

The Blue Precision Bronze HMO□ 205 plan, provided by Blue Cross and Blue Shield of Illinois, offers health coverage for individuals and families from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$7,400 for individuals and \$14,800 for families, with the insured responsible for costs incurred up to the deductible before the plan begins to pay. Certain preventive health care services and specific services with a copayment are covered 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 non-covered health care. Utilizing network providers results in lower costs, while out-of-network services may incur balance billing. Referrals are necessary to see specialists, and various copayments apply, such as \$65 for primary care visits and \$105 for specialist visits, with no coverage for non-participating providers.

The plan encompasses a variety of services, including preventive care, diagnostic tests, outpatient surgery, emergency care, and maternity services, with specific costs detailed for each. However, it excludes adult dental care, long-term care, and non-emergency care outside the U.S. Other covered services include abortion care, bariatric surgery, and chiropractic care, subject to limitations. The policy allows for continuation of coverage and grants grievance and appeals rights for denied claims. While the plan meets Minimum Essential Coverage requirements, it does not satisfy Minimum Value Standards. Language access services are available for Spanish speakers, and policyholders can refer to the plan document or contact customer service for further details.

The insurance policy document also provides coverage examples for various medical situations under the plan. It clarifies that these examples are not cost estimators, as actual costs will vary based on the care received and provider charges. For instance, in the example of Peg having a baby, which includes nine months of in-network prenatal care and a hospital delivery, the total example cost is \$12,700, with Peg responsible for \$1,970, comprising a \$10 deductible, \$1,900 in copayments, and no coinsurance. In another example, Joe managing Type 2 diabetes incurs a total cost of \$5,600, with Joe paying \$2,520, which includes a \$400 deductible and \$2,100 in

copayments, also with no coinsurance. Lastly, for Mia's simple fracture involving an emergency room visit and follow-up care, the total example cost is \$2,800, with Mia responsible for \$2,400, including a \$1,400 deductible and \$1,000 in copayments, with no coinsurance. The document notes limits or exclusions for each example, which are \$60 for Peg, \$20 for Joe, and \$0 for Mia, with the plan covering the remaining costs of these example covered services.