

Plan Year 2026 Individual & Family Markets Products

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

| Comparison Charts and Medical Guide | Links to Charts |
|-------------------------------------|---|
| Plan Comparison Charts Combined | English • Spanish |
| Gold Plan Comparison Chart | English • Spanish |
| Silver Plan Comparison Chart | English • Spanish |
| Bronze Plan Comparison Chart | English • Spanish |
| Medical Plan Guide | English • Spanish |

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 Precision Gold HMO SM 207 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 207 | On-exchange “Base” Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 207 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 207 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 703 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 703 | On-exchange “Base” Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 703 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM 703 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM Standard - Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM Standard - Rx Copays | On-exchange “Base” Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Gold HMO SM Standard - Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |

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

Gold Plans (continued)

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|---|--------------------------------|-------------------------------------|--------------------------------------|
| Blue Precision Gold HMO SM Standard - Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Gold SM Standard - Rx Copays with Advocate | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Gold SM Standard - Rx Copays with Advocate | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Gold SM Standard - Rx Copays with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Gold SM Standard - Rx Copays with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 204 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 204 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 204 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 204 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM Standard - Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM Standard - Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM Standard - Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM Standard - Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 901 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 901 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 901 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Gold PPO SM 901 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 910 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 910 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 910 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 910 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |

Gold Plans (continued)

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|---|--------------------------------|-------------------------------------|--------------------------------------|
| MyBlue Plus Gold SM 909 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 909 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 909 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM 909 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM Standard - Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM Standard - Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM Standard - Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Gold SM Standard - Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |

Silver Plans

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|---|--------------------------------|-------------------------------------|--------------------------------------|
| Blue Precision Silver HMO SM 206 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 206 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 206 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 206 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 206 | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 206 | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 206 | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 306 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM 704 | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Silver HMO SM Standard - Select Rx Copays | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |

Silver Plans (continued)

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|--|--------------------------------|-------------------------------------|--------------------------------------|
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Silver SM Standard - Select Rx Copays with Advocate | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 203 | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 303 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |

Silver Plans (continued)

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|--|--------------------------------|-------------------------------------|--------------------------------------|
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM Standard - Select Rx Copays | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Silver PPO SM 801 | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 907 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 906 | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 905 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 905 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 905 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 905 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 905 | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |

Silver Plans (continued)

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|--|--------------------------------|-------------------------------------|--------------------------------------|
| MyBlue Plus Silver SM 905 | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM 905 | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | On-exchange 73% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | On-exchange 87% AV CSR Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Silver SM Standard - Select Rx Copays | On-exchange 94% AV CSR Plan | Summary of Benefits | Outlines of Coverage |

Bronze Plans

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|--|--------------------------------|-------------------------------------|--------------------------------------|
| Blue Precision Bronze HMO SM 205 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 205 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 205 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 205 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 701 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 701 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 701 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM 701 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM Standard - Select Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM Standard - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM Standard - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Precision Bronze HMO SM Standard - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Bronze SM Standard - Select Rx Copays with Advocate | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Bronze SM Standard - Select Rx Copays with Advocate | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Bronze SM Standard - Select Rx Copays with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| BlueCare Direct Bronze SM Standard - Select Rx Copays with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze PPO SM 202 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze PPO SM 201 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze PPO SM 201 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze PPO SM 201 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze PPO SM 201 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze PPO SM 701 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |

Bronze Plans (continued)

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|--|--------------------------------|-------------------------------------|--------------------------------------|
| Blue Choice Preferred Bronze SM PPO 701 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze SM PPO 701 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze SM PPO 701 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze SM PPO Standard - Select Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze SM PPO Standard - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze SM PPO Standard - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Bronze SM PPO Standard - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 903 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 903 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 903 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 903 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 912 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 912 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 912 | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM 912 | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM Standard - Select Rx Copays | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM Standard - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM Standard - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits | Outlines of Coverage |
| MyBlue Plus Bronze SM Standard - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits | Outlines of Coverage |

Catastrophic Plans

| Plan Name | Plan Variance Description | Link to SBC Document | Link to OOC Document |
|--|---------------------------|-------------------------------------|--------------------------------------|
| Blue Choice Preferred Security PPO SM 200 | Off-exchange Plan | Summary of Benefits | Outlines of Coverage |
| Blue Choice Preferred Security PPO SM 200 | On-exchange "Base" Plan | Summary of Benefits | Outlines of Coverage |

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
 Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
 a Mutual Legal Reserve Company: Blue Precision Gold HMO™ 207

Coverage Period: 01/01/2026 – 12/31/2026
 Coverage for: Individual/Family | Plan Type: HMO

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/nd/ibb_qhsh30bavilo_il_2026.pdf or by calling 1-800-892-2803. 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/bbc-glossary/ or call 1-855-758-4448 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|--|---|
| What is the overall deductible? | Individual: Participating \$750 Family: Participating \$1,500 | 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 and certain services with a copayment 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 www.healthcare.gov/coverage/preventive-care-benefits/ . |

| 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 have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | \$300/visit plus 30% coinsurance | Not Covered | Insulin drug, regardless of quantity or type, shall not exceed \$35, when obtained from a Participating Pharmacy. See your benefit booklet* for details. |
| | Physician/surgeon fees | \$40/visit; deductible does not apply | Not Covered | Referral required. For Outpatient Infusion Therapy, see your benefit booklet* for details. |
| If you need immediate medical attention | Emergency room care | 30% coinsurance | 30% coinsurance | None |
| | Emergency medical transportation | 30% coinsurance | 30% coinsurance | None |
| If you have a hospital stay | Urgent care | \$40/visit; deductible does not apply | Not Covered | Must be affiliated with member's chosen medical group or referral required. |
| | Facility fee (e.g., hospital room) | 30% coinsurance | Not Covered | Referral required. |
| If you need mental health, behavioral health, or substance abuse services | Physician/surgeon fees | No Charge; deductible does not apply | Not Covered | Referral required. |
| | Outpatient services | \$20/office visit; deductible does not apply 30% coinsurance for other outpatient services | Not Covered | Referral may be required, Preauthorization may also be required; see your benefit booklet* for details. Telepsychiatry benefits and Virtual Visits are available; see your benefit booklet* for details. |
| If you are pregnant | Inpatient services | 30% coinsurance | Not Covered | Referral required. |
| | Office visits | Primary Care: \$20 Specialist: \$40; deductible does not apply | Not Covered | |
| | Childbirth/delivery professional services | No Charge; deductible does not apply | Not Covered | |

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 *For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/bb/nd/ibb_qhsh30bavilo_il_2026.pdf

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