

The Blue Cross and Blue Shield of Illinois BlueCare Direct Bronze□ Standard - Select Rx plan offers health coverage for individuals and families from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$7,500 for individuals and \$15,000 for families, with certain preventive health care services and specific prescription drugs covered 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 network providers results in lower costs, and referrals are necessary to see specialists. For common medical events, primary care visits require a \$50 copayment, while specialist visits incur a \$100 copayment, both of which are not subject to the deductible. Preventive care is provided at no charge, while diagnostic tests and imaging are subject to a 50% coinsurance after the deductible. Prescription drug costs vary, with generic drugs priced at \$25 for retail and \$75 for mail order, while brand drugs range from \$50 to \$100 retail, depending on the tier. Emergency services are subject to a 50% coinsurance, and urgent care visits cost \$75. Excluded services include adult dental care, long-term care, and non-emergency care outside the U.S. Covered services with limitations include bariatric surgery, chiropractic care, and routine eye care. The plan meets minimum essential coverage requirements, and individuals can contact the plan or state insurance department for continuation options after coverage ends. Grievance and appeal rights are detailed, with assistance available through various agencies, and language access services are provided for Spanish, Tagalog, Chinese, and Navajo speakers. For further information, members can visit the designated website or contact customer service.

The policy document also includes coverage examples for various medical situations, clarifying that these examples are not cost estimators but rather illustrations of potential coverage, with actual costs varying based on the care received and provider charges. The overall deductible remains at \$7,500, with a specialist copayment of \$100 and a hospital facility coinsurance of 50% applicable across all examples. For instance, in the case of Peg having a baby, which includes nine months of in-network prenatal care and a hospital delivery, the total example cost is \$12,700, with Peg's

cost-sharing amounting to \$8,120, including a deductible of \$7,500, copayments of \$60, and coinsurance of \$500. In another example, Joe managing Type 2 diabetes incurs a total cost of \$5,600 for a year of routine in-network care, with his total payment being \$1,520, comprising a deductible of \$100 and copayments of \$1,400, with no coinsurance. For Mia's simple fracture, which includes an in-network emergency room visit and follow-up care, the total example cost is \$2,800, with Mia's total payment amounting to \$2,300, including a deductible of \$1,800 and copayments of \$500, with no coinsurance. The plan covers the remaining costs of these example services, and the document encourages users to focus on cost-sharing amounts and excluded services for comparison with other health plans.