

The Ambetter of Illinois insurance policy, underwritten by Celtic Insurance Company, is an HMO plan effective from January 1, 2025, to December 31, 2025, designed for individuals and families. The policy features an overall deductible of \$8,450 for individuals and \$16,900 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 \$9,200 for individuals and \$18,400 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.

The policy does not require referrals to see specialists, and it specifies costs for various medical events, such as a \$40 copayment for primary care visits and a \$90 copayment for specialist visits, both of which do not count towards the deductible. Preventive services are provided at no charge, while diagnostic tests incur a \$50 copayment, and imaging services may require prior authorization with a 50% coinsurance. Prescription drug coverage includes multiple tiers with specific copayments and coinsurance rates, and prior authorization may be necessary for certain medications. Emergency services are subject to a 50% coinsurance for both in-network and out-of-network providers.

Several services are explicitly excluded from coverage, including acupuncture, cosmetic surgery, adult dental care, long-term care, and routine adult eye care. Nonetheless, the policy does cover certain services such as abortion, bariatric surgery, chiropractic care (limited to 25 visits per year), and hearing aids (limited to two every two years). For continuation of coverage, policyholders can reach out to Ambetter of Illinois or relevant state agencies for assistance. The plan provides Minimum Essential Coverage but does not meet Minimum Value Standards, which may impact eligibility for premium tax credits.

The policy also emphasizes the availability of language access services for Spanish speakers and provides assistance for individuals with auditory or visual impairments at no cost. Members can contact Member Services for translation or auxiliary services at 1-855-745-5507 (TTY 1-844-517-3431). The policy outlines coverage details and cost-sharing examples for various medical situations, illustrating that actual costs may vary based on care received and provider charges. For further information regarding rights to non-discriminatory access to Ambetter of Illinois plans and assistance services, individuals are encouraged to visit [AmbetterHealth.com](https://www.AmbetterHealth.com).