

# Illinois PY25 Individual Exchange Plan Designs

Plan Name	Metal Level	Annual Deductible (Individual/Family)		Max Out of Pocket (Individual/Family)		PCP Visit (In Person & Virtual)	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery	Office Based Labs
UHC Bronze Standard (No Referrals)	Bronze	\$7,500	\$15,000	\$9,200	\$18,400	\$50	\$50	\$100	\$75	✓ 50%	✓ 50%	✓ 50%
UHC Bronze Value (Rx Copay, No Referrals)	Bronze	\$7,850	\$15,700	\$9,200	\$18,400	\$30	✓ 40%	✓ 40%	\$0	✓ 40%	✓ 40%	\$20
UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)	Bronze	\$7,850	\$15,700	\$9,200	\$18,400	\$30	✓ 40%	✓ 40%	\$0	✓ 40%	✓ 40%	\$20
UHC Bronze Copay Focus (No Referrals)	Bronze	\$0	\$0	\$9,200	\$18,400	\$40	\$40	\$125	\$0	\$3,000 (3-day max)	\$375	\$20
UHC Silver Standard (No Referrals)	Silver	\$5,000	\$10,000	\$8,000	\$16,000	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Standard+ (Dental + Vision, No Referrals)	Silver	\$5,000	\$10,000	\$8,000	\$16,000	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Advantage (Rx Copay, No Referrals)	Silver	\$2,500	\$5,000	\$9,200	\$18,400	\$30	\$30	\$100	\$0	✓ 30%	✓ \$375	✓ \$15
UHC Silver Advantage+ (Rx Copay, Dental + Vision, No Referrals)	Silver	\$2,500	\$5,000	\$9,200	\$18,400	\$30	\$30	\$100	\$0	✓ 30%	✓ \$375	✓ \$15
UHC Silver Copay Focus (No Referrals)	Silver	\$0	\$0	\$9,200	\$18,400	\$35	\$35	\$100	\$0	\$3,000 (3-day max)	\$375	\$20
UHC Gold Standard (Rx Copay, No Referrals)	Gold	\$1,500	\$3,000	\$7,800	\$15,600	\$30	\$30	\$60	\$45	✓ 25%	✓ 25%	✓ 25%
UHC Gold Advantage (No Referrals)	Gold	\$1,500	\$3,000	\$7,000	\$14,000	\$15	\$15	\$50	\$0	✓ 20%	\$300	\$10
UHC Gold Advantage+ (Dental + Vision, No Referrals)	Gold	\$1,500	\$3,000	\$7,000	\$14,000	\$15	\$15	\$50	\$0	✓ 20%	\$300	\$10
UHC Gold Copay Focus (No Referrals)	Gold	\$0	\$0	\$7,000	\$14,000	\$20	\$20	\$60	\$0	\$2,000 (3-day max)	\$300	\$20

Check (✓) indicates that this benefit is subject to the annual deductible.



# Illinois PY25 Individual Exchange Plan Designs

Plan Name	Rx Deductible (Individual/Family)		Tier 1 Zero Cost Share Preventive Drugs	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 Specialty	Adult Dental & Vision	HSA
UHC Bronze Standard (No Referrals)	Same as Medical		\$0	\$25	✓ \$50	✓ \$100	✓ \$500		
UHC Bronze Value (Rx Copay, No Referrals)	Same as Medical		\$0	\$10	\$200	\$400	\$500		
UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)	Same as Medical		\$0	\$10	\$200	\$400	\$500	●	
UHC Bronze Copay Focus (No Referrals)	\$4,500	\$9,000	\$0	\$20	✓ 40%	✓ 45%	✓ 50%		
UHC Silver Standard (No Referrals)	Same as Medical		\$0	\$20	\$40	✓ \$80	✓ \$350		
UHC Silver Standard+ (Dental + Vision, No Referrals)	Same as Medical		\$0	\$20	\$40	✓ \$80	✓ \$350	●	
UHC Silver Advantage (Rx Copay, No Referrals)	Same as Medical		\$0	\$1	\$50	✓ 30%	✓ 40%		
UHC Silver Advantage+ (Rx Copay, Dental + Vision, No Referrals)	Same as Medical		\$0	\$1	\$50	✓ 30%	✓ 40%	●	
UHC Silver Copay Focus (No Referrals)	\$2,650	\$5,300	\$0	\$10	✓ \$90	✓ 40%	✓ 50%		
UHC Gold Standard (Rx Copay, No Referrals)	Same as Medical		\$0	\$15	\$30	\$60	\$250		
UHC Gold Advantage (No Referrals)	Same as Medical		\$0	\$3	\$80	\$200	\$400		
UHC Gold Advantage+ (Dental + Vision, No Referrals)	Same as Medical		\$0	\$3	\$80	\$200	\$400	●	
UHC Gold Copay Focus (No Referrals)	\$500	\$1,000	\$0	\$3	\$50	✓ 45%	✓ 50%		

Check (✓) indicates that this benefit is subject to Medical or Rx deductible.

