$2,500/\$5,000	20%	N/A	\$7,000/\$14,000	\$0	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Gold Option 6	\$3,000/\$6,000	20%	N/A	\$7,000/\$14,000	\$0	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Gold Option 7	\$4,000/\$8,000	20%	N/A	\$7,000/\$14,000	\$0	\$30/\$50/\$60/\$150	\$15/\$50/\$100/20%-\$200/25%-\$300
	2024 Simply Blue PPO Silver	\$4,000/\$8,000	50%	N/A	\$9,450/\$18,900	\$0	\$40/\$70/\$70/\$350	\$25/\$75/\$175/20%-\$300/25%-\$500



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Product Family	Plan	Ded. Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	Employer Contribution	(OV/SPEC/UC/ER)	Custom Select Rx
Simply Blue SM HRA	2024 Simply Blue HRA PPO Gold Option 1	\$1,500/ \$3,000	20%	\$4,000/ \$8,000	\$9,100/ \$18,200	\$50	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue HRA PPO Gold Option 2	\$2,000/ \$4,000	20%	N/A	\$9,100/ \$18,200	\$50	\$40/\$50/\$60/\$250	\$20/\$60/\$125/20%-\$200/25%-\$300
	2024 Simply Blue HRA PPO Gold Option 3	\$4,000/ \$8,000	20%	N/A	\$9,100/ \$18,200	\$450	\$30/\$50/\$60/\$250	\$20/\$60/\$125/20%-\$200/25%-\$300
	2024 Simply Blue HRA PPO Platinum	\$5,000/ \$10,000	30%	N/A	\$6,350/ \$12,700	\$2,500	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%-\$200/25%-\$300
Simply Blue SM HSA	2024 Simply Blue HSA PPO Gold Option 1*	\$1,600/ \$3,200	20%	N/A	\$4,500/ \$9,000	\$0	Deductible/Coinsurance	Ded.&\$20/\$60/\$100/20%-\$200/25%-\$300
	2024 Simply Blue HSA PPO Gold Option 2*	\$2,500/ \$5,000	0%	N/A	\$4,500/ \$9,000	\$0	Deductible/Coinsurance	Ded.&\$20/\$60/\$150/20%-\$300/25%-\$500
	2024 Simply Blue HSA PPO Gold Option 3**	\$3,200/ \$6,400	0%	N/A	\$3,200/ \$6,400	\$0	Deductible/Coinsurance	Deductible/Coinsurance
	2024 Simply Blue HSA PPO Silver Option 1**	\$3,200/ \$6,400	20%	N/A	\$7,500/ \$15,000	\$0	Deductible/Coinsurance	Ded.&\$15/\$50/\$150/20%-\$300/25%-\$500
	2024 Simply Blue HSA PPO Silver Option 2**	\$4,500/ \$9,000	0%	N/A	\$7,000/ \$14,000	\$0	Deductible/Coinsurance	Ded.&\$20/\$60/\$150/20%-\$300/25%-\$500
	2024 Simply Blue HSA PPO Bronze**	\$7,500/ \$15,000	0%	N/A	\$7,500/ \$15,000	\$0	Deductible/Coinsurance	Deductible/Coinsurance
Simply Blue SM Routine Care	2024 Simply Blue Routine Care Plan PPO Silver	\$3,500/ \$7,000	30%	N/A	\$9,100/ \$18,200	\$0	\$30(PCP&UC)/ Deductible/Coinsurance	\$15/Ded.&\$50/\$100/20%-\$200/25%-\$300
	2024 Simply Blue Routine Care Plan PPO Bronze	\$9,450/ \$18,900	0%	N/A	\$9,450/ \$18,900	\$0	\$40(PCP&UC)/ Deductible/Coinsurance	\$25/Ded. & 0%

HSA PLANS

* Aggregate deductible and out-of-pocket maximum

** Embedded deductible and out-of-pocket maximum