

2024 Individual HMO Plan Summaries

Gold and Bronze Cost Sharing Reduction-Eligible Plans

On-Marketplace



Metal Tier	SBC Lookup	You Pay (At Participating Providers)										
		Individual Deductible	Coinsurance	Individual Annual Max Out of Pocket	Telehealth Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Health Maintenance Organization (HMO) Plans - HMO Gold												
Gold 1500 *	86584WI0010015-01	\$1,500	25%	\$8,700	\$30	\$30	\$30	\$60	25% after deductible			
Gold 0 CSR Zero *	86584WI0010015-02	\$0	0%	\$0	\$0							
Gold 1500 CSR Limited *	86584WI0010015-03	\$1,500	25%	\$8,700	\$30	\$30	\$30	\$60	25% after deductible			
Health Maintenance Organization (HMO) Plans - HMO Gold												
Gold 2400	86584WI0010007-01	\$2,400	30%	\$6,500	\$0	\$10	\$30	\$60	30% after deductible			
Gold 0 CSR Zero	86584WI0010007-02	\$0	0%	\$0	\$0							
Gold 2400 CSR Limited	86584WI0010007-03	\$2,400	30%	\$6,500	\$0	\$10	\$30	\$60	30% after deductible			
Health Maintenance Organization (HMO) Plans - HMO Bronze												
Bronze 7500 *	86584WI0010011-01	\$7,500	50%	\$9,400	\$50	\$50	\$50	\$100	50% after deductible			
Bronze 0 CSR Zero *	86584WI0010011-02	\$0	0%	\$0	\$0							
Bronze 7500 CSR Limited *	86584WI0010011-03	\$7,500	50%	\$9,400	\$50	\$50	\$50	\$100	50% after deductible			
Health Maintenance Organization (HMO) Plans - HMO Bronze												
Bronze 9450	86584WI0010005-01	\$9,450	0%	\$9,450	No charge after deductible							
Bronze 0 CSR Zero	86584WI0010005-02	\$0	0%	\$0	\$0							
Bronze 9450 CSR Limited	86584WI0010005-03	\$9,450	0%	\$9,450	No charge after deductible							
Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits												
Catastrophic 9450 **	86584WI0010008-01	\$9,450	0%	\$9,450	No charge after deductible							

Bold plans include three free visits to your primary care practitioner!

Prescription Drugs:

Gold 1500, Gold 1500 CSR Limited, Gold 2400, Gold 2400 CSR Limited, Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$60; Specialty: \$250 (Note: No charge for CSR Zero)

Bronze 7500, Bronze 7500 CSR Limited, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Specialty: deductible then \$500 (Note: No charge for CSR Zero)

Bronze 9450, Bronze 9450 CSR Limited, Catastrophic 9450, Preventive: \$0, All other deductible and coinsurance (Note: No charge for CSR Zero)

* Standardized plan option

** Eligibility limited to persons under age 30, or those with a hardship exemption from the Federally Facilitated Marketplace.

PCP = Primary Care Practitioner

Plans noted on page offer \$0 copayments for MDLIVE online doctor visits.

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Family deductible and out-of-Pocket limits are 2x the individual amount.

Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

If you have a limited cost share plan, you will not be responsible for any deductibles, copayments or coinsurance for health care services received from the Indian Health Service, an Indian Tribe, a Tribal Organization, or a Urban Indian organization.

2024 Individual HMO Plan Summaries

Bronze Cost Sharing Reduction-Eligible Plans

On-Marketplace



		You Pay (At Participating Providers)										
Metal Tier	SBC Lookup	Individual Deductible	Coinsurance	Individual Annual Max Out of Pocket	Telehealth Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Health Maintenance Organization (HMO) – HMO Bronze												
Bronze 6250 ***	86584WI0010003-01	\$6,250	30%	\$7,250								30% after deductible
Bronze 0 CSR Zero	86584WI0010003-02	\$0	0%	\$0								\$0
Bronze 6250 CSR Limited	86584WI0010003-03	\$6,250	30%	\$7,250								30% after deductible
Health Maintenance Organization (HMO) – HMO Bronze												
Bronze 7200 ***	86584WI0010009-01	\$7,200	0%	\$7,200								No charge after deductible
Bronze 0 CSR Zero	86584WI0010009-02	\$0	0%	\$0								\$0
Bronze 7200 CSR Limited	86584WI0010009-03	\$7,200	0%	\$7,200								No charge after deductible
Health Maintenance Organization (HMO) – HMO Copay Bronze 0												
Copay Bronze 0	86584WI0010016-01	\$0	50%	\$9,450	\$0	\$10	\$35	\$200	\$3,000	50% Coinsurance	\$200 Facility Fee \$200 Physician Fee	\$1,500 per day
Copay Bronze 0 CSR Zero	86584WI0010016-02	\$0	0%	\$0					\$0			
Copay Bronze 0 CSR Limited	86584WI0010016-03	\$0	50%	\$9,450	\$0	\$10	\$35	\$200	\$3,000	50% Coinsurance	\$200 Facility Fee \$200 Physician Fee	\$1,500 per day

Prescription Drugs:

Bronze 6250, Bronze 6250 CSR Limited, Bronze 7200, Bronze 7200 CSR Limited, Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

Copay Bronze 0, separate \$1,100 deductible per person, Preventive: \$0, Tier 1: \$35, Tier 2: \$125, Tier 3: deductible then 50% coinsurance, Specialty: deductible then 50% coinsurance (Note: No charge for CSR Zero)

* Standardized plan option

*** HSA Qualified plan

PCP = Primary Care Practitioner

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Family deductible and out-of-Pocket limits are 2x the individual amount. Pharmacy deductible on copay plan is per individual.

Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

CSR Zero plans and CSR Limited plans are not eligible for use with a Health Savings Account (HSA)

If you have a limited cost share plan, you will not be responsible for any deductibles, copayments or coinsurance for health care services received from the Indian Health Service, an Indian Tribe, a Tribal Organization, or a Urban Indian organization.

2024 Individual POS Plan Summaries

Bronze Cost Sharing Reduction-Eligible Plans



On-Marketplace

Metal Tier	SBC Lookup	You Pay													
		Individual Deductible		Coinsurance		Individual Annual Max Out of Pocket		Telehealth Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network								
Point-of-Service (POS) - Copay Plan															
Bronze 7500 *	86584WI0020005-01	\$7,500	\$15,000	50%	50%	\$9,400	\$25,000	\$50	\$50	\$50	\$100	Deductible and coinsurance			
Bronze 0 CSR Zero *	86584WI0020005-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Bronze 7500 CSR Limited *	86584WI0020005-03	\$7,500	\$15,000	50%	50%	\$9,400	\$25,000	\$50	\$50	\$50	\$100	Deductible and coinsurance			
Point-of-Service (POS) - Deductible Plan															
Bronze 6250 ***	86584WI0020003-01	\$6,250	\$12,000	30%	50%	\$7,250	\$22,000	Deductible and coinsurance							
Bronze 0 CSR Zero	86584WI0020003-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Bronze 6250 CSR Limited	86584WI0020003-03	\$6,250	\$12,000	30%	50%	\$7,250	\$22,000	Deductible and coinsurance							

Prescription Drugs:

Bronze 7500, Bronze 7500 CSR Limited, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Specialty: deductible then \$500 (Note: No charge for CSR Zero)

Bronze 6250, Bronze 6250 CSR Limited, Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

* Standardized plan option

*** HSA Qualified plan

PCP = Primary Care Practitioner

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Family deductible and out-of-pocket limits are 2x the individual amount.

Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

CSR Zero plans and CSR Limited plans are not eligible for use with a Health Savings Account (HSA)