

Plan Year 2019 Individual Retail Products



BlueCross BlueShield of Illinois

Links to Summaries of Benefits and Coverage (SBC), Outlines of Coverage (OOC) and Plan Comparison Charts for all Blue Cross and Blue Shield of Illinois (BCBSIL) qualified health plans in the under 65 retail market

PLAN Comparison Charts

COMPARISON CHART	Link to Charts
BCBSIL Gold Plan Comparison Chart	English • Spanish
BCBSIL Silver Plan Comparison Chart	English • Spanish
BCBSIL Bronze Plan Comparison Chart	English • Spanish

GOLD Plans

PLAN NAME	Plan Variance	Marketplace or Non Marketplace*	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Gold PPO 204	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 204	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 204	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Gold PPO 204	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold HMO 211	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold HMO 211	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold HMO 211	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Gold HMO 211	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 207	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Gold HMO 208	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

SILVER Plans

PLAN NAME	Plan Variance	Marketplace or Non Marketplace*	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Silver PPO 203	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 203	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Silver HMO 210	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 206	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage

SILVER Plans (continued)

PLAN NAME	Plan Variance	Marketplace or Non Marketplace*	Link to SBC Document	Link to OOC Document
BlueCare Direct Silver HMO 212 with Advocate	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver HMO 212 with Advocate	Standard	Marketplace	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver HMO 212 with Advocate	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver HMO 212 with Advocate	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver HMO 212 with Advocate	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver HMO 212 with Advocate	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
BlueCare Direct Silver HMO 212 with Advocate	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Silver PPO 303	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Silver HMO 306	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

BRONZE Plans

PLAN NAME	Plan Variance	Marketplace or Non Marketplace*	Link to SBC Document	Link to OOC Document
Blue Precision Bronze HMO 205	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Precision Bronze HMO 205	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 202	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201 Two \$40 PCP Visits	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201 Two \$40 PCP Visits	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 201 Two \$40 PCP Visits	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze HMO 209	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze HMO 209	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze HMO 209	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue FocusCare Bronze HMO 209	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Bronze PPO 302	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

CATASTROPHIC Plans

PLAN NAME	Plan Variance	Marketplace or Non Marketplace*	Link to SBC Document	Link to OOC Document
Blue Choice Preferred Security PPO 200	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Choice Preferred Security PPO 200	Standard	Marketplace	Summary of Benefits	Outline of Coverage

Non-Marketplace (standard)
 Marketplace (standard)
 Marketplace (plan variance)
 * Marketplace = On Exchange; Non-Marketplace = Off Exchange

** AI/AN Zero and Limited refer to cost sharing reduction plan variances available to American Indians and Alaska Natives. For more information see the [Tribal Glossary Brochure from CMS](#).

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