

The MyBlue Plus Silver 906 insurance plan, provided by Blue Cross and Blue Shield of Illinois, offers health insurance for individuals and families under a Point of Service (POS) plan type for the coverage period from January 1, 2025, to December 31, 2025. The plan features overall deductibles of \$3,850 for individuals and \$7,700 for families when using participating providers, while non-participating providers have higher deductibles of \$15,000 and \$45,000, respectively. Certain preventive health care services and specific services with a copayment are covered prior to meeting the deductible. The out-of-pocket limits are \$9,200 for individuals and \$18,400 for families with participating providers, with no out-of-pocket limit for non-participating providers. 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.

The plan specifies costs for common medical events, including a \$30 copayment for primary care visits and a \$45 copayment for specialist visits, both of which are not subject to the deductible. Preventive care is provided at no charge, while diagnostic tests and imaging incur coinsurance costs of 40% for participating providers and 50% for non-participating providers. Prescription drug coverage includes no charge for preferred generic drugs after the deductible, with varying coinsurance rates for other drug tiers. Emergency services are subject to a 40% coinsurance for both participating and non-participating providers. Excluded services encompass adult dental care, long-term care, and non-emergency care outside the U.S. However, the plan does cover services such as bariatric surgery, chiropractic care (limited to 25 visits per year), and routine eye care for adults, subject to certain limitations. Policyholders have the right to continue coverage and can seek assistance from agencies for grievances or appeals regarding claim denials. For further information, policyholders are encouraged to refer to the complete terms of coverage available online or by contacting customer service.

The policy confirms that it provides Minimum Essential Coverage, which includes various health insurance options like Marketplace plans, Medicare, and Medicaid, but does not meet Minimum

Value Standards, potentially allowing eligible individuals to receive a premium tax credit for Marketplace plans. Language access services are available for Spanish, Tagalog, Chinese, and Navajo speakers through the contact number 1-800-892-2803. Coverage examples illustrate that actual costs may vary based on care received and provider charges, with the overall deductible set at \$3,850, a specialist copayment of \$45, and a hospital facility coinsurance of 40%. For instance, a pregnancy is estimated to cost \$12,700, with the insured paying \$6,340 after deductibles, copayments, and coinsurance; managing Type 2 diabetes costs \$5,600, with the insured paying \$2,920; and a simple fracture totals \$2,800, with the insured responsible for \$2,400. The plan covers the remaining costs for these services, and the document encourages users to compare costs across different health plans based on the outlined cost-sharing amounts and exclusions.