

ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS

GOLD	GOLD \$2500 DED	GOLD MAINTENANCE \$500 DED	GOLD STANDARD FLAT RX COPAY EASY PRICING
OOP Costs	OOP Costs	OOP Costs	OOP Costs
Single Deductible	\$2,500	\$500	\$1,500
Family Deductible	\$5,000	\$1,000	\$3,000
Coinsurance	30%	0%	25%
Medical Max Out-Of-Pocket SINGLE	\$7,000	\$9,000	\$7,800
Medical Max Out-of-Pocket	\$14,000	\$18,000	\$15,600
Office Visits	Office Visits	Office Visits	Office Visits
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$30
Office Visit - PCP	\$30	\$35	\$30
Mental/Behavioral Health Visit	\$30	\$35	\$30
Office Visit - SPECIALTY	\$60	\$70	\$60
Urgent Care	\$60	\$70	\$45
LAB	\$30	\$35	Ded & Coins
XRAY	\$60	\$70	Ded & Coins
Hospital Services	Hospital Services	Hospital Services	Hospital Services
Emergency Room	\$500	\$500	Ded & Coins
Hospital IP	Ded & Coins	\$2,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$2,500/day	Ded & Coins
Hospital OP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	Ded & Coins	Ded & Coins
Prescription Drug Benefits	Prescription Drug	Prescription Drug	Prescription Drug
Tier 1: \$0 and preventative drugs	\$0	\$0	\$15
Tier 2: Preferred Generic drugs	\$5	\$5	\$30
Tier 3: NonPreferred Generic drugs	\$10	\$10	\$60
Tier 4: Preferred Brand drugs	\$40	\$40	\$250
Tier 5: Non-preferred and high cost	%50 coinsurance	%50 coinsurance	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	Ded & 60% Coinsurance	-
Other Benefits/Services	Other Benefits/Services	Other Benefits/Services	Other Benefits/Services
MRI/PET/CAT	Ded & Coins	Ded & \$150 copay	Ded & Coins
PT/OT/ST	Ded & Coins	Ded & \$50 copay	\$30
DME	30% Coins	No Charge	25% Coins
Skilled Nursing	Ded & Coins	\$2,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS

SILVER	NON CSR Variants		
	SILVER \$7000 DED	SILVER \$0 DED FLAT RX COPAY	SILVER STANDARD EASY PRICING
OOP Costs	OOP Costs	OOP Costs	OOP Costs
Single Deductible	\$7,000	\$0	\$5,000
Family Deductible	\$14,000	\$0	\$10,000
Coinsurance	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$9,000	\$9,200	\$8,000
Medical Max Out-of-Pocket FAMILY	\$18,000	\$18,400	\$16,000
Office Visits	Office Visits	Office Visits	Office Visits
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$50	\$50	\$40
Mental/Behavioral Health Visit	\$50	\$50	\$40
Office Visit SPECIALTY	\$100	\$100	\$80
Urgent Care	\$100	\$100	\$60
LAB	\$60	\$50	Ded & Coins
XRAY	\$120	\$100	Ded & Coins
Hospital Services	Hospital Services	Hospital Services	Hospital Services
Emergency Room	\$1,000	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
Prescription Drug Benefits	Prescription Drug	Prescription Drug	Prescription Drug
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	Ded & \$80
Tier 4: Preferred Brand drugs	\$150	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$600	-
Other Benefits/Services	Other Benefits/Services	Other Benefits/Services	Other Benefits/Services
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$100	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

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ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS

BRONZE	BRONZE \$7250 HSA	BRONZE \$9100 DED FLAT RX COPAY	BRONZE STANDARD EASY PRICING
OOP Costs	OOP Costs	OOP Costs	OOP Costs
Single Deductible	\$7,250	\$9,100	\$7,500
Family Deductible	\$14,500	\$18,200	\$15,000
Coinsurance	0%	0%	50%
Medical Max Out-Of-Pocket SINGLE	\$7,250	\$7,250	\$9,200
Medical Max Out-of-Pocket FAMILY	\$14,500	\$14,500	\$18,400
Office Visits	Office Visits	Office Visits	Office Visits
Virtual Visits (PCP/BH/UC)	Ded & Coins	\$0	\$50
Office Visit PCP	Ded & Coins	\$75	\$50
Mental/Behavioral Health Visit	Ded & Coins	Ded & Coins	\$50
Office Visit SPECIALTY	Ded & Coins	Ded & Coins	\$100
LAB	Ded & Coins	Ded & Coins	Ded & Coins
XRAY	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	Ded & Coins	\$75	\$75
Hospital Services	Hospital Services	Hospital Services	Hospital Services
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins
Hospital IP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	Ded & Coins	Ded & Coins
Hospital OP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	Ded & Coins	Ded & Coins
Prescription Drug Benefits	Prescription Drug	Prescription Drug	Prescription Drug
Tier 1: \$0 and preventative drugs	Ded & Coins	\$0	\$25
Tier 2: Preferred Generic drugs	Ded & Coins	\$15	Ded & \$50
Tier 3: NonPreferred Generic drugs	Ded & Coins	\$35	Ded & \$100
Tier 4: Preferred Brand drugs	Ded & Coins	\$200	Ded & \$500
Tier 5: Non-preferred and high cost	Ded & Coins	\$500	-
Tier 6: Specialty drugs	Ded & Coins	\$750	-
Other Benefits/Services	Other Benefits/Services	Other Benefits/Services	Other Benefits/Services
MRI/PET/CAT	Ded & Coins	Ded & Coins	Ded & Coins
PT/OT/ST	Ded & Coins	Ded & Coins	\$50
DME	Ded & Coins	50% Coins	50% Coins
Skilled Nursing	Ded & Coins	Ded & Coins	Ded & Coins
Dental	Not Available	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS WITH CSR

SILVER	CSR-87 (151-200% FPL)		
	SILVER \$7,000 DED CSR-	SILVER \$0 DEDFLAT RX	SILVER STANDARD EASY
	87	COPAY CSR-87	PRICING CSR-87
OOP Costs	OOP Costs	OOP Costs	OOP Costs
Single Deductible	\$1,500	\$0	\$500
Family Deductible	\$3,000	\$0	\$1,000
Coinsurance	50%	50%	30%
Medical Max Out-Of-Pocket SINGLE	\$3,000	\$3,000	\$3,000
Medical Max Out-of-Pocket FAMILY	\$6,000	\$6,000	\$6,000
Office Visits	Office Visits	Office Visits	Office Visits
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$20
Office Visit PCP	\$20	\$25	\$20
Mental/Behavioral Health Visit	\$20	\$25	\$20
Office Visit SPECIALTY	\$50	\$55	\$40
Urgent Care	\$20	\$55	\$30
LAB	\$25	\$25	Ded & Coins
XRAY	\$50	\$55	Ded & Coins
Hospital Services	Hospital Services	Hospital Services	Hospital Services
Emergency Room	\$100	\$250	Ded & Coins
Hospital IP	Ded & Coins	\$300/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$300/day	Ded & Coins
Hospital OP	Ded & Coins	\$300	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$300	Ded & Coins
Prescription Drug Benefits	Prescription Drug	Prescription Drug	Prescription Drug
Tier 1: \$0 and preventative drugs	\$0	\$0	\$10
Tier 2: Preferred Generic drugs	\$5	\$5	\$20
Tier 3: NonPreferred Generic drugs	\$10	\$10	Ded & \$60
Tier 4: Preferred Brand drugs	\$20	\$20	Ded & \$250
Tier 5: Non-preferred and high cost	%50 coinsurance	\$250	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$400	-
Other Benefits/Services	Other Benefits/Services	Other Benefits/Services	Other Benefits/Services
MRI/PET/CAT	Ded & Coins	\$400	Ded & Coins
PT/OT/ST	Ded & Coins	\$55	\$20
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	50% Coins	\$300/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

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ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS WITH CSR

SILVER	CSR-73 (201-250% FPL)		
	SILVER \$7,000 DED CSR-73	SILVER \$0 DED FLAT RX COPAY CSR-73	SILVER STANDARD EASY PRICING CSR-73
OOP Costs	OOP Costs	OOP Costs	OOP Costs
Single Deductible	\$7,000	\$0	\$3,000
Family Deductible	\$14,000	\$0	\$6,000
Coinsurance	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$7,350	\$7,350	\$6,400
Medical Max Out-of-Pocket FAMILY	\$14,700	\$14,700	\$12,800
Office Visits	Office Visits	Office Visits	Office Visits
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$45	\$45	\$40
Mental/Behavioral Health Visit	\$45	\$45	\$40
Office Visit SPECIALTY	\$90	\$90	\$80
Urgent Care	\$90	\$90	\$60
LAB	\$60	\$45	Ded & Coins
XRAY	\$120	\$90	Ded & Coins
Hospital Services	Hospital Services	Hospital Services	Hospital Services
Emergency Room	\$900	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
Prescription Drug Benefits	Prescription Drug	Prescription Drug	Prescription Drug
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	Ded & \$80
Tier 4: Preferred Brand drugs	\$80	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$500	-
Other Benefits/Services	Other Benefits/Services	Other Benefits/Services	Other Benefits/Services
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$90	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

ILLINOIS OFF-EXCHANGE ONLY 2025 OFFERINGS

Off Exchange Direct Only Plans	PLATINUM \$0 DED DIRECT	SILVER \$7,000 DED DIRECT	SILVER \$0 DED FLAT RX COPAYS DIRECT	SILVER STANDARD EASY PRICING DIRECT
OOP Costs	OOP Costs	OOP Costs	OOP Costs	OOP Costs
Single Deductible	\$0	\$7,000	\$0	\$5,000
Family Deductible	\$0	\$14,000	\$0	\$10,000
Coinsurance	20%	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$2,000	\$9,000	\$9,200	\$8,000
Medical Max Out-of-Pocket FAMILY	\$4,000	\$18,000	\$18,400	\$16,000
Office Visits	Office Visits	Office Visits	Office Visits	Office Visits
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$0	\$40
Office Visit PCP	\$20	\$50	\$50	40
Mental/Behavioral Health Visit	\$20	\$50	\$50	40
Office Visit SPECIALTY	\$45	\$100	\$100	80
LAB	\$20	\$60	\$50	Ded & Coins
XRAY	\$40	\$120	\$100	Ded & Coins
Urgent Care	\$45	\$100	\$100	\$60
Hospital Services	Hospital Services	Hospital Services	Hospital Services	Hospital Services
Emergency Room	\$150	\$1,000	\$1,200	Ded & Coins
Hospital IP	20% Coins	Ded & Coins	\$1500/day	Ded & Coins
Mental/Behavioral Health IP	20% Coins	Ded & Coins	\$1500/day	Ded & Coins
Hospital OP	20% Coins	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	20% Coins	Ded & Coins	\$400	Ded & Coins
Prescription Drug Benefits	Prescription Drug	Prescription Drug	Prescription Drug	Prescription Drug
Tier 1: \$0 and preventative drugs	\$0	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$5	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$10	\$35	\$35	Ded & 80%
Tier 4: Preferred Brand drugs	\$25	\$150	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	\$100	50%	\$300	-
Tier 6: Specialty drugs	\$200	Ded & 60%	\$600	-
Other Benefis/Services	Other Benefis/Services	Other Benefis/Services	Other Benefis/Services	Other Benefis/Services
MRI/PET/CAT	20% Coins	Ded & Coins	500	Ded & Coins
PT/OT/ST	20% Coins	Ded & Coins	100	\$40
DME	20% Coins	50% Coins	50% Coins	40% Coins
Skilled Nursing	20% Coins	Ded & Coins	1500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up	Optional buy-up

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