

Focus on life. Focus on health. *Stay focused.*

BusinessADVANTAGESM
BA Primary ChoiceSM
BA SelectSM
2023 Plan Changes



2023 Small Group Plan Changes

This grid illustrates key benefit changes that will become effective January 1, 2023, for existing BusinessADVANTAGE, BA Primary Choice and BA Select plans offered in 2022. Please note, BA Select plans will not be available in 2023.

Members in a BA Select plan will be moved to a BusinessADVANTAGE plan in 2023. This does not include all changes.

Please refer to your Schedule of Benefits for complete details of your 2023 plan benefits.

GOLD PLANS

Gold 1001	2022 — Gold 1001	2023 — Gold 1001
Individual/Family Maximum Out of Pocket (MOOP)	\$5,800/\$11,600	\$6,000/\$12,000
Blue CareOnDemand	\$20	\$10
Specialist Office Visit	\$45	\$50
Prescription Drug Tiers 1, 2 and 3	Tiers 1 and 2: \$15 Tier 3: \$35	Tiers 1 and 2: \$23 Tier 3: \$38
Gold 1502	2022 — Gold 1502	2023 — Gold 1502
Coinsurance	30%	35%
Blue CareOnDemand	\$15	\$8
Specialist Office Visit	\$45	\$50
Prescription Drug Tiers 1 and 2	\$15	\$20
Gold 1750	2022 — Gold 1750	2023 — Gold 1502
Plan is no longer available. Members will move to Gold 1502.		
Coinsurance	30%	35%
Individual/Family Deductible	\$1,750/\$3,500	\$1,500/\$3,000
Individual/Family Maximum Out of Pocket (MOOP)	\$4,600/\$9,200	\$5,000/\$10,000
Primary Care Office Visit	\$25	\$15
Blue CareOnDemand	\$25	\$8
Prescription Drug Tiers 1 and 2	\$10	\$20
Gold 2000	2022 — Gold 2000	2023 — Gold 2000
Individual/Family Maximum Out of Pocket (MOOP)	\$4,000/\$8,000	\$4,225/\$8,450
Blue CareOnDemand	\$20	\$10
Specialist Office Visit	\$45	\$50
Prescription Drug Tiers 1 and 2	\$15	\$18
Gold 2001	2022 — Gold 2001	2023 — Gold 2000
Plan is no longer available. Members will move to Gold 2000.		
Coinsurance	40%	50%
Individual/Family Maximum Out of Pocket (MOOP)	\$7,000/\$14,000	\$4,225/\$8,450
Primary Care Office Visit	\$25	\$20
Blue CareOnDemand	\$25	\$10
Prescription Drug Tiers	Tiers 1 and 2: \$10 Tier 3: \$40 Tier 4: \$75 Tiers 5 and 6: \$250	Tiers 1 and 2: \$18 Tier 3: \$35 Tier 4: \$70 Tiers 5 and 6: \$250
Gold 2500	2022 — Gold 2500	2023 — Gold 3000 HD
Plan is no longer available. Members will move to Gold 3000 HD.		
Individual/Family Deductible	\$2,500/\$5,000	\$3,000/\$6,000
Individual/Family Maximum Out of Pocket (MOOP)	\$2,500/\$5,000	\$3,000/\$6,000
Gold 2503	2022 — Gold 2503	2023 — Gold 2503
Individual/Family Maximum Out of Pocket (MOOP)	\$3,900/\$7,800	\$4,000/\$8,000
Primary Care Office Visit	\$25	\$35
Blue CareOnDemand	\$25	\$18
Specialist Office Visit	\$50	\$60
Prescription Drug Tiers 1, 2 and 3	Tiers 1 and 2: \$10 Tier 3: \$35	Tiers 1 and 2: \$20 Tier 3: \$38

Gold 2850 HD	2022 — Gold 2850 HD	2023 — Gold 3000 HD
Plan name changes to Gold 3000 HD.		
Individual/Family Deductible	\$2,850/\$5,700	\$3,000/\$6,000
Individual/Family Maximum Out of Pocket (MOOP)	\$2,850/\$5,700	\$3,000/\$6,000
Gold 3225	2022 — Gold 3225	2023 — Gold 5225
Plan is no longer available. Members will move to Gold 5225.		
Coinsurance	20%	0%
Individual/Family Deductible	\$3,225/\$6,450	\$5,225/\$10,450
Individual/Family Maximum Out of Pocket (MOOP)	\$8,000/\$16,000	\$5,225/\$10,450
Primary Care Office Visit	\$20	\$0
Blue CareOnDemand	\$20	\$0
Prescription Drug Tiers	Tiers 1 and 2: \$15 Tier 3: \$25 Tier 4: \$60 Tiers 5 and 6: \$250	Tiers 1 and 2: \$10 Tier 3: \$35 Tier 4: \$65 Tiers 5 and 6: \$250

SILVER PLANS

Silver 2000	2022 — Silver 2000	2023 — Silver 2500
Plan name changes to Silver 2500.		
Individual/Family Deductible	\$2,000/\$4,000	\$2,500/\$5,000
Primary Care Office Visit	\$35	\$45
Blue CareOnDemand	\$35	\$23
Specialist Office Visit	\$75	\$85
Prescription Drug Tiers 1 and 2	\$20	\$25
Silver 2375	2022 — Silver 2375	2023 — Silver 2950
Plan is no longer available. Members will move to Silver 2950.		
Coinsurance	50%	40%
Individual/Family Deductible	\$2,375/\$4,750	\$2,950/\$5,900
Individual/Family Maximum Out of Pocket (MOOP)	\$8,400/\$16,800	\$8,700/\$17,400
Primary Care Office Visit	\$40	\$35
Blue CareOnDemand	\$40	\$18
Specialist Office Visit	\$80	\$70
Prescription Drug Tiers	Tiers 1 and 2: \$20 Tier 3: \$55 Tier 4: \$75 Tiers 5 and 6: \$300	Tiers 1 and 2: \$30 Tier 3: \$45 Tier 4: \$80 Tiers 5 and 6: \$300
Silver 2850	2022 — Silver 2850	2023 — Silver 2950
Plan name changes to Silver 2950.		
Individual/Family Deductible	\$2,850/\$5,700	\$2,950/\$5,900
Individual/Family Maximum Out of Pocket (MOOP)	\$8,000/\$16,000	\$8,700/\$17,400
Blue CareOnDemand	\$35	\$18
Specialist Office Visit	\$65	\$70
Prescription Drug Tiers	Tiers 1 and 2: \$25 Tier 3: \$45 Tier 4: \$75 Tiers 5 and 6: \$300	Tiers 1 and 2: \$30 Tier 3: \$45 Tier 4: \$80 Tiers 5 and 6: \$300
Silver 3200	2022 — Silver 3200	2023 — Silver 3500
Plan name changes to Silver 3500.		
Individual/Family Deductible	\$3,200/\$6,400	\$3,500/\$7,000
Primary Care Office Visit	\$35	\$45
Blue CareOnDemand	\$35	\$23
Specialist Office Visit	\$75	\$85
Prescription Drug Tiers 1 and 2	\$20	\$30



SILVER PLANS (continued)

Silver 3750	2022 — Silver 3750	2023 — Silver 3500
Plan is no longer available. Members will move to Silver 3500.		
Individual/Family Deductible	\$3,750/\$7,500	\$3,500/\$7,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$7,500/\$15,000
Primary Care Office Visit	\$35	\$45
Blue CareOnDemand	\$35	\$23
Specialist Office Visit	\$80	\$85
Prescription Drug Tiers	Tiers 1 and 2: \$20 Tier 3: \$55 Tier 4: \$85 Tiers 5 and 6: \$300	Tiers 1 and 2: \$30 Tier 3: \$50 Tier 4: \$90 Tiers 5 and 6: \$300
Silver 4300 HD	2022 — Silver 4300 HD	2023 — Silver 4800 HD
Plan name changes to Silver 4800 HD.		
Individual/Family Deductible	\$4,300/\$8,600	\$4,800/\$9,600
Individual/Family Maximum Out of Pocket (MOOP)	\$4,300/\$8,600	\$4,800/\$9,600
Silver 4500	2022 — Silver 4500	2023 — Silver 5001
Plan is no longer available. Members will move to Silver 5001.		
Coinsurance	50%	35%
Individual/Family Deductible	\$4,500/\$9,000	\$5,000/\$10,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,150/\$16,300	\$8,000/\$16,000
Blue CareOnDemand	\$40	\$20
Prescription Drug Tiers	Tiers 1 and 2: \$15 Tier 3: \$60 Tier 4: \$90 Tiers 5 and 6: \$300	Tiers 1 and 2: \$25 Tier 3: \$40 Tier 4: \$80 Tiers 5 and 6: \$300
Silver 5001	2022 — Silver 5001	2023 — Silver 5001
Coinsurance	30%	35%
Individual/Family Maximum Out of Pocket (MOOP)	\$7,900/\$15,800	\$8,000/\$16,000
Primary Care Office Visit	\$30	\$40
Blue CareOnDemand	\$30	\$20
Specialist Office Visit	\$60	\$80
Prescription Drug Tiers 1 and 2	\$20	\$25
Silver 5004 HD	2022 — Silver 5004 HD	2023 — Silver 5500 HD
Plan name changes to Silver 5500 HD.		
Individual/Family Deductible	\$5,000/\$10,000	\$5,500/\$11,000
Individual/Family Maximum Out of Pocket (MOOP)	\$5,000/\$10,000	\$5,500/\$11,000
Silver 6100 HD	2022 — Silver 6100 HD	2023 — Silver 5500 HD
Plan is no longer available. Members will move to Silver 5500 HD.		
Individual/Family Deductible	\$6,100/\$12,200	\$5,500/\$11,000
Individual/Family Maximum Out of Pocket (MOOP)	\$6,100/\$12,200	\$5,500/\$11,000
Silver 6900	2022 — Silver 6900	2023 — Silver 7800
Plan name changes to Silver 7800.		
Individual/Family Deductible	\$6,900/\$13,800	\$7,800/\$15,600
Individual/Family Maximum Out of Pocket (MOOP)	\$6,900/\$13,800	\$7,800/\$15,600
Specialist Office Visit	\$60	\$80
Prescription Drug Tiers 1, 2 and 3	Tiers 1 and 2: \$25 Tier 3: \$50	Tiers 1 and 2: \$30 Tier 3: \$60

SILVER PLANS (continued)

Silver 7100	2022 — Silver 7100	2023 — Silver 7100
Individual/Family Maximum Out of Pocket (MOOP)	\$8,300/\$16,600	\$8,700/\$17,400
Primary Care Office Visit	\$15	\$25
Blue CareOnDemand	\$15	\$13
Specialist Office Visit	\$50	\$70
Prescription Drug Tiers 1 and 2	\$15	\$20
Silver 8550	2022 — Silver 8550	2023 — Silver 8550
Primary Care Office Visit	\$30	\$35
Blue CareOnDemand	\$30	\$18
Specialist Office Visit	\$60	\$65

BRONZE PLANS

Bronze 5550	2022 — Bronze 5550	2023 — Bronze 5550
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$9,000/\$18,000
Blue CareOnDemand	\$45	\$23
Bronze 6400	2022 — Bronze 6400	2023 — Bronze 6500
Plan is no longer available. Members will move to Bronze 6500.		
Coinsurance	50%	20%
Individual/Family Deductible	\$6,400/\$12,800	\$6,500/\$13,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,550/\$17,100	\$8,900/\$17,800
Primary Care Office Visit	50% after deductible	\$60
Blue CareOnDemand	50% after deductible	\$30
Specialist Office Visit	50% after deductible	\$100
Prescription Drug Tiers	50% after deductible	Tiers 1 and 2: \$30 Tier 3 – Tier 6: 20% after deductible
Bronze 6500	2022 — Bronze 6500	2023 — Bronze 6500
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,900/\$17,800
Blue CareOnDemand	\$60	\$30
Bronze 7500	2022 — Bronze 7500	2023 — Bronze 6500
Plan is no longer available. Members will move to Bronze 6500.		
Coinsurance	50%	20%
Individual/Family Deductible	\$7,500/\$15,000	\$6,500/\$13,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,900/\$17,800
Blue CareOnDemand	\$60	\$30
Prescription Drug Tiers	Tiers 1 and 2: \$45 Tier 3 – Tier 6: 50% after deductible	Tiers 1 and 2: \$30 Tier 3 – Tier 6: 20% after deductible
Bronze 8000	2022 — Bronze 8000	2023 — Bronze 8000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$9,000/\$18,000
Blue CareOnDemand	\$55	\$28
Bronze 8700	2022 — Bronze 8700	2023 — Bronze 8800
Plan name changes to Bronze 8800.		
Individual/Family Deductible	\$8,700/\$17,400	\$8,800/\$17,600
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,800/\$17,600
Primary Care Office Visit	\$65	\$70
Blue CareOnDemand	\$65	\$35
Specialist Office Visit	\$125	\$130



GOLD PLANS

Gold 1001	2022 — Gold 1001	2023 — Gold 1001
Individual/Family Maximum Out of Pocket (MOOP)	\$5,800/\$11,600	\$6,000/\$12,000
Blue CareOnDemand	\$20	\$10
Specialist Office Visit	\$45	\$50
Prescription Drug Tiers 1, 2 and 3	Tiers 1 and 2: \$15 Tier 3: \$35	Tiers 1 and 2: \$23 Tier 3: \$38
Gold 1502	2022 — Gold 1502	2023 — Gold 1502
Coinsurance	30%	35%
Blue CareOnDemand	\$15	\$8
Specialist Office Visit	\$45	\$50
Prescription Drug Tiers 1 and 2	\$15	\$20

SILVER PLANS

Silver 2850	2022 — Silver 2850	2023 — Silver 2950
Plan name changes to Silver 2950.		
Individual/Family Deductible	\$2,850/\$5,700	\$2,950/\$5,900
Individual/Family Maximum Out of Pocket (MOOP)	\$8,000/\$16,000	\$8,700/\$17,400
Blue CareOnDemand	\$35	\$18
Specialist Office Visit	\$65	\$70
Prescription Drug Tiers	Tiers 1 and 2: \$25 Tier 3: \$45 Tier 4: \$75 Tiers 5 and 6: \$300	Tiers 1 and 2: \$30 Tier 3: \$45 Tier 4: \$80 Tiers 5 and 6: \$300
Silver 3200	2022 — Silver 3200	2023 — Silver 3500
Plan name changes to Silver 3500.		
Individual/Family Deductible	\$3,200/\$6,400	\$3,500/\$7,000
Primary Care Office Visit	\$35	\$45
Blue CareOnDemand	\$35	\$23
Specialist Office Visit	\$75	\$85
Prescription Drug Tiers 1 and 2	\$20	\$30
Silver 4300 HD	2022 — Silver 4300 HD	2023 — Silver 4800 HD
Plan name changes to Silver 4800 HD.		
Individual/Family Deductible	\$4,300/\$8,600	\$4,800/\$9,600
Individual/Family Maximum Out of Pocket (MOOP)	\$4,300/\$8,600	\$4,800/\$9,600
Silver 6900	2022 — Silver 6900	2023 — Silver 7800
Plan name changes to Silver 7800.		
Individual/Family Deductible	\$6,900/\$13,800	\$7,800/\$15,600
Individual/Family Maximum Out of Pocket (MOOP)	\$6,900/\$13,800	\$7,800/\$15,600
Specialist Office Visit	\$60	\$80
Prescription Drug Tiers 1, 2 and 3	Tiers 1 and 2: \$25 Tier 3: \$50	Tiers 1 and 2: \$30 Tier 3: \$60
Silver 7100	2022 — Silver 7100	2023 — Silver 7100
Individual/Family Maximum Out of Pocket (MOOP)	\$8,300/\$16,600	\$8,700/\$17,400
Primary Care Office Visit	\$15	\$25
Blue CareOnDemand	\$15	\$13
Specialist Office Visit	\$50	\$70
Prescription Drug Tiers 1 and 2	\$15	\$20

BRONZE PLANS

Bronze 5550	2022 — Bronze 5550	2023 — Bronze 5550
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$9,000/\$18,000
Blue CareOnDemand	\$45	\$23
Bronze 6500	2022 — Bronze 6500	2023 — Bronze 6500
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,900/\$17,800
Blue CareOnDemand	\$60	\$30
Bronze 7500	2022 — Bronze 7500	2023 — Bronze 6500
Plan is no longer available. Members will move to Bronze 6500.		
Coinsurance	50%	20%
Individual/Family Deductible	\$7,500/\$15,000	\$6,500/\$13,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,900/\$17,800
Blue CareOnDemand	\$60	\$30
Prescription Drug Tiers	Tiers 1 and 2: \$45 Tier 3 – Tier 6: 50% after deductible	Tiers 1 and 2: \$30 Tier 3 – Tier 6: 20% after deductible



BA SelectSM will no longer be available in 2023. Plans will move to 2023 BusinessADVANTAGE plans, which include adult vision, preventive dental and employee assistance program (EAP) benefits.

GOLD PLANS

Gold 1502	BA Select 2022 — Gold 1502	BusinessADVANTAGE 2023 — Gold 1502
Plan is no longer available. Members will move to BusinessADVANTAGE Gold 1502.		
Coinsurance	30%	35%
Blue CareOnDemand	\$15	\$8
Specialist Office Visit	\$45	\$50
Prescription Drug Tiers 1 and 2	\$15	\$20
Gold 5225	BA Select 2022 — Gold 5225	BusinessADVANTAGE 2023 — Gold 5225
Plan is no longer available. Members will move to BusinessADVANTAGE Gold 5225.		

SILVER PLANS

Silver 2850	BA Select 2022 — Silver 2850	BusinessADVANTAGE 2023 — Silver 2950
Plan is no longer available. Members will move to BusinessADVANTAGE Silver 2950.		
Individual/Family Deductible	\$2,850/\$5,700	\$2,950/\$5,900
Individual/Family Maximum Out of Pocket (MOOP)	\$8,000/\$16,000	\$8,700/\$17,400
Blue CareOnDemand	\$35	\$18
Specialist Office Visit	\$65	\$70
Prescription Drug Tiers	Tiers 1 and 2: \$25 Tier 3: \$45 Tier 4: \$75 Tiers 5 and 6: \$300	Tiers 1 and 2: \$30 Tier 3: \$45 Tier 4: \$80 Tiers 5 and 6: \$300
Silver 4500	BA Select 2022 — Silver 4500	BusinessADVANTAGE 2023 — Silver 5001
Plan is no longer available. Members will move to BusinessADVANTAGE Silver 5001.		
Coinsurance	50%	35%
Individual/Family Deductible	\$4,500/\$9,000	\$5,000/\$10,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,150/\$16,300	\$8,000/\$16,000
Blue CareOnDemand	\$40	\$20
Prescription Drug Tiers	Tiers 1 and 2: \$15 Tier 3: \$60 Tier 4: \$90 Tiers 5 and 6: \$300	Tiers 1 and 2: \$25 Tier 3: \$40 Tier 4: \$80 Tiers 5 and 6: \$300
Silver 4300 HD	BA Select 2022 — Silver 4300 HD	BusinessADVANTAGE 2023 — Silver 4800 HD
Plan is no longer available. Members will move to BusinessADVANTAGE Silver 4800 HD.		
Individual/Family Deductible	\$4,300/\$8,600	\$4,800/\$9,600
Individual/Family Maximum Out of Pocket (MOOP)	\$4,300/\$8,600	\$4,800/\$9,600
Silver 6900	BA Select 2022 — Silver 6900	BusinessADVANTAGE 2023 — Silver 7800
Plan is no longer available. Members will move to BusinessADVANTAGE Silver 7800.		
Individual/Family Deductible	\$6,900/\$13,800	\$7,800/\$15,600
Individual/Family Maximum Out of Pocket (MOOP)	\$6,900/\$13,800	\$7,800/\$15,600
Specialist Office Visit	\$60	\$80
Prescription Drug Tiers 1, 2 and 3	Tiers 1 and 2: \$25 Tier 3: \$50	Tiers 1 and 2: \$30 Tier 3: \$60

BRONZE PLANS

Bronze 5550	BA Select 2022 — Bronze 5550	BusinessADVANTAGE 2023 — Bronze 5550
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 5550.		
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$9,000/\$18,000
Blue CareOnDemand	\$45	\$23
Bronze 6400	BA Select 2022 — Bronze 6400	BusinessADVANTAGE 2023 — Bronze 6500
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 6500.		
Coinsurance	50%	20%
Individual/Family Deductible	\$6,400/\$12,800	\$6,500/\$13,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,550/\$17,100	\$8,900/\$17,800
Primary Care Office Visit	50% after deductible	\$60
Blue CareOnDemand	50% after deductible	\$30
Specialist Office Visit	50% after deductible	\$100
Prescription Drug Tiers	50% after deductible	Tiers 1 and 2: \$30 Tier 3 – Tier 6: 20% after deductible
Bronze 6500	BA Select 2022 — Bronze 6500	BusinessADVANTAGE 2023 — Bronze 6500
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 6500.		
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,900/\$17,800
Blue CareOnDemand	\$60	\$30
Bronze 7000 HD	BA Select 2022 — Bronze 7000 HD	BusinessADVANTAGE 2023 — Bronze 7000 HD
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 7000 HD.		
Bronze 7500	BA Select 2022 — Bronze 7500	BusinessADVANTAGE 2023 — Bronze 6500
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 6500.		
Coinsurance	50%	20%
Individual/Family Deductible	\$7,500/\$15,000	\$6,500/\$13,000
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,900/\$17,800
Blue CareOnDemand	\$60	\$30
Prescription Drug Tiers	Tiers 1 and 2: \$45 Tier 3 – Tier 6: 50% after deductible	Tiers 1 and 2: \$30 Tier 3 – Tier 6: 20% after deductible
Bronze 8000	BA Select 2022 — Bronze 8000	BusinessADVANTAGE 2023 — Bronze 8000
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 8000.		
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$9,000/\$18,000
Blue CareOnDemand	\$55	\$28
Bronze 8700	BA Select 2022 — Bronze 8700	BusinessADVANTAGE 2023 — Bronze 8800
Plan is no longer available. Members will move to BusinessADVANTAGE Bronze 8800.		
Individual/Family Deductible	\$8,700/\$17,400	\$8,800/\$17,600
Individual/Family Maximum Out of Pocket (MOOP)	\$8,700/\$17,400	\$8,800/\$17,600
Primary Care Office Visit	\$65	\$70
Blue CareOnDemand	\$65	\$35
Specialist Office Visit	\$125	\$130

Focus on life. Focus on health. *Stay focused.*



BlueChoice HealthPlan is an independent licensee
of the Blue Cross Blue Shield Association.

www.BlueChoiceSC.com