

The UnitedHealthcare of Illinois, Inc. UHC Bronze Standard (No Referrals) plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$7,500 for individuals and \$15,000 for families, which must be satisfied before the plan pays for most services, although certain preventive care services are covered without cost-sharing prior to meeting the deductible. The out-of-pocket limit is set at \$9,200 for individuals and \$18,400 for families, excluding premiums, balance-billing charges, and services not covered by the plan. Utilizing network providers results in lower costs, while out-of-network services are not covered, and balance billing may apply. Notably, no referrals are required to see specialists.

For common medical events, the plan outlines specific copayments and coinsurance rates; primary care visits incur a \$50 copay, and specialist visits cost \$100, both of which do not contribute to the deductible. Preventive care is provided at no charge, but diagnostic tests and imaging are subject to a 50% coinsurance rate. Emergency services also incur a 50% coinsurance for both in-network and out-of-network providers. Prescription drug coverage is tiered, with Tier 1 drugs having no cost-share, while higher tiers (Tier 4 and Tier 5) involve increased copays.

Certain services are explicitly excluded from coverage, including acupuncture, cosmetic surgery, adult dental care, long-term care, and non-emergency care outside the U.S. Other covered services may have limitations, such as bariatric surgery and chiropractic care. The plan provides Minimum Essential Coverage but does not meet Minimum Value Standards. Policyholders retain rights to continue coverage and file grievances or appeals, with contact information available for assistance. Language access services are offered for Spanish, Tagalog, Chinese, and Navajo speakers. Coverage examples illustrate potential costs for specific medical situations, highlighting the significance of understanding cost-sharing amounts and exclusions.

The policy also details coverage for specific medical services, including tests (like x-rays), durable medical equipment (such as crutches), and rehabilitation services (like physical therapy). For

example, the total cost for these services is \$2,800, with Mia responsible for a deductible of \$2,200 and copayments totaling \$400, resulting in no applicable coinsurance. There are no noted limits or exclusions for these services, leading to a total out-of-pocket expense for Mia of \$2,600, with the insurance plan covering the remaining costs associated with these covered services.