BlueCross BlueShield of Illinois

# Plan Year 2027 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 | Link to SBC Document |
|---|---|---|
| Blue Precision Gold HMO℠ - Champion | Off-exchange Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Champion | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Champion | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Champion | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Secure | Off-exchange Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Secure | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Secure | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Secure | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Classic - Rx Copays | Off-exchange Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Classic - Rx Copays | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Classic - Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Gold HMO℠ - Classic - Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Gold - Classic℠ - Rx Copays with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Gold - Classic℠ - Rx Copays with Advocate | On-exchange "Base" Plan | Summary of Benefits |
| BlueCare Direct Gold - Classic℠ - Rx Copays with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |

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| | | |
|---|---|---|
| BlueCare Direct Gold - Classic℠ - Rx Copays with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Champion with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Champion with Advocate | On-exchange “Base” Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Champion with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Champion with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Secure with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Secure with Advocate | On-exchange “Base” Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Secure with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Gold HMO℠ - Secure with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Secure | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Secure | On-exchange “Base” Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Secure | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Secure | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Classic - Rx Copays | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Classic - Rx Copays | On-exchange “Base” Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Classic - Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Classic - Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Balance | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Balance | On-exchange “Base” Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Balance | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Gold PPO℠ - Balance | On-exchange AI/AN Limited Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Champion | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Champion | On-exchange “Base” Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Champion | On-exchange AI/AN Zero Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Champion | On-exchange AI/AN Limited Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Secure | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Secure | On-exchange “Base” Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Secure | On-exchange AI/AN Zero Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Secure | On-exchange AI/AN Limited Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Classic - Rx Copays | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Classic - Rx Copays | On-exchange “Base” Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Classic - Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| MyBlue Plus Gold℠ - Classic - Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |

# Silver Plans

| Plan Name | Plan Variance | Link to SBC Document |
|---|---|---|
| Blue Precision Silver℠ HMO - Champion | Off-exchange Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Champion | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Champion | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Champion | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Champion | On-exchange 73% AV CSR Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Champion | On-exchange 87% AV CSR Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Champion | On-exchange 94% AV CSR Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Signature | Off-exchange Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | Off-exchange Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | On-exchange 73% AV CSR Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | On-exchange 87% AV CSR Plan | Summary of Benefits |
| Blue Precision Silver℠ HMO - Classic - Select Rx Copays | On-exchange 94% AV CSR Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | On-exchange "Base" Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | On-exchange 73% AV CSR Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | On-exchange 87% AV CSR Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Classic - Select Rx Copays with Advocate | On-exchange 94% AV CSR Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | On-exchange "Base" Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | On-exchange 73% AV CSR Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | On-exchange 87% AV CSR Plan | Summary of Benefits |
| BlueCare Direct Silver℠ - Champion with Advocate | On-exchange 94% AV CSR Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Signature | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | On-exchange 73% AV CSR Plan | Summary of Benefits |

| | | |
|---|---|---|
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | On-exchange 87% AV CSR Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Classic - Select Rx Copays | On-exchange 94% AV CSR Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | On-exchange "Base" Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | On-exchange 73% AV CSR Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | On-exchange 87% AV CSR Plan | Summary of Benefits |
| Blue Choice Preferred Silver℠ PPO - Champion | On-exchange 94% AV CSR Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Signature | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | On-exchange "Base" Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | On-exchange AI/AN Zero Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | On-exchange AI/AN Limited Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | On-exchange 73% AV CSR Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | On-exchange 87% AV CSR Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Champion | On-exchange 94% AV CSR Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | On-exchange 73% AV CSR Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | On-exchange 87% AV CSR Plan | Summary of Benefits |
| MyBlue Plus Silver℠ - Classic - Select Rx Copays | On-exchange 94% AV CSR Plan | Summary of Benefits |

# Bronze Plans

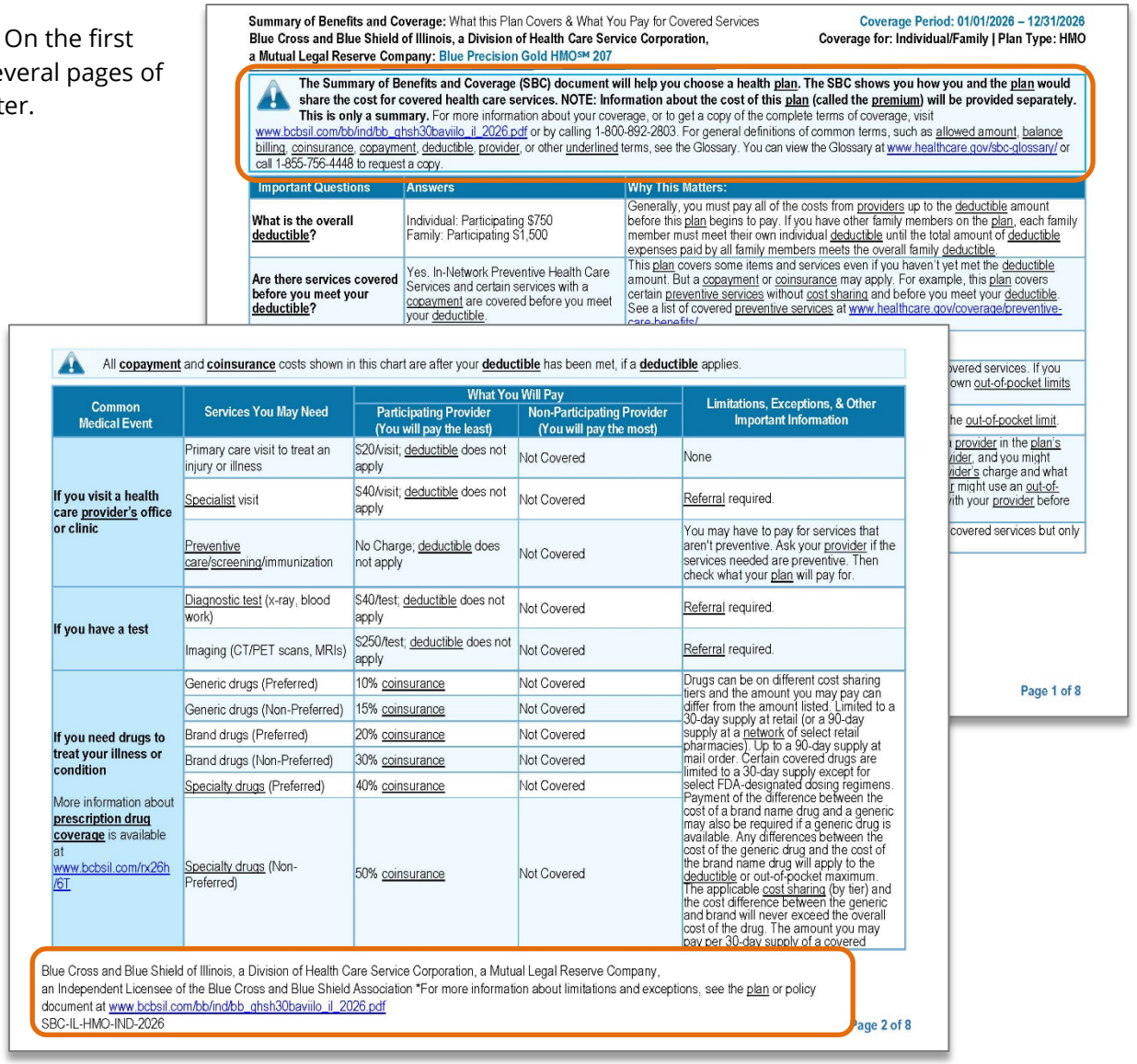
| Plan Name | Plan Variance | Link to SBC Document |
|---|---|---|
| Blue Precision Bronze HMO℠ - Support HSA | Off-exchange Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Support HAS | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Support HSA | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Support HSA | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Secure HSA | Off-exchange Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Secure HSA | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Secure HSA | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Secure HSA | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Classic HSA - Select Rx Copays | Off-exchange Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Classic HSA - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Classic HSA - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Precision Bronze HMO℠ - Classic HSA - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Classic HSA - Select Rx Copays with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Classic HSA - Select Rx Copays with Advocate | On-exchange "Base" Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Classic HSA - Select Rx Copays with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Classic HSA - Select Rx Copays with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Support HSA with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Support HSA with Advocate | On-exchange "Base" Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Support HSA with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Bronze℠- Support HSA with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Secure HSA with Advocate | Off-exchange Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Secure HSA with Advocate | On-exchange "Base" Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Secure HSA with Advocate | On-exchange AI/AN Zero Plan | Summary of Benefits |
| BlueCare Direct Bronze℠ - Secure HSA with Advocate | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Signature HSA | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Support HSA | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Support HSA | On-exchange "Base" Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Support HSA | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Support HSA | On-exchange AI/AN Limited Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Classic HSA - Select Rx Copays | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Classic HSA - Select Rx Copays | On-exchange "Base" Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Classic HSA - Select Rx Copays | On-exchange AI/AN Zero Plan | Summary of Benefits |
| Blue Choice Preferred Bronze PPO℠ - Classic HSA - Select Rx Copays | On-exchange AI/AN Limited Plan | Summary of Benefits |

# Catastrophic Plans

| Plan Name | Plan Variance | Link to SBC Document |
|---|---|---|
| Blue Choice Preferred Security PPO℠ - HSA | Off-exchange Plan | Summary of Benefits |
| Blue Choice Preferred Security PPO℠ - HSA | On-exchange "Base" Plan | Summary of Benefits |
| MyBlue Plus Security℠ - HSA | Off-exchange Plan | Summary of Benefits |
| MyBlue Plus Security℠ - HSA | On-exchange "Base" Plan | Summary of Benefits |

# 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/ind/bb_ghsh30baviilo_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/sbc-glossary/ or call 1-855-756-4448 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **What is the overall deductible?** | Individual: Participating $750<br>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/ |

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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: Participating Provider (You will pay the least) | What You Will Pay: Non-Participating Provider (You will pay the most) | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | $20/visit; deductible does not apply | Not Covered | None |
| | Specialist visit | $40/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) | $40/test; deductible does not apply | Not Covered | Referral required. |
| | Imaging (CT/PET scans, MRIs) | $250/test; deductible does not apply | Not Covered | Referral required. |
| **If you need drugs to treat your illness or condition**<br>More information about **prescription drug coverage** is available at www.bcbsil.com/rx26h/6T | Generic drugs (Preferred) | 10% coinsurance | Not Covered | Drugs can be on different cost sharing tiers and the amount you may pay can differ from the amount listed. Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Certain covered drugs are limited to a 30-day supply except for select FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Any differences between the cost of the generic drug and the cost of the brand name drug will apply to the deductible or out-of-pocket maximum. The applicable cost sharing (by tier) and the cost difference between the generic and brand will never exceed the overall cost of the drug. The amount you may pay per 30-day supply of a covered |
| | Generic drugs (Non-Preferred) | 15% coinsurance | Not Covered | |
| | Brand drugs (Preferred) | 20% coinsurance | Not Covered | |
| | Brand drugs (Non-Preferred) | 30% coinsurance | Not Covered | |
| | Specialty drugs (Preferred) | 40% coinsurance | Not Covered | |
| | Specialty drugs (Non-Preferred) | 50% coinsurance | Not Covered | |

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