

# Illinois PY26 Individual Exchange Plan Designs

Plan Name	Metal Level	Annual Deductible (Individual/Family)		MOOP (Individual/Family)		PCP Visit	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery (Office)	Office Based Labs
UHC Bronze Copay Focus (No Referrals)	Bronze	\$0	\$0	\$10,600	\$21,200	\$40	\$40	\$125	0%	\$3,000 (Day 3 max)	\$600	\$20
UHC Bronze Copay Focus+ (Dental + Vision, No Referrals)	Bronze	\$0	\$0	\$10,600	\$21,200	\$40	\$40	\$125	0%	\$3,000 (Day 3 max)	\$600	\$20
UHC Bronze Essential (No Referrals)	Bronze	\$10,600	\$21,200	\$10,600	\$21,200	✓ 0%	✓ 0%	✓ 0%	0%	✓ 0%	✓ 0%	✓ 0%
UHC Bronze Standard (No Referrals)	Bronze	\$7,500	\$15,000	\$10,000	\$20,000	\$50	\$50	\$100	\$75	✓ 50%	✓ 50%	✓ 50%
UHC Bronze Value (Rx Copay, No Referrals)	Bronze	\$7,850	\$15,700	\$10,600	\$21,200	\$30	40%	✓ 40%	0%	✓ 40%	✓ 40%	\$20
UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)	Bronze	\$7,850	\$15,700	\$10,600	\$21,200	\$30	40%	✓ 40%	0%	✓ 40%	✓ 40%	\$20
UHC Silver Advantage (Rx Copay, No Referrals)	Silver	\$2,500	\$5,000	\$10,200	\$20,400	\$30	\$30	\$100	0%	✓ 30%	✓ \$500	✓ \$15
UHC Silver Advantage+ (Rx Copay, Dental + Vision, No Referrals)	Silver	\$2,500	\$5,000	\$10,200	\$20,400	\$30	\$30	\$100	0%	✓ 30%	✓ \$500	✓ \$15
UHC Silver Copay Focus (No Referrals)	Silver	\$0	\$0	\$10,400	\$20,800	\$35	\$35	\$100	0%	\$3,000 (Day 3 max)	\$550	\$20
UHC Silver Copay Focus+ (Dental + Vision, No Referrals)	Silver	\$0	\$0	\$10,400	\$20,800	\$35	\$35	\$100	0%	\$3,000 (Day 3 max)	\$550	\$20
UHC Silver Standard (No Referrals)	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Standard+ (Dental + Vision, No Referrals)	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Gold Advantage (No Referrals)	Gold	\$2,000	\$4,000	\$7,000	\$14,000	\$25	\$25	\$60	0%	✓ 20%	✓ \$300	✓ \$20
UHC Gold Advantage+ (Dental + Vision, No Referrals)	Gold	\$2,000	\$4,000	\$7,000	\$14,000	\$25	\$25	\$60	0%	✓ 20%	✓ \$300	✓ \$20
UHC Gold Copay Focus (No Referrals)	Gold	\$0	\$0	\$7,000	\$14,000	\$30	\$30	\$65	0%	\$3,000 (Day 3 max)	\$300	\$25
UHC Gold Standard (Rx Copay, No Referrals)	Gold	\$2,000	\$4,000	\$8,200	\$16,400	\$30	\$30	\$60	\$45	✓ 25%	✓ 25%	✓ 25%



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Check (✓) indicates that this benefit is subject to the annual deductible. Tier 1 Zero Cost Share Preventative Drugs \$0

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Plan Name	Rx Deductible (Individual/Family)		Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty	Adult Dental & Vision	HSA
UHC Bronze Copay Focus (No Referrals)	\$4,500	\$9,000	\$20	✓ 40%	✓ 45%	✓ 50%		•
UHC Bronze Copay Focus+ (Dental + Vision, No Referrals)	\$4,500	\$9,000	\$20	✓ 40%	✓ 45%	✓ 50%	•	•
UHC Bronze Essential (No Referrals)	Same As Medical		✓ 0%	✓ 0%	✓ 0%	✓ 0%		•
UHC Bronze Standard (No Referrals)	Same As Medical		\$25	✓ \$50	✓ \$100	✓ \$500		•
UHC Bronze Value (Rx Copay, No Referrals)	Same As Medical		\$10	\$200	\$400	\$500		•
UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)	Same As Medical		\$10	\$200	\$400	\$500	•	
UHC Silver Advantage (Rx Copay, No Referrals)	Same As Medical		\$10	\$100	\$200	\$400		
UHC Silver Advantage+ (Rx Copay, Dental + Vision, No Referrals)	Same As Medical		\$10	\$100	\$200	\$400	•	
UHC Silver Copay Focus (No Referrals)	\$2,650	\$5,300	\$15	✓ \$90	✓ 40%	✓ 50%		
UHC Silver Copay Focus+ (Dental + Vision, No Referrals)	\$2,650	\$5,300	\$15	✓ \$90	✓ 40%	✓ 50%	•	
UHC Silver Standard (No Referrals)	Same As Medical		\$20	\$40	✓ \$80	✓ \$350		
UHC Silver Standard+ (Dental + Vision, No Referrals)	Same As Medical		\$20	\$40	✓ \$80	✓ \$350	•	
UHC Gold Advantage (No Referrals)	Same As Medical		\$8	\$50	✓ 30%	✓ 40%		
UHC Gold Advantage+ (Dental + Vision, No Referrals)	Same As Medical		\$8	\$50	✓ 30%	✓ 40%	•	
UHC Gold Copay Focus (No Referrals)	\$500	\$1,000	\$3	\$50	✓ 45%	✓ 50%		
UHC Gold Standard (Rx Copay, No Referrals)	Same As Medical		\$15	\$30	\$60	\$250		



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