

Choose a maximum yearly deductible.

\$100 \$1000+

- Medical management programs

Select any program a plan must offer.

-

- Insurance Companies

Select an insurance company to see **only** its plans.

Blue Cross and Blue Shield of Illinois (11)

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- Health Plan Types

Check all plan types you want to see.

- Preferred Provider Organization (PPO) (4)
- Health Maintenance Organization (HMO) (7)

- Health Savings Account Eligible

Check to see HSA eligible plans.

- See plans with a Health Savings Account (HSA).

- Search by Plan ID

14-Character Plan ID

Blue Cross and Blue Shield of Illinois (11)XRemove this filter

Clear All FiltersX

1. Blue Cross and Blue Shield of Illinois · Blue FocusCare BronzeSM 209 ()

- Bronze
- HMO
- Plan ID: 36096IL1000009

Estimated monthly premium

\$468.33

Deductible

\$6,000 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/40% Coinsurance after deductible
- Generic drugs: 10% Coinsurance after deductible
- Primary doctor: \$50
- Specialist doctor: \$85

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

[Details \(\)](#)

Compare

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2. **Blue Cross and Blue Shield of Illinois · Blue Precision Bronze HMOSM** **205 ()**

- Bronze
- HMO
- Plan ID: 36096IL0810083

Estimated monthly premium

\$554.38

Deductible

\$6,000 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/40% Coinsurance after deductible
- Generic drugs: 10% Coinsurance after deductible
- Primary doctor: \$50
- Specialist doctor: \$85

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

[Details \(\)](#)

Compare

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3. **Blue Cross and Blue Shield of Illinois · Blue Choice Preferred Bronze PPOSM 201 - Two \$40 PCP Visits ()**

- Bronze
- PPO
- Plan ID: 36096IL0990127

Estimated monthly premium

\$573.22

Deductible

\$5,500 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/50% Coinsurance after deductible
- Generic drugs: \$10
- Primary doctor: \$40/50% Coinsurance after deductible
- Specialist doctor: 50% Coinsurance after deductible

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

[Details \(\)](#)

Compare

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4. **Blue Cross and Blue Shield of Illinois · Blue FocusCare SilverSM 210 ()**

- Silver
- HMO
- Plan ID: 36096IL1000008

Estimated monthly premium

\$574.29

Deductible

\$3,750 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/30% Coinsurance after deductible
- Generic drugs: 10% Coinsurance after deductible
- Primary doctor: \$30
- Specialist doctor: \$60

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

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Compare

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5. **Blue Cross and Blue Shield of Illinois · Blue Choice Preferred Bronze PPOSM 202 ()**

- Bronze
- PPO
- Plan ID: 36096IL0990125

Estimated monthly premium

\$630.36

Deductible

\$2,850 Individual Total

Out-of-pocket maximum

\$6,550 Individual Total

Copayments / Coinsurance

- o Emergency room care: \$1000 Copay with deductible/40% Coinsurance after deductible
- o Generic drugs: 20% Coinsurance after deductible
- o Primary doctor: 40% Coinsurance after deductible
- o Specialist doctor: 40% Coinsurance after deductible

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

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6. Blue Cross and Blue Shield of Illinois · BlueCare Direct SilverSM 212 with Advocate ()

- o Silver
- o HMO
- o Plan ID: 36096IL0950018

Estimated monthly premium

\$675.68

Deductible

\$2,250 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- o Emergency room care: \$1000 Copay with deductible/50% Coinsurance after deductible
- o Generic drugs: No Charge After Deductible
- o Primary doctor: \$30
- o Specialist doctor: \$65

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

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7. **Blue Cross and Blue Shield of Illinois · Blue FocusCare GoldSM 211 ()**

- Gold
- HMO
- Plan ID: 36096IL1000005

Estimated monthly premium

\$681.97

Deductible

\$500 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/30% Coinsurance after deductible
- Generic drugs: 10% Coinsurance after deductible
- Primary doctor: \$20
- Specialist doctor: \$40

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

[Details \(\)](#)

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8. **Blue Cross and Blue Shield of Illinois · Blue Precision Silver HMOSM 206 ()**

- Silver
- HMO
- Plan ID: 36096IL0810081

Estimated monthly premium

\$711.24

Deductible

\$2,250 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/50% Coinsurance after deductible
- Generic drugs: No Charge After Deductible
- Primary doctor: \$30
- Specialist doctor: \$65

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

[Details \(\)](#)

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9. Blue Cross and Blue Shield of Illinois · Blue Precision Gold HMOSM 207

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- Gold
- HMO
- Plan ID: 36096IL0810080

Estimated monthly premium

\$752.88

Deductible

\$500 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/30% Coinsurance after deductible
- Generic drugs: 10% Coinsurance after deductible
- Primary doctor: \$20
- Specialist doctor: \$40

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

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10. **Blue Cross and Blue Shield of Illinois · Blue Choice Preferred Silver PPOSM 203 ()**

- Silver
- PPO
- Plan ID: 36096IL0990123

Estimated monthly premium

\$772.26

Deductible

\$1,450 Individual Total

Out-of-pocket maximum

\$7,350 Individual Total

Copayments / Coinsurance

- Emergency room care: \$1000 Copay with deductible/50% Coinsurance after deductible
- Generic drugs: \$5
- Primary doctor: \$10
- Specialist doctor: 50% Coinsurance after deductible

Estimated total yearly costs

Estimate total yearly costs

Medical providers & prescription drugs covered

See if providers & drugs are covered

[Quick View \(\)](#)

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- [2](#)
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Important: Prices here are estimates – fill out an application to see exact prices

The prices here are estimates based on the basic information we've asked for. When you fill out an application you'll provide more detailed income and household information and see final prices for each plan. When you select and plan and enroll you'll know exactly how much you'll pay

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