

The 2025 IL Bronze S HMO plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025, with an overall deductible of \$7,500 for individuals and \$15,000 for families, which must be satisfied before the plan pays for most services, although certain preventive services, office visits, and urgent care are covered prior to meeting the deductible. The out-of-pocket limit is set at \$9,200 for individuals and \$18,400 for families, excluding premiums and non-covered healthcare expenses. Utilizing in-network providers results in lower costs, while out-of-network services are not covered, and balance billing may apply. No referrals are necessary to see specialists. For common medical events, in-network primary care visits incur a \$50 copayment, while specialist visits cost \$100, with preventive care provided at no charge. Diagnostic tests and imaging are subject to a 50% coinsurance, and prescription drug coverage includes copayments for preferred and non-preferred generics and brands, with specific costs for specialty drugs. Emergency services have a 50% coinsurance for both in-network and out-of-network care, and urgent care visits are priced at \$75. Mental health services follow a similar copayment structure as primary care.

Excluded services include acupuncture, cosmetic surgery, adult dental care, and routine eye care, although certain services like abortion, bariatric surgery, and chiropractic care are covered with limitations. The plan provides Minimum Essential Coverage but does not meet Minimum Value Standards, which may impact eligibility for premium tax credits. For grievances or appeals regarding denied claims, policyholders can reach out to the Illinois Department of Insurance or the plan directly, and resources for continuing coverage after termination are available. Policyholders can access the full terms of coverage online or by phone.

An example of financial responsibilities is provided for Mia's treatment of a simple fracture, which includes an in-network emergency room visit and follow-up care, totaling \$2,800, with Mia's cost-sharing amounting to \$2,300, broken down into \$1,900 for deductibles and \$400 for copayments, with no coinsurance applicable. The plan emphasizes compliance with federal civil rights laws, ensuring non-discrimination and offering assistance for individuals with disabilities or

language needs. For grievances related to discrimination, a contact for the Civil Rights Coordinator is provided, along with information on how to file a complaint with the U.S. Department of Health and Human Services. Additionally, the plan is underwritten or administered by Aetna Health Inc., part of the CVS Health family of companies. Free language services are accessible by calling 1-844-365-7373, available in multiple languages, including Turkish, Ukrainian, Urdu, Vietnamese, Yiddish, and Yoruba.