

The 2025 IL Bronze 4 Advanced HMO plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025, with an overall deductible of \$0, meaning no costs are covered until this amount is met. However, there are specific deductibles for prescription drugs, with in-network limits set at \$4,995 for individuals and \$9,990 for families, excluding preferred generic and brand drugs. The out-of-pocket limit is \$9,195 for individuals and \$18,390 for families, which does not include premiums or costs for non-covered services. Utilizing in-network providers results in lower costs, while out-of-network services are not covered, and balance billing may occur. The plan does not require referrals to see specialists, and various medical services have specific copayments or coinsurance after the deductible is met; for example, primary care visits are free in-network, while specialist visits incur an \$80 copay. Preventive care is covered at no charge, emergency services have a \$2,500 copay for both in-network and out-of-network care, and urgent care visits cost \$50. Hospital stays and outpatient surgeries have significant copayments, with facility fees ranging from \$750 to \$2,500 depending on the type of facility.

Excluded services include acupuncture, cosmetic surgery, and dental care for children, although adult dental care is covered with limitations. Certain services like chiropractic care and infertility treatment are available under specific conditions. The plan provides minimum essential coverage but does not meet minimum value standards, which may affect eligibility for premium tax credits. For grievances or appeals, policyholders can contact the Illinois Department of Insurance or the plan directly, and resources for continuing coverage after termination are available. Detailed information can be accessed online or by phone.

The policy outlines coverage for various medical services, including visits for disease education, diagnostic tests, prescription drugs, and diabetic supplies. For example, Joe's total service cost amounts to \$5,600, with Joe responsible for \$2,920, which includes \$0 in deductibles, \$2,900 in copayments, and \$0 in coinsurance. Mia's case, involving a simple fracture requiring in-network emergency room care, totals \$2,800, with Mia paying \$2,000, consisting of \$0 in deductibles and

\$2,000 in copayments. These examples assume non-participation in the wellness program, which could lower costs. The policy specifies additional deductibles for certain services, with the plan covering the remaining costs for listed services. It also includes non-discrimination policies, stating that Aetna complies with federal civil rights laws and provides free aids and services for individuals with disabilities or language assistance needs. For grievances related to discrimination, contact details for the Civil Rights Coordinator are provided, along with information on how to file a complaint with the U.S. Department of Health and Human Services. The policy is underwritten by Aetna Health Inc. and offers language assistance services at no cost, accessible by calling 1-844-365-7373, with information available in multiple languages, including Tongan, Trukese, Turkish, Ukrainian, Urdu, Vietnamese, Yiddish, and Yoruba.