BlueCross BlueShield of Illinois

Plan Year 2023 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	English • Spanish
BCBSIL Gold Plan Comparison Chart	English • Spanish
BCBSIL Silver Plan Comparison Chart	English • Spanish
BCBSIL Bronze Plan Comparison Chart	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 Choice Preferred Gold PPO 204	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 204	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 204	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 204	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 707	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 707	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 707	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 707	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold 211	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold 211	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold 211	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold 211	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage

Gold Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Precision Gold HMO 207	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 703 - Rx Copays	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 703 - Rx Copays	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 703 - Rx Copays	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 703 - Rx Copays	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 707	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 707	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 707	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 707	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Gold 409 with Advocate	Off-exchange Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Gold 409 with Advocate	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Gold 409 with Advocate	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Gold 409 with Advocate	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage

Silver Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Silver PPO 303	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage

Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Silver PPO 706	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 706	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 706	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 706	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 706	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 706	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 706	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver 210	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 306	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 704 - Rx Copays	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage

Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Precision Silver HMO 706	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 706	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 706	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 706	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 706	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 706	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 706	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	Off-exchange Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	On-exchange 73% AV CSR Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	On-exchange 87% AV CSR Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver 212 with Advocate	On-exchange 94% AV CSR Plan	Summary of Benefits	Outline of Coverage

Bronze Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Bronze PPO 302	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 502	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage

Bronze Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Bronze PPO 601	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 601	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 601	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 601	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 701	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 701	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 701	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 701	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 705	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 705	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 705	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 705	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 708	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 708	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 708	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 708	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze 209	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze 209	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze 209	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze 209	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 701 - Rx Copays	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 701 - Rx Copays	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 701 - Rx Copays	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 701 - Rx Copays	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage

Bronze Plans (continued)

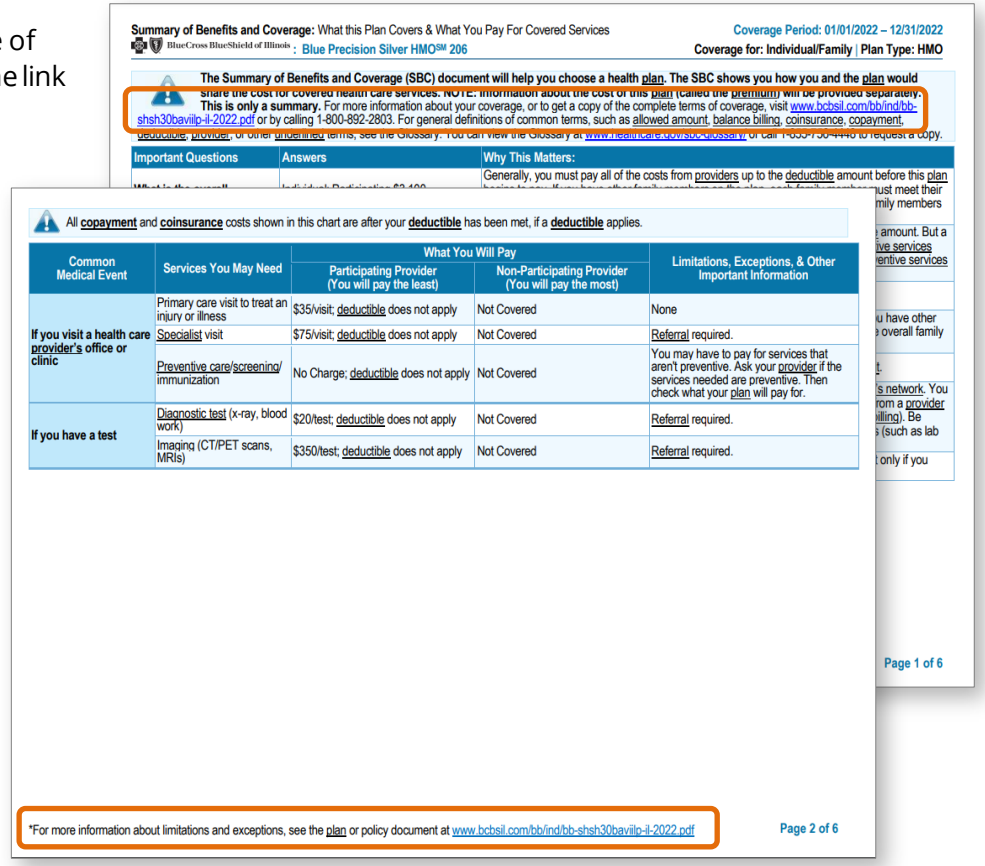
Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Precision Bronze HMO 708	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 708	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 708	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 708	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Bronze 401 with Advocate	Off-exchange Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Bronze 401 with Advocate	On-exchange "Base" Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Bronze 401 with Advocate	On-exchange AI/AN Zero Plan	Summary of Benefits	Outline of Coverage
BlueCare Direct Bronze 401 with Advocate	On-exchange AI/AN Limited Plan	Summary of Benefits	Outline of Coverage

Catastrophic Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Security PPO 200	Off-exchange Plan	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Security PPO 200	On-exchange "Base" Plan	Summary of Benefits	Outline 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
Coverage Period: 01/01/2022 – 12/31/2022
BlueCross BlueShield of Illinois : Blue Precision Silver HMO℠ 206
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/ind/bb-shsh30baviilp-il-2022.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/sbc-glossary/ or call 1-855-730-4448 to request a copy.

Important Questions	Answers	Why This Matters:
		Generally, you must pay all of the costs from providers up to the deductible amount before this plan

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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	$35/visit; deductible does not apply	Not Covered	None
	Specialist visit	$75/visit; deductible does not apply	Not Covered	Referral required.
	Preventive care/screening/ immunization	No Charge; deductible does not apply	Not Covered	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)	$20/test; deductible does not apply	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	$350/test; deductible does not apply	Not Covered	Referral required.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/bb/ind/bb-shsh30baviilp-il-2022.pdf

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