

## Summary of Benefits and Coverage (SBC)

- A standardized summary of covered benefits and cost sharing
- Key information tool helps consumers compare health plan options on an apples-to-apples basis
- Summarizes how plans cover (or exclude) all major categories of benefits
- Summarizes cost sharing (in-network and out-of-network, if applicable) for all benefit categories
- Federal law requires all private health insurance plans to offer, post prominently, and provide upon demand

How to find the SBC when shopping for plans on [www.healthcare.gov](http://www.healthcare.gov)

1. Enter your zip code to see the plans offered in your area. This example shows plans in Chicago
2. Click on the plan name to see more detailed information about the plan

The screenshot shows the Healthcare.gov website interface. At the top, there's a navigation bar with the logo and language options. Below that, a search bar and a filter bar are visible. The main content area displays a plan detail for 'Blue Cross and Blue Shield of Illinois'. The plan name is 'BlueCare Direct Bronze™ 401 with Advocate - Rx Copays'. It is a Bronze plan, HMO type, with a rating of 4 stars. The premium is \$378.33 per month. The estimated total yearly cost is \$9,450. The deductible is \$0. The out-of-pocket maximum is \$9,450. The plan details include a table for 'You pay' with categories like Primary care, Specialist care, Urgent care, Emergency room, Outpatient mental health, and Generic drugs. There are also sections for 'Plan features' and 'Find covered providers & drugs'. At the bottom, there are buttons for 'Go to plan details', 'Save', and 'Compare'.

healthcare.gov

An official website of the United States government [Here's how you know](#)

HealthCare.gov Español Log in

Optional step: View health & dental plans [View steps](#)

### View health & dental plans

**Prices here are estimates**  
These are full-price plans for a person who's 35. To see price estimates closer to your situation, add your age, household, and income.  
[Add your household](#)

**Like a plan? Take the next step**  
Once you've saved plans you like, log in or create an account to apply. You can always save more plans or review your list when you're ready to enroll.  
[Start or update an application](#)

Plan type  
Health Plans

Filters [Add filters](#) Sort Lowest deductible

117 plans (no filters added) [No saved plans](#)

**Blue Cross and Blue Shield of Illinois**  
[BlueCare Direct Bronze™ 401 with Advocate - Rx Copays](#)  
Bronze | HMO | Plan ID: 36096IL0810180 | Rating ★★★★☆

<b>Premium</b> \$378.33/month	<b>Estimated total yearly cost</b> <a href="#">Add yearly cost</a>	<b>Deductible</b> \$0 Individual total Health: \$0 Drug: \$0	<b>Out-of-pocket maximum</b> \$9,450 Individual total
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**You pay**

Primary care	\$150 per visit from day 1
Specialist care	\$160 per visit from day 1
Urgent care	\$160 per visit from day 1
Emergency room	\$2000/50%
Outpatient mental health	\$150 per visit from day 1
Generic drugs	\$100

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

Adult Dental	<input checked="" type="checkbox"/>
Child Dental	<input checked="" type="checkbox"/>

**Find covered providers & drugs**

<a href="#">Add doctors &amp; facilities</a>	<a href="#">Add prescription drugs</a>
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[Go to plan details](#) Save Compare

**117 total plans**

- 40 Bronze
- 44 Silver
- 33 Gold

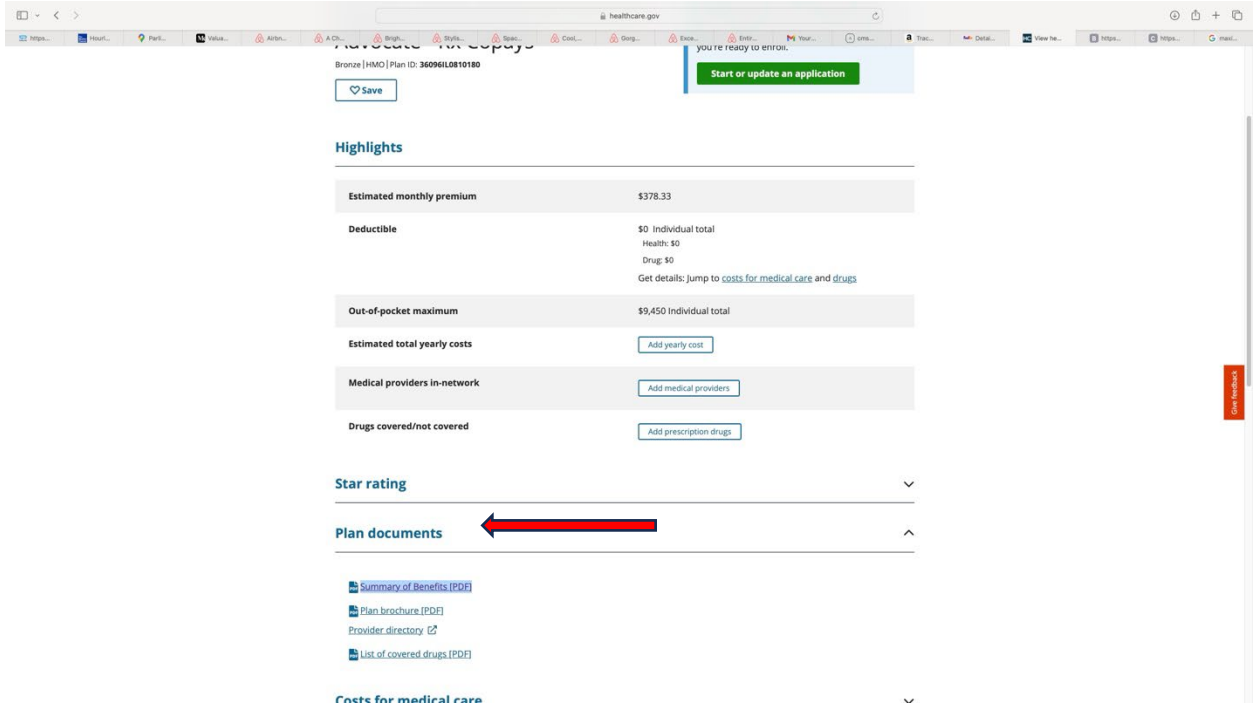
Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.

**Quick tips**

- [Review plan category fast facts](#)
- [Think about all costs, not just the premium](#)
- [Consider plans with easy pricing](#)

Blue Cross and Blue Shield of Illinois  
Blue Shield of Illinois HMO 401 with Advocate - Rx Copays

3. On the next screen, click on “Plan Documents”



4. Click on “Summary of Benefits”. Note, in some cases, this will take you to a pdf copy of the Summary of Benefits and Coverage. In other cases, it will link to the insurer’s website where you can find the SBC.

The SBC looks like this:

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)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="http://www.bcbsil.com/rx24h/6T">prescription drug coverage</a> is available at <a href="http://www.bcbsil.com/rx24h/6T">www.bcbsil.com/rx24h/6T</a>	Generic drugs (Preferred)	Retail - \$100/prescription Mail - \$300/prescription	Not Covered	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. Specialty drugs are limited to a 30-day supply except for certain 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 insulin drug, regardless of quantity or type, shall not exceed \$100, when obtained from a Participating Pharmacy.
	Generic drugs (Non-Preferred)	Retail - \$110/prescription Mail - \$330/prescription	Not Covered	
	Brand drugs (Preferred)	Retail - \$120/prescription Mail - \$360/prescription	Not Covered	
	Brand drugs (Non-Preferred)	Retail - \$175/prescription Mail - \$525/prescription	Not Covered	
	Specialty drugs (Preferred)	\$275/prescription	Not Covered	
	Specialty drugs (Non-Preferred)	\$500/prescription	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$750/visit plus 50% coinsurance	Not Covered	Referral required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	\$400/visit	Not Covered	
<b>If you need immediate medical attention</b>	Emergency room care	\$2,000/visit plus 50% coinsurance	\$2,000/visit plus 50% coinsurance	Per occurrence copayment waived upon inpatient admission.
	Emergency medical transportation	50% coinsurance	50% coinsurance	None
	Urgent care	\$160/visit	Not Covered	Must be affiliated with member's chosen medical group or referral required.