

# 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
<b>Health Maintenance Organization (HMO) Plans</b>												
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			
<b>Bronze 7500 *</b>	<b>86584WI0010011-00</b>	<b>\$7,500</b>	<b>50%</b>	<b>\$9,400</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$100</b>	<b>50% after deductible</b>			
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							
<b>Catastrophic 9450 ** with 3 fee PCP visits</b>	<b>86584WI0010008-00</b>	<b>\$9,450</b>	<b>0%</b>	<b>\$9,450</b>	<b>No charge after deductible</b>							

**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!**

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<b>Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans</b>												
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.

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								
<b>Point-of-Service (POS) Plan</b>															
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								
<b>Point-of-Service (POS) HSA-Qualified High-Deductible Health Plan</b>															
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.