

The Blue Precision Bronze HMO 701 plan from Blue Cross and Blue Shield of Illinois offers coverage for individuals and families from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$1,500 for individuals and \$3,000 for families, which must be satisfied before most services are covered, although certain preventive health care services and specific prescription drugs are available before the deductible is met. 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 in-network providers results in lower costs, while out-of-network services are not covered, and balance billing may apply. Referrals are necessary to see specialists and for specific diagnostic tests and outpatient services.

For common medical events, costs for participating providers include \$90 for primary care visits, \$160 for specialist visits, and no charge for preventive care. Diagnostic tests are priced at \$250 for basic tests and \$450 for imaging, while outpatient surgery incurs a facility fee of \$750 plus 50% coinsurance. Emergency room visits cost \$2,000 plus 50% coinsurance, and inpatient hospital stays are charged at \$1,500 per day plus 50% coinsurance. Mental health services follow a similar cost structure, with outpatient visits at \$90 and inpatient services at \$1,500 per day plus 50% coinsurance.

Prescription drug coverage varies by drug type, with generic drugs costing \$40 at retail and up to \$150 for non-preferred generics, while specialty drugs have higher coinsurance rates. Excluded services encompass adult dental care, long-term care, and non-emergency care outside the U.S. Other covered services, subject to limitations, include bariatric surgery, chiropractic care, and routine eye care. Policyholders retain rights to continue coverage and file grievances or appeals for denied claims. The plan provides Minimum Essential Coverage but does not meet Minimum Value Standards.

Additionally, the insurance policy offers a premium tax credit to assist with plan payments through

the Marketplace. Language access services are available in Spanish, Tagalog, Chinese, and Navajo, with a contact number of 1-800-892-2803 for assistance in these languages. Coverage examples illustrate potential costs for various medical situations, emphasizing that these are not cost estimators and actual costs will vary based on the care received and provider charges. The overall deductible remains at \$1,500, with a specialist copayment of \$160 and hospital facility copayment/coinsurance of \$1,500 plus 50%. Example scenarios include Peg's prenatal care and delivery, Joe's diabetes management, and Mia's fracture treatment, with total example costs of \$12,700, \$5,600, and \$2,800 respectively. Peg would pay a total of \$6,360, Joe \$2,520, and Mia \$2,100, with the plan covering the remaining costs of these services. These examples underscore the importance of understanding cost-sharing amounts, including deductibles, copayments, and coinsurance, as well as limits or exclusions associated with the plan.