

The MyBlue Plus Bronze□ Standard - Select Rx Copays 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 \$7,500 for individuals and \$15,000 for families when using participating providers, while non-participating providers have higher deductibles of \$15,000 and \$45,000, respectively. Certain services, such as in-network preventive health care, specific copayment services, and some prescription drugs, are covered prior to meeting the deductible. The out-of-pocket limit is \$9,200 for individuals and \$18,400 for families with participating providers, but 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, primary care visits incur a \$50 copayment with no deductible, while specialist visits require a \$100 copayment and a referral. Preventive care is provided at no charge, but diagnostic tests and imaging are subject to a 50% coinsurance for both participating and non-participating providers. Prescription drug costs vary, with generic drugs priced at \$25 for retail and \$75 for mail order, while brand drugs have higher copayments. Emergency services also have a 50% coinsurance, and urgent care visits cost \$75. Hospital stays and outpatient surgeries require referrals and may necessitate preauthorization, with significant out-of-pocket costs for non-participating providers.

Excluded services include adult dental care, long-term care, and non-emergency care outside the U.S., while covered services include abortion care, bariatric surgery, and chiropractic care with limitations. The policy grants rights to continue coverage and outlines grievance and appeals rights for denied claims. The plan provides Minimum Essential Coverage, encompassing various health insurance options such as those available through the Marketplace, Medicare, Medicaid, CHIP, and TRICARE. However, qualifying for certain types of Minimum Essential Coverage may disqualify

individuals from receiving a premium tax credit. The plan does not meet Minimum Value Standards, which could allow eligibility for a premium tax credit for Marketplace plans. Language access services are available in Spanish, Tagalog, Chinese, and Navajo.

The document includes coverage examples that illustrate potential costs for specific medical situations, noting that actual costs may vary based on the care received and provider charges. For instance, prenatal care and delivery are estimated to total \$12,700, with the insured paying \$8,820 after deductibles, copayments, and coinsurance. Managing Type 2 diabetes is estimated at \$5,600, with the insured paying \$2,320, while a simple fracture totals \$2,800, with the insured responsible for \$2,600. The plan covers the remaining costs for these example services. For further details, policyholders are encouraged to refer to the complete terms of coverage available online or by phone.