



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

SILVER + CSR

## MyBlue Plus Silver<sup>SM</sup> 905 - POS

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an especially good value.

-   **Cheaper doctor visits**
- Cheaper hospital visits**
- Cheaper prescriptions**
- Lower deductibles**
- Lower out-of-pocket max**



### Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$115.64 per month <small>was \$133.64</small>	
Deductible (Health + Rx)	\$750 per person	
Out-of-pocket max	\$3,000 per person	
Network type	POS	
Metal tier	Silver	
Overall rating	Not Rated	
Official documents	 <a href="#">Summary of benefits and coverages (PDF)</a>  <a href="#">Drug formulary</a>  <a href="#">Provider list</a>  <a href="#">Plan brochure</a>	



### Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

#### Tier Selector

In network



Before deductible is met

After deductible is met

Primary care visit

\$30

\$30

<b>Specialist visit</b>	\$55	\$55
<b>Preventive care visit</b>	No charge	No charge



## Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

### Tier Selector

In network



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Generic</b>	No charge	No charge
<b>Brand</b>	Full price	15%
<b>Non-preferred Brand</b>	Full price	40%
<b>Specialty</b>	Full price	45%



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>X-rays</b>	\$20	\$20
<b>Imaging (CT/PET/MRI)</b>	\$200	\$200
<b>Blood work</b>	\$20	\$20



## Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

### Tier Selector

In network



	Before deductible is met	After deductible is met
<b>Urgent care</b>	\$60	\$60
<b>Emergency room</b>	Full price	\$500 with 50%
<b>Ambulance</b>	Full price	50%
<b>Hospital stay (facility)</b>	Full price	\$500 per stay with 50%
<b>Hospital stay (physician)</b>	Full price	50%
<b>Outpatient procedure (facility)</b>	Full price	50%
<b>Outpatient procedure (physician)</b>	\$15	\$15
<b>Physical rehabilitation</b>	\$30	\$30



## Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

### Tier Selector

In network



	Before deductible is met	After deductible is met
<b>Outpatient services</b>	\$30	\$30
<b>Psychiatric hospital stay</b>	Full price	\$500 per stay

with  
50%



## Pregnancy & birth

Every plan covers services provided before and after your child is born.

### Tier Selector

In network



Before deductible is met

After deductible is met

### Well baby care

No charge

No  
charge

### Labor, delivery, hospital stay

Full price

\$500  
with  
50%



## Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening



Alcohol misuse screening and counseling



Aspirin use



Blood pressure screening



Cholesterol screening



Colorectal cancer screening



Depression screening



Diabetes screening



Diet counseling



Falls prevention



Hepatitis B screening



Hepatitis C screening



HIV screening



Immunization vaccines



Lung cancer screening

Obesity screening and counseling

Sexually transmitted infection (STI) prevention counseling

Statin preventive medication

Syphilis screening

Tobacco Use counseling

Tuberculosis screening



### Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$1,511, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of Medium applied to this plan's deductible and copayments.



This plan has the **13th lowest** annual out-of-pocket estimate of all 64 plans available to you.

### Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$1,388
2	Doctor visits	\$85
1	Labs or tests	\$20
7	Prescriptions	\$18
Annual estimate		\$1,511
Monthly estimate (on average)		\$126 per month