



BlueCross BlueShield of Illinois

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

SILVER +

Blue Precision Silver HMOSM Standard - Select Rx Copays - HMO

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	\$146.48 per month <small>was \$1,560.48</small>	
Deductible (Health + Rx)	\$500 per person	
Out-of-pocket max	\$3,000 per person	
Network type	HMO	
Metal tier	Silver	
Plan Type	EASY PRICING	
Overall rating	4	

Official documents	Summary of benefits and coverages (PDF) Drug formulary Provider list Plan brochure
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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	\$20	\$20
Specialist visit	\$40	\$40
Preventive care visit	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



	Before deductible is met	After deductible is met
Generic	\$10	\$10
Brand	\$20	\$20
Non-preferred Brand	Full price	\$60
Specialty	Full price	\$250

Your added prescription drug costs and coverage under this plan.

Mounjaro: 0.5 MI Tirzepatide 10 Mg/MI Auto Injector \$20 copay



Labs & imaging

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

Tier Selector

In network



	Before deductible is met	After deductible is met
X-rays	Full price	30%
Imaging (CT/PET/MRI)	Full price	30%

Blood work

Full price

30%



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

Urgent care

\$30

\$30

Emergency room

Full price

30%

Ambulance

Full price

30%

Hospital stay (facility)

Full price

30%

Hospital stay (physician)

No charge

No
charge

Outpatient procedure (facility)

Full price

30%

Outpatient procedure (physician)

Full price

30%

Physical rehabilitation

\$20

\$20



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

Outpatient services

\$20

\$20



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

30%



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 \$3,469, 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 **5th 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	\$1,758
5	Doctor visits	\$140
3	Labs or tests	\$1,351
Prescriptions (estimate)		
20	Mounjaro: 0.5 MI Tirzepatide 10 Mg/Ml Auto Injector Branded / Auto-Injector 12 months for primary applicant <input checked="" type="checkbox"/> \$20 copay	\$220
Annual estimate		\$3,469
Monthly estimate (on average)		\$289 per month