

The MyBlue Plus Silver☐ 905 plan from Blue Cross and Blue Shield of Illinois provides coverage for individuals and families under a POS plan type for the period from January 1, 2025, to December 31, 2025. The overall deductible is set at \$5,000 for individuals and \$10,000 for families when using participating providers, while non-participating providers have higher deductibles of \$15,000 and \$45,000, respectively. Certain services, including in-network preventive health care, specific services with a copayment, and certain prescription drugs, are covered prior to meeting the deductible. The out-of-pocket limit is \$7,850 for individuals and \$15,700 for families with participating providers, whereas there is 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.

For common medical events, costs for participating providers include \$65 for primary care visits and \$90 for specialist visits, both of which do not require a deductible. Preventive care is provided at no charge, while diagnostic tests and imaging incur set copayments. Prescription drug coverage features various tiers, with generic drugs costing \$5 at retail and \$15 by mail, while brand-name drugs are subject to coinsurance. Emergency room visits require a \$1,000 copayment plus 50% coinsurance, and urgent care visits cost \$100. Hospital stays and outpatient surgeries necessitate referrals and may require preauthorization. Mental health services follow a similar cost structure, with outpatient visits priced at \$65 and inpatient services at \$500 plus 50% coinsurance.

Excluded services encompass adult dental care, long-term care, and non-emergency care outside the U.S. Other covered services, subject to limitations, include abortion care, bariatric surgery, and routine eye care for adults. For continued coverage after the plan ends, policyholders are advised to contact the plan or their state insurance department for assistance. The policy outlines grievance and appeals rights, allowing policyholders to file a grievance or appeal if a claim is denied. For assistance, individuals can refer to their plan documents or contact Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or the U.S. Department of Labor's Employee Benefits Security

Administration at 1-866-444-EBSA. The policy confirms it provides Minimum Essential Coverage, which includes various health insurance options such as those available through the Marketplace, Medicare, and Medicaid, but does not meet Minimum Value Standards, potentially making policyholders eligible for a premium tax credit when purchasing a plan through the Marketplace. Language access services are available in Spanish, Tagalog, Chinese, and Navajo by calling the same customer service number.

The policy also includes coverage examples illustrating potential costs for specific medical situations, such as prenatal care, diabetes management, and treatment for a simple fracture. Each example outlines the overall deductible of \$5,000, with varying costs for copayments and coinsurance. For instance, in the prenatal care example, the total cost is \$12,700, with the policyholder paying \$7,860 after deductibles, copayments, and coinsurance. In the diabetes management example, the total cost is \$5,600, with the policyholder responsible for \$3,020. Lastly, for the fracture treatment, the total cost is \$2,800, with the policyholder liable for \$2,600, while the plan covers the remaining costs for these services.