

The MyBlue Plus Bronze 912 plan from Blue Cross and Blue Shield of Illinois provides coverage for individuals and families under a POS plan type for the period from January 1, 2025, to December 31, 2025. The overall deductible is set at \$1,500 for individuals and \$3,000 for families when using participating providers, while non-participating providers have significantly higher deductibles of \$15,000 and \$45,000, respectively. Certain services, including in-network preventive health care, specific services with a copayment, and certain prescription drugs, are covered prior to meeting the deductible. The out-of-pocket limit is \$9,200 for individuals and \$18,400 for families with participating providers, with no out-of-pocket limit for non-participating providers. It is important to note that premiums, balance billing charges, and non-covered health care do not contribute to the out-of-pocket limit. Utilizing network providers results in lower costs, and referrals are necessary to see specialists.

Cost variations are significant between participating and non-participating providers for common medical events; for example, a primary care visit costs \$70 with a participating provider but incurs a 50% coinsurance with a non-participating provider. Preventive care is provided at no charge, while diagnostic tests and imaging come with set copayments. Prescription drug coverage is tiered, with generic drugs costing \$40 at retail and up to \$150 for non-preferred generics. Emergency services entail high copayments and coinsurance, and inpatient services require both referrals and preauthorization. Excluded services include adult dental care, long-term care, and non-emergency care outside the U.S., while covered services encompass bariatric surgery, chiropractic care (limited to 25 visits per year), and routine eye care for adults. For continuation of coverage, policyholders can find assistance contact information.

The policy outlines grievance and appeals rights, allowing policyholders to file a grievance or appeal if a claim is denied. For assistance, they can refer to their plan documents or contact Blue Cross and Blue Shield of Illinois at 1-800-892-2803, or the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA. The plan confirms it provides Minimum Essential

Coverage, which includes various health insurance options; however, individuals eligible for certain types of coverage may not qualify for premium tax credits. The plan does not meet Minimum Value Standards, which may allow eligibility for premium tax credits for Marketplace plans. Language access services are available in Spanish, Tagalog, Chinese, and Navajo by calling the same customer service number. Coverage examples illustrate potential costs for specific medical situations, such as prenatal care, diabetes management, and treatment for a simple fracture, all reflecting the overall deductible of \$1,500. The total costs for these examples vary, with Peg paying \$6,960 for childbirth, Joe \$3,120 for diabetes management, and Mia \$2,660 for a fracture, demonstrating the cost-sharing amounts including deductibles, copayments, and coinsurance, with the plan responsible for covering the remaining costs of these services.