

The Ambetter of Illinois insurance policy, underwritten by Celtic Insurance Company, is an HMO plan that covers individuals and families for the period from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$6,300 for individuals and \$12,600 for families, which must be satisfied before most services are covered. However, certain preventive care services, primary care visits, specialist visits, urgent care, and some prescription drugs are available before the deductible is met, typically requiring a copayment or coinsurance. The out-of-pocket limit is \$8,150 for individuals and \$16,300 for families, excluding premiums, penalties for failing to obtain preauthorization, and non-covered services. Utilizing network providers results in lower costs, while out-of-network services are not covered, and balance billing may apply.

No referrals are necessary to see specialists, and various copayment and coinsurance amounts apply after the deductible is met, such as a \$40 copayment for primary care visits and an \$85 copayment for specialist visits. Preventive services are provided at no charge, while prescription drug coverage includes multiple tiers with different copayments, and prior authorization may be required for certain medications. Emergency services, outpatient surgery, and inpatient care also necessitate prior authorization, with a 50% coinsurance applicable for facility and physician fees. Excluded services encompass acupuncture, cosmetic surgery, adult dental care, long-term care, and routine adult eye care, while other covered services like bariatric surgery and chiropractic care have specific limitations.

The policy grants rights to continue coverage after termination and outlines grievance and appeal rights for denied claims. It meets Minimum Essential Coverage requirements but does not satisfy Minimum Value Standards, which may impact eligibility for premium tax credits. Coverage examples illustrate potential costs for various medical situations, such as prenatal care and hospital delivery totaling \$12,700, with the insured paying \$8,210 after deductibles, copayments, and coinsurance. For managing Type 2 diabetes, the total cost is \$5,600, with the insured paying \$2,520, while a simple fracture costs \$2,800, with the insured responsible for the full amount. These examples are

not cost estimators, and actual costs may vary based on care received and provider charges.

Additionally, the policy ensures language access services for non-English speakers and those with auditory or visual impairments, providing assistance at no cost through Member Services. Individuals with questions about Ambetter of Illinois can receive information in their preferred language and are entitled to auxiliary aids and services without charge. For translation or auxiliary services, individuals should contact Member Services at 1-855-745-5507 (TTY 1-844-517-3431). More information regarding rights to non-discriminatory access to Ambetter of Illinois plans and assistance services is available at [AmbetterHealth.com](https://www.AmbetterHealth.com).