

2024 Individual HMO Plan Summaries Off-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) Plans | | | | | | | | | | | | |
| Gold 1500 * | 86584WI0010015-00 | \$1,500 | 25% | \$8,700 | \$30 | \$30 | \$30 | \$60 | 25% after deductible | | | |
| Gold 2400 | 86584WI0010007-00 | \$2,400 | 30% | \$6,500 | \$0 | \$10 | \$30 | \$60 | 30% after deductible | | | |
| Silver 5900 * | 86584WI0010012-00 | \$5,900 | 40% | \$9,100 | \$40 | \$40 | \$40 | \$80 | 40% after deductible | | | |
| Silver 7500 | 86584WI0010001-00 | \$7,500 | 30% | \$8,400 | \$0 | \$10 | \$40 | \$80 | 30% after deductible | | | |
| Bronze 7500 * | 86584WI0010011-00 | \$7,500 | 50% | \$9,400 | \$50 | \$50 | \$50 | \$100 | 50% after deductible | | | |
| Bronze \$0 Medical Deductible | 86584WI0010016-00 | \$0 | 50% | \$9,450 | \$0 | \$10 | \$35 | \$200 | \$3000 | 50% | \$200 Facility Fee \$200 Physician Fee | \$1500 per day |
| Bronze 9450 | 86584WI0010005-00 | \$9,450 | 0% | \$9,450 | No charge after deductible | | | | | | | |
| Catastrophic 9450 ** with 3 fee PCP visits | 86584WI0010008-00 | \$9,450 | 0% | \$9,450 | No charge after deductible | | | | | | | |

Prescription Drugs:

Gold 1500, Gold 2400, Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$60; Speciality: \$250

Silver 5900, Silver 7500, Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Speciality: deductible then \$350

Bronze 7500, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Speciality: deductible then \$500

Bronze 9450, Catastrophic 9450, Preventive: \$0, All other deductible coinsurance

Bronze \$0 Medical Deductible, separate \$1,100 deductible per person, Preventive: \$0, Tier 1: \$35, Tier 2: \$125, Tier 3: deductible then 50% coinsurance, Speciality: deductible then 50% coinsurance

Plans in bold font include three free visits to your primary care practitioner!

| | | 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) HSA-Qualified High-Deductible Health Plans | | | | | | | | | | | | |
| HDHP Silver 5400 | 86584WI0010013-00 | \$5,400 | 0% | \$5,400 | No charge after deductible | | | | | | | |
| HDHP Bronze 6250 | 86584WI0010003-00 | \$6,250 | 30% | \$7,250 | 30% after deductible | | | | | | | |
| HDHP Bronze 7200 | 86584WI0010009-00 | \$7,200 | 0% | \$7,200 | No charge after deductible | | | | | | | |

Prescription Drugs:

Silver 5400, Bronze 6250, Bronze 7200, Preventive: \$0; All other deductible coinsurance

PCP = Primary Care Practitioner

* Standardized plan option

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

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.

2024 Individual POS Plan Summaries Off-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) Plan | | | | | | | | | | | | | | | |
| Silver 5900 * | 86584WI0020001-00 | \$5,900 | \$12,000 | 40% | 50% | \$9,100 | \$22,000 | \$40 | \$40 | \$40 | \$80 | 40% after deductible | | | |
| Bronze 7500 | 86584WI0020005-00 | \$7,500 | \$15,000 | 50% | 50% | \$9,400 | \$25,000 | \$50 | \$50 | \$50 | \$100 | 50% after deductible | | | |

Prescription Drugs:

Silver 5900, Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Speciality: deductible then \$350

Bronze 7500, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Speciality: deductible then \$500

| 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) HSA-Qualified High-Deductible Health Plan | | | | | | | | | | | | | | | |
| Bronze 6250 | 86584WI0020003-00 | \$6,250 | \$12,000 | 30% | 50% | \$7,250 | \$22,000 | | | | | 30% after deductible | | | |

Prescription Drugs:

Bronze 6250, Preventive: \$0; All other deductible coinsurance

PCP = Primary Care Practitioner

* Standardized plan option

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

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.

Services performed out-of-network under the POS plan options are subject to the out-of-network deductible and coinsurance except for some emergency services. See policy for details.