




# Plan Year 2024 Individual Retail Products

Below are links to Summaries of Benefits and Coverage (SBC), Outlines of Coverage (OOC) and Plan Comparison Charts for Blue Cross and Blue Shield of Illinois (BCBSIL) qualified health plans in the individual ACA market.

## Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSIL Plan Comparison Charts Combined	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSIL Gold Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSIL Silver Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSIL Bronze Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>

### Key

-  Off-exchange plans
-  On-exchange "base" plans with no cost-sharing reductions (CSRs)
-  On-exchange plans with CSRs:  
 AI/AN Zero and AI/AN Limited plans are available to eligible American Indians and Alaska Natives. Plans with actuarial values of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

## Gold Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Gold PPO <sup>SM</sup> 204 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 707	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 204 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 707	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 204 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 707	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 204 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Gold PPO <sup>SM</sup> 707	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Gold <sup>SM</sup> 211	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Gold <sup>SM</sup> 211	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Gold <sup>SM</sup> 211	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Gold Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue FocusCare Gold <sup>SM</sup> 211	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 207	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 703 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 707	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 207	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 703 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 707	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 207	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 703 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 707	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 207	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 703 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Gold HMO <sup>SM</sup> 707	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 409 with Advocate - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 804 with Advocate	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 409 with Advocate - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 804 with Advocate	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 409 with Advocate - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 804 with Advocate	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 409 with Advocate - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Gold <sup>SM</sup> 804 with Advocate	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Silver Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 303	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 203	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 706	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Silver PPO <sup>SM</sup> 801 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue FocusCare Silver <sup>SM</sup> 210	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Silver <sup>SM</sup> 210	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Silver <sup>SM</sup> 210	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Silver <sup>SM</sup> 210	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Silver <sup>SM</sup> 210	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Silver <sup>SM</sup> 210	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Silver <sup>SM</sup> 210	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 206	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Precision Silver HMO <sup>SM</sup> 704 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Silver HMO <sup>SM</sup> 706	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 212 with Advocate - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Silver <sup>SM</sup> 803 with Advocate	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Bronze Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Bronze PPO <sup>SM</sup> 201	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 201	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 201	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 201	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 202	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 202	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 601 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 601 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 601 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 601 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 701 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 701 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 701 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 701 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 708	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 708	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 708	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Bronze PPO <sup>SM</sup> 708	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Bronze <sup>SM</sup> 209	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Bronze Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue FocusCare Bronze <sup>SM</sup> 209	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Bronze <sup>SM</sup> 209	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue FocusCare Bronze <sup>SM</sup> 209	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 205	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 205	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 205	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 205	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 701 - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 701 - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 701 - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 701 - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 708	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 708	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 708	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Precision Bronze HMO <sup>SM</sup> 708	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 401 with Advocate - Rx Copays	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 401 with Advocate - Rx Copays	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 401 with Advocate - Rx Copays	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 401 with Advocate - Rx Copays	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 802 with Advocate	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 802 with Advocate	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 802 with Advocate	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueCare Direct Bronze <sup>SM</sup> 802 with Advocate	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Catastrophic Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Security PPO <sup>SM</sup> 200	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Choice Preferred Security PPO <sup>SM</sup> 200	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>



# Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.

**Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services** Coverage Period: 01/01/2024 – 12/31/2024  
 Blue Cross Blue Shield of Illinois : **Blue Choice Preferred Gold PPO<sup>SM</sup> 204 – Rx Copays** Coverage for: Individual/Family | Plan Type: PPO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsil.com/bb/ind/bb\\_gpsh30bceillo\\_il\\_2024.pdf](http://www.bcbsil.com/bb/ind/bb_gpsh30bceillo_il_2024.pdf) or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating \$750; Non-Participating \$15,000 Family: Participating \$1,500; Non-Participating \$45,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health Care services, certain services with a copayment, and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15/visit; deductible does not apply	50% coinsurance	Virtual Visits: \$15/visit. See your benefit booklet* for details.
	Specialist visit	30% coinsurance	50% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 20% coinsurance Hospital: 30% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 20% coinsurance Hospital: 30% coinsurance	50% coinsurance	Preauthorization may be required; see your benefit booklet* for details.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association  
 SBC IL Non-HMO JND-2024

\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com/bb/ind/bb\\_gpsh30bceillo\\_il\\_2024.pdf](http://www.bcbsil.com/bb/ind/bb_gpsh30bceillo_il_2024.pdf).