

The Ambetter of Illinois insurance policy, underwritten by Celtic Insurance Company, is effective from January 1, 2025, to December 31, 2025, and is tailored for individuals and families under an HMO plan type. The policy features an overall deductible of \$750 for individuals and \$1,500 for families, which must be satisfied before the plan covers most services. 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 set at \$7,000 for individuals and \$14,000 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 consult specialists.

The plan outlines specific costs for common medical events: primary care visits incur a \$35 copayment, specialist visits cost \$55, and preventive services are provided at no charge. Diagnostic tests have a \$35 copayment, while imaging services require a 35% coinsurance. Prescription drug coverage includes copayments for generics and preferred brands, with prior authorization potentially needed for certain medications. Emergency and urgent care visits also have a 35% coinsurance, and outpatient and inpatient services for mental health and substance abuse follow a similar cost structure. Maternity care includes specific copayments and coinsurance, with preventive services exempt from cost-sharing. Excluded services encompass acupuncture, cosmetic surgery, adult dental care, long-term care, and routine adult eye care, while other covered services, subject to limitations, include abortion, bariatric surgery, chiropractic care, and hearing aids. The policy grants rights to continue coverage and outlines grievance and appeals rights for denied claims, meeting Minimum Essential Coverage requirements but not Minimum Value Standards.

Coverage examples illustrate cost management for various medical situations, such as prenatal care and hospital delivery, which totals \$12,700, with the insured's payment amounting to \$4,110 after deductibles, copayments, and coinsurance. For managing Type 2 diabetes, the total cost is \$5,600,

with the insured paying \$2,180, while a simple fracture results in a total cost of \$2,800, leading to a payment of \$1,550. These examples highlight that actual costs may vary based on the care received and provider charges, based on self-only coverage. The policy also ensures that non-English speakers and individuals with auditory or visual impairments can receive assistance and information in their preferred language at no cost. For translation or auxiliary services, members can contact Member Services at 1-855-745-5507 (TTY 1-844-517-3431). Additional information regarding rights to non-discriminatory services and assistance is available on the [AmbetterHealth.com](https://www.AmbetterHealth.com) website.