

Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2021 Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021 B Check if applicable: C Name of organization BLUE CROSS BLUE SHIELD ASSOCIATION D Employer identification number 13-5656874

Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 36 4 Number of independent voting members of the governing body (Part VI, line 1b) 35

Revenue 8 Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2g) 696,110,975 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -23,623,826 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 422,481 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 672,909,630

Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer 2022-11-13 Date BRAD LUBRANT VP OF FINANCE Type or print name and title

Paid Preparer Print/Type preparer's name Preparer's signature Date 2022-11-10 Check if self-employed PTIN P00977806 Firm's name PricewaterhouseCoopers LLP Firm's EIN

Use Only

Firm's address ▶ 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103	Phone no. (267) 330-3000
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May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form 990 (2021)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . .

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 259,351,560 including grants of \$ 0) (Revenue \$ 259,415,809)  
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 185,587,600 including grants of \$ 0) (Revenue \$ 184,948,692)  
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 164,936,537 including grants of \$ 0) (Revenue \$ 206,622,816)  
SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 73,946,435 including grants of \$ 0) (Revenue \$ 106,217,552)

4e Total program service expenses ▶ 683,822,132

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	Yes	

<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions.</i>	<b>17</b>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>		No

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Part IV Checklist of Required Schedules (continued)

		Yes	No	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	<b>30</b>		



<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	Yes	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	Yes	

13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed: IL
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ►BRAD LUBRANT 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 (312) 297-6369

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) SCOTT P SEROTA PRESIDENT AND CEO	40.0 0.0	X		X			19,779,370	0	4,200
(2) JENNIFER VACHON EXECUTIVE VICE PRESIDENT	40.0 0.0			X			2,465,987	0	900,279
(3) KIM KECK PRESIDENT AND CEO	40.0 0.0	X		X			2,607,641	0	53,682
(4) ROBERT J KOLODGY JR EXECUTIVE VICE PRESIDENT	40.0 0.0			X			2,492,436	0	56,683
(5) WILLIAM S NEHS SENIOR VICE PRESIDENT	40.0 0.0			X			1,296,368	0	65,223
(6) JUSTINE HANDELMAN SENIOR VICE PRESIDENT	40.0 0.0			X			1,044,464	0	143,784
(7) WILLIAM A BRESKIN SENIOR VICE PRESIDENT	40.0 0.0			X			1,022,060	0	142,350
(8) KARI J HEDGES	40.0								

.....				X					1,003,139	0	129,841
SENIOR VICE PRESIDENT	0.0										
(9) MAUREEN E SULLIVAN	40.0			X					895,164	0	76,300
SENIOR VICE PRESIDENT	0.0										
(10) TERRY COONEY	40.0			X					637,572	0	164,373
VICE PRESIDENT	0.0										
(11) KRIS O HALTMEYER	40.0			X					650,867	0	122,878
VICE PRESIDENT	0.0										
(12) LACHLAN TIDMARSH	40.0			X					675,256	0	51,891
SENIOR VICE PRESIDENT	0.0										
(13) KATHY DIDAWICK	40.0			X					658,208	0	40,028
VICE PRESIDENT	0.0										
(14) JOHN BANTA	40.0						X		615,817	0	55,869
EXECUTIVE DIRECTOR	0.0										
(15) RICH CULLEN	40.0			X					493,137	0	146,508
VICE PRESIDENT	0.0										
(16) JOHN JOYCE JR	40.0			X					504,977	0	128,240
VICE PRESIDENT	0.0										
(17) BRAD LUBRANT	40.0			X					407,740	0	218,573
VICE PRESIDENT	0.0										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK TALLUTO	40.0			X				553,713	0	49,101
VICE PRESIDENT	0.0									
(19) REED MELTON	40.0			X				408,635	0	193,471
VICE PRESIDENT	0.0									
(20) MELISSA ROTUNNO	40.0			X				463,028	0	128,389
VICE PRESIDENT	0.0									
(21) JEFFREY BERTA	40.0					X		440,672	0	148,735
EXECUTIVE DIRECTOR	0.0									
(22) JULIE KOEWLER	40.0			X				516,578	0	56,438
VICE PRESIDENT	0.0									
(23) NAOMI ARONSON	40.0					X		375,919	0	168,341
EXECUTIVE DIRECTOR	0.0									
(24) KELLY WILLIAMS	40.0			X				515,250	0	26,567
VICE PRESIDENT	0.0									
(25) DENISE SCHOFIELD	40.0					X		444,460	0	95,255
EXECUTIVE DIRECTOR	0.0									
(26) DAVID YODER	40.0			X				458,201	0	52,164
VICE PRESIDENT	0.0									
(27) JOHN CERISANO	40.0			X				407,521	0	72,267
VICE PRESIDENT	0.0									
(28) SEAN ROBBINS	40.0			X				413,418	0	36,909
EXECUTIVE VICE PRESIDENT	0.0									
(29) ERIC WILKERSON	40.0			X				413,690	0	28,575
VICE PRESIDENT	0.0									
(30) JAMES BARKACH	40.0					X		362,922	0	31,267
EXECUTIVE DIRECTOR	0.0									
(31) JENNIFER ATKINS	40.0			X				337,823	0	54,818
VICE PRESIDENT	0.0									

(32) JILL S KLEIN EXECUTIVE DIRECTOR	40.0 0.0			X					351,347	0	18,411
(33) NISHA K LULLA VICE PRESIDENT	40.0 0.0			X					344,914	0	20,283
(34) REBECCA M D'AMICO VICE PRESIDENT	40.0 0.0			X					337,859	0	13,362
(35) ANSHUMAN CHOUDHRI VICE PRESIDENT	40.0 0.0			X					285,977	0	17,548
(36) ADAM L MYERS SENIOR VP & CCTO	40.0 0.0			X					265,010	0	11,270
(37) JODY VOSS VICE PRESIDENT	0.0 0.0						X		204,787	0	0
(38) CHRISTINA FISHER EXECUTIVE VICE PRESIDENT	40.0 0.0			X					170,550	0	4,253
(39) KATIE W MCBREEN VICE PRESIDENT	40.0 0.0			X					92,850	0	14,708
(40) KEYSHA BROOKS-COLEY VICE PRESIDENT	40.0 0.0			X					73,989	0	1,222
(41) VINCENT NELSON VICE PRESIDENT	40.0 0.0			X					52,625	0	3,892
(42) MATTHEW D ALL BOARD MEMBER	4.0 0.0	X							0	0	0
(43) CURTIS BARNETT BOARD MEMBER	4.0 0.0	X							0	0	0
(44) GAIL K BOUDREAU BOARD MEMBER	4.0 0.0	X							0	0	0
(45) DAN CONRAD BOARD MEMBER	4.0 0.0	X							0	0	0
(46) ANDREW DREYFUS BOARD MEMBER	4.0 0.0	X							0	0	0
(47) DANA ERICKSON BOARD MEMBER	4.0 0.0	X							0	0	0
(48) ROBERTO GARCIA-RODRIGUEZ BOARD MEMBER	4.0 0.0	X							0	0	0
(49) DON C GEORGE BOARD MEMBER	4.0 0.0	X							0	0	0
(50) PATRICK J GERAGHTY BOARD MEMBER	4.0 0.0	X							0	0	0
(51) DIANE GORE BOARD MEMBER	4.0 0.0	X							0	0	0
(52) STEVEN H GRANDFIELD BOARD MEMBER	4.0 0.0	X							0	0	0
(53) CORY HARRIS BOARD MEMBER	4.0 0.0	X							0	0	0
(54) J D HICKEY BOARD MEMBER	4.0 0.0	X							0	0	0
(55) DAVID HOLMBERG BOARD MEMBER	4.0 0.0	X							0	0	0
(56) PAM KEHALY BOARD MEMBER	4.0 0.0	X							0	0	0
(57) DANIEL J LOEPP BOARD MEMBER	4.0 0.0	X							0	0	0
(58) CHARLENE MAHER BOARD MEMBER	4.0 0.0	X							0	0	0
(59) PAUL MARKOVICH BOARD MEMBER	4.0 0.0	X							0	0	0
(60) MARK MUGIISHI BOARD MEMBER	4.0 0.0	X							0	0	0
(61) DAVID S PANKAU BOARD MEMBER	4.0 0.0	X							0	0	0
(62) BRIAN PIENINCK BOARD MEMBER	4.0 0.0	X							0	0	0
(63) M CAROL PIGOTT BOARD MEMBER	4.0 0.0	X							0	0	0
(64) JIM REED BOARD MEMBER	4.0 0.0	X							0	0	0
(65) JEFF ROE BOARD MEMBER	4.0 0.0	X							0	0	0
(66) MARK H RUSZCZYK BOARD MEMBER	4.0 0.0	X							0	0	0
(67) TODD A SHAMASH BOARD MEMBER	4.0 0.0	X							0	0	0



**f** All other contributions, gifts, grants, and similar amounts not included above **1f**

**g** Noncash contributions included in lines 1a - 1f: \$ **1g**

**h Total.** Add lines 1a-1f **0**

		Business Code				
<b>Program Service Revenue</b>	<b>2a</b> FEDERAL EMPLOYEE PROGRAM	900099	259,415,809	259,415,809		
	BLUECARD	900099	206,622,816	206,622,816		
	OTHER SERVICES	900099	192,182,669	184,948,692	7,233,977	0
	FEE FOR SERVICES	900099	68,590,720	68,590,720		
	BLUESNET	900099	18,877,147	18,877,147		
	<b>f</b> All other program service revenue.			18,749,685	18,749,685	
<b>g Total.</b> Add lines 2a-2f.			764,438,846			

<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,441,064				4,441,064
<b>4</b> Income from investment of tax-exempt bond proceeds		0				
<b>5</b> Royalties		0				

		(i) Real	(ii) Personal			
<b>6a</b> Gross rents	<b>6a</b>		0			
<b>b</b> Less: rental expenses	<b>6b</b>		0			
<b>c</b> Rental income or (loss)	<b>6c</b>	0	0			
<b>d</b> Net rental income or (loss)				0		

		(i) Securities	(ii) Other			
<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	60,011,920	1,228,014			
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	50,000,000	1,053,587			
<b>c</b> Gain or (loss)	<b>7c</b>	10,011,920	174,427			
<b>d</b> Net gain or (loss)				10,186,347		10,186,347

<b>7d</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	0				
<b>b</b> Less: direct expenses	<b>8b</b>	0				
<b>c</b> Net income or (loss) from fundraising events				0		

<b>7e</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>	0				
<b>b</b> Less: direct expenses	<b>9b</b>	0				
<b>c</b> Net income or (loss) from gaming activities				0		

<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0				
<b>b</b> Less: cost of goods sold	<b>10b</b>	0				
<b>c</b> Net income or (loss) from sales of inventory				0		

Miscellaneous Revenue		Business Code				
<b>11a</b> K-1 INCOME			916,939	0	916,939	0
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						

e Total. Add lines 11a-11d		916,939			
12 Total revenue. See instructions		779,983,196	757,204,869	8,150,916	14,627,411

Form 990 (2021)

Form 990 (2021)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	46,836,838	28,054,996	18,781,842	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)	0			
7 Other salaries and wages	164,315,120	161,665,328	2,649,792	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,244,737	18,054,743	-2,810,006	
9 Other employee benefits	7,029,971	14,493,256	-7,463,285	
10 Payroll taxes	13,377,715	12,718,786	658,929	
11 Fees for services (non-employees):				
a Management	0			
b Legal	27,470,045	27,160,596	309,449	
c Accounting	1,699,472	1,699,472		
d Lobbying	3,715,465	3,715,465		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	222,670,347	218,986,002	3,684,345	
12 Advertising and promotion	80,631,347	80,631,347		
13 Office expenses	7,536,390	7,427,328	109,062	
14 Information technology	70,811,553	69,994,273	817,280	
15 Royalties	0			
16 Occupancy	13,114,370	12,577,435	536,935	
17 Travel	392,981	333,108	59,873	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	308,715	76,075	232,640	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,970,892	13,627,869	343,023	
23 Insurance	8,487,935	8,365,665	122,270	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP & SPONSORSHIP	1,604,700	1,514,696	90,004	0
b CONTRIBUTIONS - GENERAL	3,869,716	2,619,716	1,250,000	0
c BOOKS & PERIODICALS	867,026	845,607	21,419	0
d MISCELLANEOUS	1,427,341	-739,631	2,166,972	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	705,382,676	683,822,132	21,560,544	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720).

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Total assets: 1,101,136,173. Total liabilities: 1,121,572,850. Net assets or fund balances: -20,436,677.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

Table with columns 1, 2. Rows include Total revenue (779,983,196), Total expenses (705,382,676), and Revenue less expenses (74,600,520).

3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	14,000,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	-20,436,677
5	Net unrealized gains (losses) on investments . . . . .	5	-8,317,163
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	62,822,583
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	108,669,263

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form 990 (2021)

Form 990 (2021)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of the organization (BLUE CROSS BLUE SHIELD ASSOCIATION) and Employer identification number (13-5656874)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions ..... \$ 393,799
3 Volunteer hours for political campaign activities. See instructions .....

Part I-B Complete if the organization is exempt under section 501(c)(3).
1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... Yes No
4a Was a correction made? ..... Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ 50,000
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ 50,000
4 Did the filing organization file Form 1120-POL for this year? ..... Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Includes rows for Democratic Governors Association and Republican Governors Assoc.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)
(a) Filing organization's totals
(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
1b Total lobbying expenditures to influence a legislative body (direct lobbying) .....
1c Total lobbying expenditures (add lines 1a and 1b) .....

**d** Other exempt purpose expenditures .....

**e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....

**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....

**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

Page 3

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	102,000.000
---	---	-------------

<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b>	Current year .....	<b>2a</b>	7,940,000
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	7,940,000
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	7,940,000
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	THE FILING ORGANIZATION MADE CONTRIBUTIONS FROM THE GENERAL TREASURY TO TWO SECTION 527 POLITICAL ORGANIZATIONS AND SPONSORED A SEPARATE FUND DESIGNATED FOR EXEMPT PURPOSES.

Schedule C (Form 990) 2021

**Additional Data**

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**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (BLUE CROSS BLUE SHIELD ASSOCIATION) and Employer identification number (13-5656874)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor information and fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easement details and monitoring.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Table with 3 columns: Line number, Description, and Amount. Includes question 3 regarding collection items.

Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements		29,723,463	24,436,178	5,287,285
d Equipment . . . . .		60,076,346	48,278,772	11,797,574
e Other . . . . .		16,006,152	15,190,971	815,181
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,900,040

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**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) NON-PUBLIC MUTUAL FUNDS	29,005,576	C
(B) WELLS FARGO MUTUAL FUNDS	10,638,573	F
(C) EXCHANGE TRADED FUNDS	119,519,032	C
(D) INVEST. IN AFFILIATES >5%	11,631,121	C
(E) 206,839 COMMON, BCS INSR. CORP	211,000	C
(E)		
(F)		
(G)		

(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	171,005,302

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)POST RETIREMENT ASSETS	24,157,296
(2)LT PREPAID EXPENSE	3,053,665
(3)INVESTMENT - BCBSI	13,344,165
(4)OTHER ASSETS	4,477,101
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 45,032,227

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION LIABILITES	121,337,708
LONG-TERM DEFERRED REVENUE	1,634,788
LEASE LIABILITY	4,820,310
OTHER BENEFITS	2,322,873
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 130,115,679

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			

<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7d	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>			<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)			<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements			<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>			<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>			<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>			<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)			<b>5</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE D, PART IV, LINE 2B	ESCROW & CUSTODIAL ARRANGEMENTS THE ASSOCIATION HOLDS FUNDS AS AGENT FOR ITS MEMBER PLANS UNDER ARRANGEMENTS COVERING ITS BLUE CARD AND FEDERAL EMPLOYEE PROGRAM.
FORM 990, SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE THE ASSOCIATION RECORDS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ASC 740 INCOME TAXES ON THE BASIS OF A TWO-STEP PROCESS IN WHICH (1) IT DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON THE BASIS OF THE TECHNICAL MERITS OF THE POSITION AND (2) FOR THOSE TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, IT RECOGNIZES THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELATED TAX AUTHORITY. THE ASSOCIATION DOES NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE RECORDED WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2021 OR 2020. NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED WITHIN THE CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2021 OR 2020. AS OF DECEMBER 31, 2021, THE ASSOCIATION IS OPEN TO EXAMINATION BY TAXING AUTHORITIES FOR TAX YEARS 2018 AND FORWARD.

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Additional Data

Return to Form

Software ID:  
 Software Version:

<b>efile Public Visual Render</b>	Objectid: 202203189349310365 - Submission: 2022-11-14	TIN: 13-5656874
<b>Schedule J (Form 990)</b>	<b>Compensation Information</b>	OMB No. 1545-0047
<p>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</p> <p>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.</p> <p>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</p>		<div style="font-size: 2em; font-weight: bold; color: green;">2021</div> <p>Open to Public Inspection</p>

Name of the organization BLUE CROSS BLUE SHIELD ASSOCIATION	Employer identification number 13-5656874
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Part I Questions Regarding Compensation	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>1b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	Yes									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes									
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	Yes									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?		No								
<b>b</b> Any related organization?		No								
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?		No								
<b>b</b> Any related organization?		No								
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.  
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(i)	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT P SEROTA PRESIDENT AND CEO	(i)	0	6,420,661	13,358,709	1,664	2,536	19,783,570	4,805,968
	(ii)	0	0	0	0	0	0	0
2 KIM KECK PRESIDENT AND CEO	(i)	1,335,279	1,227,500	44,862	14,060	39,622	2,661,323	0
	(ii)	0	0	0	0	0	0	0
3 JENNIFER VACHON EXECUTIVE VICE PRESIDENT	(i)	1,088,858	767,100	610,029	849,794	50,485	3,366,266	330,643
	(ii)	0	0	0	0	0	0	0
4 ROBERT J KOLODGY JR EXECUTIVE VICE PRESIDENT	(i)	1,973,191	510,700	8,545	14,500	42,183	2,549,119	169,000
	(ii)	0	0	0	0	0	0	0
5 JUSTINE HANDELMAN SENIOR VICE PRESIDENT	(i)	451,591	323,800	269,073	116,375	27,409	1,188,248	156,679
	(ii)	0	0	0	0	0	0	0
6 KARI J HEDGES SENIOR VICE PRESIDENT	(i)	403,282	316,600	283,257	78,482	51,359	1,132,980	127,908
	(ii)	0	0	0	0	0	0	0
7 WILLIAM A BRESKIN SENIOR VICE PRESIDENT	(i)	375,995	291,700	354,365	123,843	18,507	1,164,410	189,501
	(ii)	0	0	0	0	0	0	0
8 MAUREEN E SULLIVAN SENIOR VICE PRESIDENT	(i)	461,969	308,300	124,895	51,135	25,165	971,464	100,264
	(ii)	0	0	0	0	0	0	0
9 WILLIAM S NEHS SENIOR VICE PRESIDENT	(i)	925,856	365,800	4,712	14,500	50,723	1,361,591	84,000
	(ii)	0	0	0	0	0	0	0
10 LACHLAN TIDMARSH SENIOR VICE PRESIDENT	(i)	418,087	255,300	1,869	14,500	37,391	727,147	0
	(ii)	0	0	0	0	0	0	0
11 TERRY COONEY VICE PRESIDENT	(i)	283,757	86,200	267,615	114,992	49,381	801,945	44,084
	(ii)	0	0	0	0	0	0	0
12 KATHY DIDAWICK	(i)	444,690	106,800	106,718	23,828	16,200	698,236	0
	(ii)	0	0	0	0	0	0	0

VICE PRESIDENT	(i)	0	0	0	0	0	0	0
13 KRIS O HALTMEYER VICE PRESIDENT	(i)	325,669	164,900	160,298	87,454	35,424	773,745	38,732
	(ii)	0	0	0	0	0	0	0
14 JOHN CERISANO VICE PRESIDENT	(i)	161,791	142,800	102,930	24,819	47,448	479,788	29,000
	(ii)	0	0	0	0	0	0	0
15 KELLY WILLIAMS VICE PRESIDENT	(i)	342,240	171,800	1,210	11,503	15,064	541,817	0
	(ii)	0	0	0	0	0	0	0
16 MARK TALLUTO VICE PRESIDENT	(i)	352,075	197,800	3,838	10,004	39,097	602,814	37,000
	(ii)	0	0	0	0	0	0	0
17 JULIE KOEWLER VICE PRESIDENT	(i)	332,556	182,700	1,322	14,500	41,938	573,016	38,000
	(ii)	0	0	0	0	0	0	0
18 JOHN JOYCE JR VICE PRESIDENT	(i)	285,641	98,000	121,336	96,091	32,149	633,217	38,961
	(ii)	0	0	0	0	0	0	0
19 DAVID YODER VICE PRESIDENT	(i)	309,802	143,600	4,799	13,932	38,232	510,365	0
	(ii)	0	0	0	0	0	0	0
20 JENNIFER ATKINS VICE PRESIDENT	(i)	156,962	133,100	47,761	14,500	40,318	392,641	46,134
	(ii)	0	0	0	0	0	0	0
21 RICH CULLEN VICE PRESIDENT	(i)	256,012	128,100	111,025	101,254	45,254	639,645	64,631
	(ii)	0	0	0	0	0	0	0
22 REED MELTON VICE PRESIDENT	(i)	252,894	99,900	56,041	184,559	8,912	602,106	3,942
	(ii)	0	0	0	0	0	0	0
23 MELISSA ROTUNNO VICE PRESIDENT	(i)	250,657	140,400	71,971	94,148	34,241	591,417	54,764
	(ii)	0	0	0	0	0	0	0
24 BRAD LUBRANT VICE PRESIDENT	(i)	251,554	91,400	64,786	182,655	35,918	626,313	23,654
	(ii)	0	0	0	0	0	0	0
25 ERIC WILKERSON VICE PRESIDENT	(i)	290,738	122,400	552	14,006	14,569	442,265	0
	(ii)	0	0	0	0	0	0	0
26 NISHA K LULLA VICE PRESIDENT	(i)	233,939	110,900	75	6,412	13,871	365,197	0
	(ii)	0	0	0	0	0	0	0
27 JOHN BANTA EXECUTIVE DIRECTOR	(i)	280,243	328,700	6,874	13,955	41,914	671,686	185,100
	(ii)	0	0	0	0	0	0	0
28 DENISE SCHOFIELD EXECUTIVE DIRECTOR	(i)	284,157	68,900	91,403	94,727	528	539,715	51,669
	(ii)	0	0	0	0	0	0	0
29 JAMES BARKACH EXECUTIVE DIRECTOR	(i)	257,455	77,200	28,267	6,237	25,030	394,189	0
	(ii)	0	0	0	0	0	0	0
30 JEFFREY BERTA EXECUTIVE DIRECTOR	(i)	283,554	87,900	69,218	121,009	27,726	589,407	8,699
	(ii)	0	0	0	0	0	0	0
31 NAOMI ARONSON EXECUTIVE DIRECTOR	(i)	244,750	64,000	67,169	151,877	16,464	544,260	0
	(ii)	0	0	0	0	0	0	0
32 REBECCA M D'AMICO VICE PRESIDENT	(i)	254,107	66,300	17,452	11,245	2,117	351,221	0
	(ii)	0	0	0	0	0	0	0
33 ANSHUMAN CHOUDHRI VICE PRESIDENT	(i)	225,522	57,800	2,655	6,731	10,817	303,525	0
	(ii)	0	0	0	0	0	0	0
34 ADAM L MYERS SENIOR VP & CCTO	(i)	128,582	120,000	16,428	808	10,462	276,280	0
	(ii)	0	0	0	0	0	0	0
35 CHRISTINA FISHER EXECUTIVE VICE PRESIDENT	(i)	70,111	100,000	439	0	4,253	174,803	0
	(ii)	0	0	0	0	0	0	0
36 JILL S KLEIN EXECUTIVE DIRECTOR	(i)	246,245	82,400	22,702	5,910	12,501	369,758	0
	(ii)	0	0	0	0	0	0	0
37 SEAN ROBBINS EXECUTIVE VICE PRESIDENT	(i)	387,087	25,000	1,331	9,868	27,041	450,327	0
	(ii)	0	0	0	0	0	0	0
38 JODY VOSS VICE PRESIDENT	(i)	0	0	204,787	0	0	204,787	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2021

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	AS AN ORGANIZATION SERVING A SYSTEM OF LOCALLY BASED INDEPENDENT PLANS OFFERING HEALTH INSURANCE IN ALL 50 STATES, DC AND PUERTO RICO, THE ASSOCIATION'S OFFICERS ARE EXPECTED TO MAINTAIN AN UNUSUALLY DEMANDING TRAVEL SCHEDULE. A COMMITTEE OF THE ASSOCIATION'S BOARD COMPRISED OF INDEPENDENT PLAN EXECUTIVES HAS ESTABLISHED CEO TRAVEL POLICIES DESIGNED TO ASSURE THE ORGANIZATION IS ABLE TO MEET THE CEO'S TRAVEL COMMITMENTS, INCLUDING TRAVEL TO UNDERSERVED REGIONAL DESTINATIONS. THESE POLICIES INCLUDE THE USE OF CHARTER AIRCRAFT AND FIRST CLASS TRAVEL ON SCHEDULED COMMERCIAL FLIGHTS UNDER CERTAIN LIMITED CIRCUMSTANCES. THE ASSOCIATION HAS DESIGNED A COMPREHENSIVE FINANCIAL AND SERVICE-RELOCATION PROGRAM TO ASSIST RELOCATING EMPLOYEES AND NEW HIRES WITH THE RELOCATION PROCESS. THE ASSOCIATION MAY PROVIDE A TAX GROSS UP ON ALL OR PART OF A RELOCATING EMPLOYEE'S TAXABLE RELOCATION EXPENSES IN ORDER TO ASSIST THE RELOCATING EMPLOYEE OR NEW HIRE FOR NEGATIVE TAX CONSEQUENCES DUE TO TAXATION OF RELOCATION EXPENSE REIMBURSEMENTS. THE EXPENSES ARE REIMBURSED AND INCLUDED IN TAXABLE COMPENSATION, IF APPLICABLE, IN ACCORDANCE WITH THE ASSOCIATION'S POLICY. TO FACILITATE BUSINESS MEETINGS WITH VISITING PLAN OFFICIALS AND OTHERS, AND TO FOSTER SOCIAL INTERACTION SERVING THE INTERESTS OF THE ASSOCIATION AND TO FOSTER THEIR GOOD HEALTH, THE ASSOCIATION REIMBURSES A LUNCHEON CLUB MEMBERSHIP FOR OFFICERS. THE EXPENSES ARE REIMBURSED AND INCLUDED IN TAXABLE COMPENSATION, IF APPLICABLE, IN ACCORDANCE WITH THE ASSOCIATION'S POLICY.
FORM 990, SCHEDULE J, PART I, LINE 3	THE COMPENSATION OF THE CEO AND THE CONTINUED RETENTION OF THAT PROFESSIONAL'S SERVICES ARE APPROVED EACH YEAR BY A COMMITTEE OF THE ASSOCIATION'S BOARD COMPRISED OF INDEPENDENT PLAN EXECUTIVES. THAT COMMITTEE ACTS AFTER DELIBERATIONS BASED UPON ADVICE FROM A QUALIFIED INDEPENDENT CONSULTANT'S RESEARCH REGARDING COMPENSATION PAID BY OTHER ORGANIZATIONS FOR OFFICERS SERVING IN CAPACITIES COMPARABLE TO THAT OF THE ASSOCIATION'S CEO. EACH YEAR THIS COMMITTEE'S DECISIONS ARE REPORTED TO THE FULL BOARD DURING A REGULARLY SCHEDULED MEETING. THE BOARD DELIBERATES ON BOTH MATTERS. EXTENSION OF THE PERIOD OF THE CEO'S SERVICE REQUIRES ACTION BY THE FULL BOARD. THE COMPENSATION DETERMINATIONS OF THE COMMITTEE STAND APPROVED UNLESS THE BOARD EXERCISES ITS INHERENT PREROGATIVE TO MODIFY THE COMMITTEE'S COMPENSATION DECISIONS. THE SAME COMMITTEE OF INDEPENDENT PLAN EXECUTIVES ANNUALLY RECEIVES THE CEO'S RECOMMENDATIONS REGARDING THE COMPENSATION TO BE PAID TO THE OFFICERS. AS WITH THE CEO'S COMPENSATION, THE DELIBERATIONS OF THIS COMMITTEE AND ITS DECISIONS TO APPROVE OR MODIFY. THE CEO'S COMPENSATION ARE BASED UPON THE RESULTS OF AN INDEPENDENT CONSULTANT'S MARKET RESEARCH REGARDING COMPARABLE OFFICER PAY AND THE INDEPENDENT CONSULTANT'S ADVICE. IN 2021, SCOTT SEROTA RETIRED AS BCBSA'S CEO. RELATED TO COMPENSATION EARNED AND VESTED IN PRIOR PERIODS AND IN ACCORDANCE WITH THE PLAN DOCUMENTS, SCOTT RECEIVED POST SEPARATION COMPENSATION.
FORM 990, SCHEDULE J, PART I, LINE 4A	THREE OFFICERS RECEIVED SEVERANCE PAY DURING 2021: ROBERT J. KOLODGY JR - 1,355,480 KATHY DIDAWICK - 338,449 NISHA K. LULLA - 135,704
FORM 990, SCHEDULE J, PART I, LINE 4B	AS REQUIRED BY THE INSTRUCTIONS TO FORM 990, SCHEDULE J, PART II, A HYPOTHETICAL SERP ACCRUAL OF ADDITIONAL VESTED BENEFITS WAS CALCULATED FOR EACH REPORTABLE PERSON WHO WAS ELIGIBLE TO PARTICIPATE IN THAT PROGRAM. THE ACCRUAL AMOUNTS WERE DETERMINED USING THE ASSOCIATION'S BEST ESTIMATE OF THE ACTUARIAL VALUE OF THE ADDITIONAL VESTED BENEFITS. ADDITIONAL VESTED BENEFITS UNDER THE SERP ARE TAXED AND INCLUDED IN FORM W-2 BASED ON INCOME TAX REGULATIONS, WHICH DIFFER FROM THE INSTRUCTIONS TO SCHEDULE J. BECAUSE THE INSTRUCTIONS TO SCHEDULE J SPECIFY THAT AMOUNTS REPORTED IN COLUMNS B(I) THROUGH B(III), I.E., AMOUNTS REPORTED ON FORM W-2, SHOULD NOT BE REPORTED AGAIN IN COLUMN C OR D, THE AMOUNT OF IMPUTED SERP INCOME REPORTED IN FORM W-2 AND COLUMN B(III) WAS SUBTRACTED IN EACH CASE FROM THE HYPOTHETICAL SERP ACCRUAL OF ADDITIONAL VESTED BENEFITS. THE BALANCE OF THE HYPOTHETICAL ACCRUAL WAS INCLUDED IN COLUMN C FOR THE APPLICABLE REPORTABLE PERSONS AS FOLLOWS:

	JENNIFER VACHON 767,923 MELTON REED 47,138 JUSTINE HANDELMAN 45,665 JEFF BERTA 31,327 BRAD LUBRANT 29,232 RICHARD CULLEN 19,759 MELISSA ROTUNNO 18,850 THE COMBINED TOTAL OF IMPUTED SERP INCLUDED IN COLUMN C: 959,894
FORM 990, SCHEDULE J, PART I, LINE 7	THE ASSOCIATION MAINTAINS AN ASSOCIATION WIDE ANNUAL PERFORMANCE BONUS PROGRAM THAT ASSURES A PORTION OF EMPLOYEE'S ANNUAL COMPENSATION IS CONTINGENT UPON THE ATTAINMENT OF PRE-APPROVED ORGANIZATIONAL PERFORMANCE GOALS. AS WEIGHTED BY THE PERFORMANCE MEASUREMENT PROCESS THAT EVALUATES EACH INDIVIDUAL EMPLOYEE'S EFFORTS. OFFICERS, LIKE ALL EMPLOYEES, ARE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM. THE PERFORMANCE GOALS AND THE BUDGET FOR THIS BONUS PROGRAM ARE APPROVED EACH YEAR BY THE ASSOCIATION'S BOARD BASED UPON RECOMMENDATIONS FROM A BOARD COMMITTEE CONSISTING OF INDEPENDENT PLAN EXECUTIVES. MOREOVER, THE PERFORMANCE ASSESSMENT JUDGMENTS AND THE APPROVAL OF ACTUAL PAYOUTS REQUIRE APPROVAL BY THAT COMMITTEE. THE CEO AND AN EXECUTIVE DIRECTOR PARTICIPATE IN SEPARATE LONG TERM INCENTIVE BONUS PROGRAMS. AS WITH THE REGULAR PERFORMANCE BONUS PROGRAMS, PAYOUTS UNDER THESE LONG TERM INCENTIVE PROGRAMS REFLECT THE EXTENT TO WHICH PRE-ESTABLISHED PERFORMANCE GOALS ARE REACHED. HOWEVER, UNLIKE THE ANNUAL PERFORMANCE BONUS PROGRAM, THE LONG TERM INCENTIVE PROGRAMS OPERATE ON A MULTI-YEAR CYCLE TO ASSURE THAT THE CEO AND AN EXECUTIVE DIRECTOR HAVE INCENTIVES THAT LOOK BEYOND THE IMMEDIATE YEAR. UNDER THE CEO'S PROGRAM, THE PERFORMANCE MEASUREMENTS AND THE ASSESSMENT OF THE ACHIEVEMENT OF THOSE GOALS AND THE RESULTING PAYOUT AMOUNTS ARE ALL APPROVED BY THE SAME BOARD COMMITTEE DESCRIBED ABOVE AND REPORTED TO THE FULL BOARD. THE COMMITTEE'S DELIBERATIONS REGARDING THE ESTABLISHMENT OF THE PROGRAM, THE SELECTION OF THE PERFORMANCE FACTORS AND ASSESSMENT OF PERFORMANCE ALL INCLUDE CONSULTATION AND RECOMMENDATION FROM A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT BASED UPON A MARKET STUDY OF COMPARABLE PROGRAMS FOR COMPARABLE EXECUTIVES. UNDER THE EXECUTIVE DIRECTOR'S PROGRAM, THE PERFORMANCE MEASUREMENT IS BASED ON THE PERFORMANCE OF SPECIFIED INVESTMENTS.

Schedule J (Form 990) 2021

Additional Data

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Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (BLUE CROSS BLUE SHIELD ASSOCIATION) and Employer identification number (13-5656874)

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No)

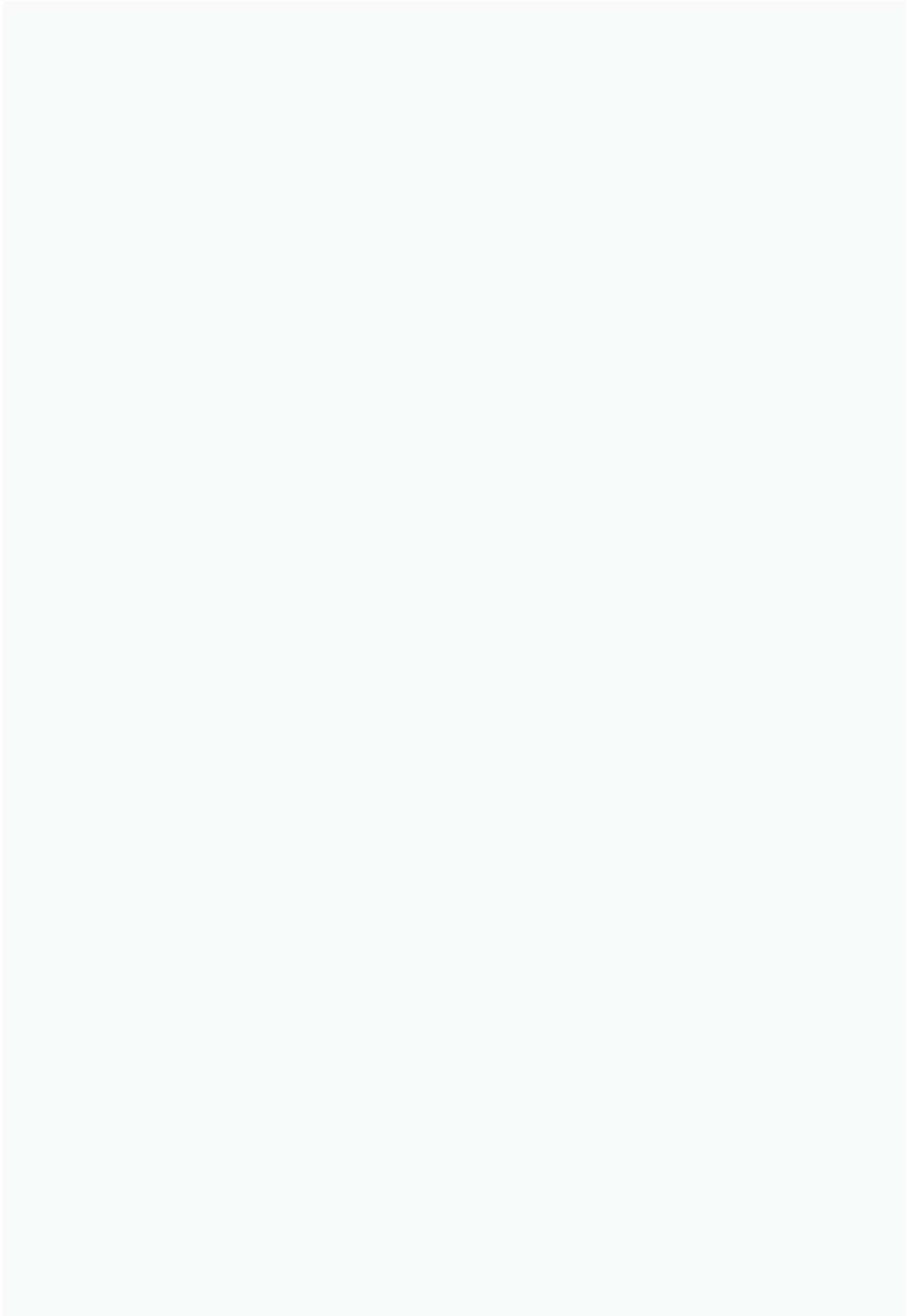
Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).

Table with 2 columns: Return Reference, Explanation

Additional Data

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<b>efile Public Visual Render</b>	<b>ObjectID: 202203189349310365 - Submission: 2022-11-14</b>	<b>TIN: 13-5656874</b>
<b>SCHEDULE O</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; color: green;">2021</div> Open to Public Inspection

Name of the organization BLUE CROSS BLUE SHIELD ASSOCIATION	Employer identification number 13-5656874
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Return Reference	Explanation
FORM 990, PART I, LINE 1	THE ORGANIZATION'S TAX EXEMPT PURPOSE IS PROMOTING THROUGH INDEPENDENT BLUE CROSS AND BLUE SHIELD MEMBER PLANS, THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY BY FOSTERING BROAD-BASED HEALTH INSURANCE COVERAGE.
FORM 990, PART III, LINE 1	THE ASSOCIATION SERVES ITS MEMBERSHIP CONSISTING OF INDEPENDENT BLUE CROSS AND BLUE SHIELD MEMBER PLANS THAT OPERATE WITHIN SPECIFIC GEOGRAPHIC SERVICE AREAS. THE ASSOCIATION PROVIDES A VARIETY OF SERVICES TO MEMBER PLANS AND COORDINATES GOVERNMENT SERVICES, SUCH AS THE CONTRACT UNDER THE FEDERAL EMPLOYEE HEALTH BENEFIT PROGRAM (FEP), WHICH IS THE CORE OF THE ORGANIZATION'S EXEMPT PURPOSE OF PROMOTING THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY BY FOSTERING BROAD-BASED HEALTH INSURANCE COVERAGE.
FORM 990, PART III, LINE 4A	THE BLUE CROSS AND BLUE SHIELD ASSOCIATION'S FEDERAL EMPLOYEE PROGRAM (FEP) ADMINISTERS THE BLUE CROSS AND BLUE SHIELD SERVICE BENEFIT PLAN. APPROXIMATELY 66.2 PERCENT OF ALL FEDERAL EMPLOYEES AND RETIREES WHO RECEIVED THEIR HEALTH CARE BENEFITS THROUGH THE GOVERNMENT'S FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHBP) ARE MEMBERS OF THE SERVICE BENEFIT PLAN RECEIVING HEALTH COVERAGE THROUGH MEMBER PLANS. THE SERVICE BENEFIT PLAN HAS BEEN PART OF THE FEHBP SINCE ITS INCEPTION IN 1960 AND IS THE LARGEST PLAN IN THE PROGRAM. 2021 WAS ANOTHER STRONG YEAR FOR THE BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM (FEP), BLUE CROSS BLUE SHIELD FEP DENTAL AND BLUE CROSS BLUE SHIELD FEP VISION. WE ATTAINED HISTORIC LEVELS OF ACHIEVEMENT ON SEVERAL BUSINESS METRICS: ENROLLMENT OF OVER 5.5 MILLION MEMBERS AND A RECORD 36 CONSECUTIVE YEARS OF OPEN SEASON ENROLLMENT GROWTH, RETENTION REMAINS AT AN HISTORICALLY HIGH-LEVEL AT 99.6 PERCENT, AND MOST SIGNIFICANTLY, FEP CONTINUED EXPANDED BENEFITS AND SERVICE TO MEMBERS IN RESPONSE TO THE COVID 19 PANDEMIC.
FORM 990, PART III, LINE 4B	AS THE UMBRELLA ORGANIZATION FOR THE MEMBER PLANS, THE ASSOCIATION COORDINATES ADVERTISING AND COMMUNICATION PROGRAMS, PROVIDING POLICY AND REPRESENTATION OF MEMBER INTERESTS, MONITORS AND FOSTERS THE FINANCIAL STABILITY OF ALL THE PLANS AND SUPPORTS THE ABILITY OF THE PLANS TO OPERATE EFFICIENTLY BY PROVIDING CONFERENCES, CONSULTING AND MISCELLANEOUS SERVICES TO THE PLANS.
FORM 990, PART III, LINE 4C	THE BLUECARD PROGRAM ENABLES BLUE PLAN MEMBERS TO RECEIVE THE BENEFITS OF THEIR INSURANCE CONTRACTS WHILE TRAVELING OR LIVING IN ANOTHER MEMBER PLAN'S GEOGRAPHIC SERVICE AREA. THROUGH BLUECARD, BLUE PLAN MEMBERS ARE GIVEN SEAMLESS NATIONAL ACCESS TO PHYSICIANS AND HOSPITALS THAT PARTICIPATE IN BLUE NETWORKS. ADDITIONALLY, THE PROGRAM LINKS PARTICIPATING HEALTHCARE PROVIDERS WITH THE INDEPENDENT BLUE CROSS AND BLUE SHIELD PLANS THROUGH A SINGLE ELECTRONIC NETWORK FOR CLAIMS PROCESSING AND REIMBURSEMENT.
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE ACCOMPLISHMENTS THE ASSOCIATION PROVIDES OPTIONAL CONSULTING SERVICES AND OTHER MISCELLANEOUS PROJECTS; OPERATION OF THE NATIONAL EMPLOYEE BENEFITS ADMINISTRATION PROGRAM THAT PROVIDES A COMPREHENSIVE GROUP PACKAGE OF EMPLOYEE BENEFITS PROGRAMS TO THE PLANS; A CLOSED PRIVATE, WIDE AREA NETWORK THAT LINKS THE COMPUTER AND INFORMATION RESOURCES OF THE PLANS. EXPENSE: 74,929,760 GRANTS: NONE NONREVENUE: 106,217,552
FORM 990, PART VI, SECTION A, LINE 2	VARIOUS ASSOCIATION BOARD MEMBERS (DIRECTORS) ALSO SIT ON THE BOARD OF BLUE CROSS BLUE SHIELD ASSOCIATION AFFILIATES.
FORM 990, PART VI, SECTION A, LINE 6	BCBSA HAS THIRTY-FIVE (35) INDEPENDENT HEALTH CARE PLAN LICENSEES OPERATING IN SPECIFIED DOMESTIC SERVICE AREAS. ALL HEATH CARE PLAN LICENSEES ARE ASSOCIATION MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A	EACH PRIMARY LICENSEE MEMBER PLAN, BY THE AUTHORITY OF THEIR INDIVIDUAL GOVERNING DOCUMENTS, SELECT THE CEO OF THEIR RESPECTIVE COMPANIES TO SERVE AS A MEMBER OF THE ASSOCIATION'S BOARD.
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN GOVERNING DECISIONS, SUCH AS BY-LAW AMENDMENTS, REQUIRE ACTION BY BOTH THE ASSOCIATION'S BOARD AND ITS MEMBER PLANS.
FORM 990, PART VI, SECTION B, LINE 11B	IN GENERAL, FORM 990 CONTENT AND SOURCES OF INFORMATION ARE REVIEWED BY SUBJECT MATTER EXPERTS INCLUDING, BUT NOT LIMITED TO, INTERNAL AND EXTERNAL TAX (PWC) AND ACCOUNTING PROFESSIONALS AND INTERNAL LEGAL PERSONNEL. FINALIZING THE RETURN DRAFT CONSISTS OF DISCUSSIONS BETWEEN FINANCE OFFICERS AND FINANCE MANAGERS REGARDING THE NUMERIC RESULTS AND WRITTEN RESPONSES TO SELECT RETURN QUESTIONS. UPON INTERNAL AGREEMENT AS TO THE FORM AND CONTENT, AN ELECTRONIC DRAFT 990 IS SENT TO THE ASSOCIATION'S BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	BCBSA MAINTAINS A COMPREHENSIVE CODE OF CONDUCT AND COMPLIANCE PROGRAM APPLICABLE TO ALL EMPLOYEES AND OFFICERS. IN ADDITION, ALL EMPLOYEES, OFFICERS, AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM. THE BCBSA CHIEF AUDITOR AND COMPLIANCE OFFICER IS CHARGED WITH INVESTIGATING ANY ALLEGATIONS OF NON-COMPLIANCE WITH THE CODE OF CONDUCT, INCLUDING ANY COMPLAINTS REPORTED THROUGH THE ANONYMOUS HOTLINE MAINTAINED THROUGH AN INDEPENDENT ORGANIZATION. THE RESULTS OF THE COMPLIANCE PROGRAM'S EFFECTIVENESS ARE REPORTED TO THE FINANCIAL

	ORGANIZATION. THE RESULTS OF THE COMPLIANCE PROGRAM'S EFFECTIVENESS ARE REPORTED TO THE FINANCIAL AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. FAILURE TO ADHERE TO THE CODE OF CONDUCT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE COMPENSATION OF THE CEO AND THE CONTINUED RETENTION OF THAT PROFESSIONAL'S SERVICES ARE APPROVED EACH YEAR BY A COMMITTEE OF THE ASSOCIATION'S BOARD COMPRISED OF INDEPENDENT PLAN EXECUTIVES. THAT COMMITTEE ACTS AFTER DELIBERATIONS BASED UPON ADVICE FROM A QUALIFIED INDEPENDENT COMPENSATION CONSULTING FIRM. THE CONSULTANT'S ADVICE AND THOSE DELIBERATIONS INCLUDE A REVIEW OF THE RESULTS OF THE INDEPENDENT CONSULTANT'S RESEARCH REGARDING COMPENSATION PAID BY OTHER ORGANIZATIONS FOR OFFICERS SERVING IN CAPACITIES COMPARABLE TO THAT OF THE ASSOCIATION'S CEO. EACH YEAR THIS COMMITTEE'S DECISIONS ARE REPORTED TO THE FULL BOARD DURING A REGULARLY SCHEDULED MEETING. THE BOARD DELIBERATES ON BOTH MATTERS. EXTENSION OF THE PERIOD OF THE CEO'S SERVICE REQUIRES ACTION BY THE FULL BOARD. THE COMPENSATION DETERMINATIONS OF THE COMMITTEE STAND APPROVED UNLESS THE BOARD EXERCISES ITS INHERENT PREROGATIVE TO MODIFY THE COMMITTEE'S COMPENSATION DECISIONS. THE SAME COMMITTEE OF INDEPENDENT PLAN EXECUTIVES ANNUALLY RECEIVES THE CEO'S RECOMMENDATIONS REGARDING THE COMPENSATION TO BE PAID TO THE OFFICERS. AS WITH THE CEO'S COMPENSATION, THE DELIBERATIONS OF THIS COMMITTEE AND ITS DECISIONS TO APPROVE OR MODIFY THE CEO'S RECOMMENDATION ARE BASED UPON THE RESULTS OF AN INDEPENDENT CONSULTANT'S MARKET RESEARCH REGARDING COMPARABLE OFFICER PAY AND THE INDEPENDENT CONSULTANT'S ADVICE.
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION COMPLIES WITH ALL APPLICABLE PUBLIC DISCLOSURE REQUIREMENTS. THUS, FOR EXAMPLE, MEMBERS OF THE PUBLIC MAY REQUEST AN OPPORTUNITY TO REVIEW THE ASSOCIATION'S FORM 990 OR TO MAKE A COPY BY SENDING A WRITTEN REQUEST OR APPEARING IN PERSON AT ITS PRINCIPAL OFFICE OR ANY OF ITS OTHER LOCATIONS. THE ASSOCIATION'S FAVORABLE DETERMINATION LETTER REGARDING ITS TAX EXEMPT STATUS AND MATERIALS COMPRISING ITS EXEMPTION APPLICATION ARE ALSO AVAILABLE IN THIS MANNER. IF THE ASSOCIATION'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS) AND CONFLICT OF INTEREST POLICY ARE SUBJECT TO APPLICABLE FEDERAL OR STATE PUBLIC DISCLOSURE REQUIREMENTS, THOSE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. FOR EXAMPLE, FORM 990 FILINGS MAY INCLUDE BYLAW AMENDMENTS AND THOSE AMENDMENTS WILL BE MADE AVAILABLE AS NOTED ABOVE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF THE ASSOCIATION'S MANAGEMENT.
FORM 990, PART IX, LINE 24B	IN FURTHERANCE OF ITS TAX-EXEMPT PURPOSE TO PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY AND TO IMPROVE THE NATION'S HEALTH, AND THE ACCESSIBILITY AND AFFORDABILITY OF HEALTHCARE FOR ALL AMERICANS, BCBSA INCURRED EXPENSES TO ORGANIZATIONS THAT SUPPORT AND ADVOCATE BCBSA'S VIEWS ON ISSUES FACING THE HEALTH INSURANCE INDUSTRY. INCURRED EXPENSES INCLUDE BUILDING OF COALITIONS, GRASSROOTS OUTREACH AND EDUCATION. BCBSA DID NOT CONTROL OR DIRECT THESE ACTIVITIES. BCBSA HAS DISCLOSED THESE EXPENSES ON PART IX, LINE 24B, CONTRIBUTIONS - GENERAL.
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS: OTHER COMPREHENSIVE INCOME-ASC 95,920,926 OTHER COMPONENTS OF PERIODIC PENSION COST (29,055,560) LOSS RETIRE OBLIGATION (3,011,443) LOSS ON SETTLEMENT OF RETIREMENT OBLIGATION (1,208,631) HIB K-1 UBTI 177,289 OTHER 2 TOTAL 62,822,583
FORM 990 PART IX LINE 11G	DESCRIPTION:VARIOUS CONSULTING FEES TOTAL FEES:XXX-XX-XXXX
FORM 990 PART IX LINE 11G	DESCRIPTION:PRINTING & GRAPHICS TOTAL FEES:1524923
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY HELP TOTAL FEES:3270155
FORM 990 PART IX LINE 11G	DESCRIPTION:RECRUITING TOTAL FEES:1940051

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data**

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<a href="#">efile Public Visual Render</a>	Objectid: 202203189349310365 - Submission: 2022-11-14	TIN: 13-5656874
<b>SCHEDULE R</b> <b>(Form 990)</b>  <small>Department of the Treasury Internal Revenue Service</small>	<b>Related Organizations and Unrelated Partnerships</b> ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; color: green;">2021</div> Open to Public Inspection
	Name of the organization BLUE CROSS BLUE SHIELD ASSOCIATION	

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)HEALTH SERVICES FOUNDATION 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 23-7011867	EDUC., RSRCH.	IL	501(C)(3)	10	NA		No
(2)BC AND BS FOUNDATION ON HEALTH CARE 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 23-7164980	EDUC., RSRCH.	IL	501(C)(3)	7	NA		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)BLUE CROSS BLUE SHIELD INSTITUTE INC 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 36-4176277	COMMUNITY HEALTH	IL	NA	C CORP	13.149	9,319,838	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with 17 rows (1a-1s) and 3 columns (Transaction description, Yes, No). Rows include interest/annuities/royalties, gift/grant/contribution, loans/guarantees, dividends, sale of assets, purchase of assets, exchange of assets, lease of facilities, performance of services, reimbursement, and other transfers.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Contains 3 rows of data for BLUE CROSS BLUE SHIELD INSTITUTE INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Schedule R (Form 990) 2021

**Additional Data**

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