




# Plan Year 2022 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	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSIL Gold Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSIL Silver Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSIL Bronze Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>

### Key

-  Non-marketplace (off exchange) standard plans
  -  Marketplace (on exchange) standard plans
  -  Marketplace (on exchange) cost-sharing reduction plan variances
- \*\* AI/AN Zero and AI/AN Limited refer to cost sharing reduction plan variances available to American Indians and Alaska Natives.

## 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	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Gold PPO 204	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Gold PPO 204	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Gold PPO 204	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Gold HMO 211	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Gold HMO 211	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Gold HMO 211	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Gold HMO 211	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Gold HMO 207	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Gold HMO 207	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Gold HMO 207	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Gold HMO 207	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Gold 409 with Advocate	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Gold 409 with Advocate	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Gold 409 with Advocate	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Gold 409 with Advocate	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>

## 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	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 203	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 203	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 203	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 203	73% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 203	87% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 203	94% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	73% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	87% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Silver HMO 210	94% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	73% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	87% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 206	94% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	73% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	87% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Silver HMO 212 with Advocate	94% Actuarial Value (AV)	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Silver PPO 303	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Silver HMO 306	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>

## 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	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Bronze HMO 205	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Bronze HMO 205	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Precision Bronze HMO 205	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 202	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 202	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 202	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 202	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 201	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 201	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 201	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 201	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Bronze HMO 209	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Bronze HMO 209	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Bronze HMO 209	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue FocusCare Bronze HMO 209	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Bronze 401 with Advocate	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Bronze 401 with Advocate	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Bronze 401 with Advocate	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
BlueCare Direct Bronze 401 with Advocate	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 601	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 601	Standard	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 601	AI/AN Zero**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 601	AI/AN Limited**	Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 302	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>
Blue Choice Preferred Bronze PPO 502	Standard	Non Marketplace	<a href="#">Summary of Benefits</a>	<a href="#">Outline of Coverage</a>

# 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

## 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<sup>SM</sup> 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-shsh30bavilp-il-2022.pdf](http://www.bcbsil.com/bb/ind/bb-shsh30bavilp-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/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall...	Individual Participation \$3,100	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 expenses paid by all family members

**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.

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\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com/bb/ind/bb-shsh30bavilp-il-2022.pdf](http://www.bcbsil.com/bb/ind/bb-shsh30bavilp-il-2022.pdf)

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