

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

Health Maintenance Organization (HMO) Plans												
		You Pay (At Participating Providers) <sup>2</sup>										
Metal Tier	SBC Lookup	Individual Deductible <sup>1</sup>	Coinsurance	Individual Annual Max Out of Pocket <sup>1</sup>	Emergency Room	MDLIVE Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver, Standard	86584WI0010012-01	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR Zero <sup>3</sup>	86584WI0010012-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	86584WI0010012-03	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 73	86584WI0010012-04	\$4,000	30%	\$6,500	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 87	86584WI0010012-05	\$1,200	30%	\$2,000	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 94	86584WI0010012-06	\$0	30%	\$650	\$450	\$0	\$10	\$35	\$70	30% after deductible		
<b>Silver, Standard</b>	<b>86584WI0010002-01</b>	<b>\$5,000</b>	<b>20%</b>	<b>\$8,150</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR Zero<sup>3</sup></b>	<b>86584WI0010002-02</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>	<b>\$0</b>							
<b>Silver, CSR Limited</b>	<b>86584WI0010002-03</b>	<b>\$5,000</b>	<b>20%</b>	<b>\$8,150</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR 73</b>	<b>86584WI0010002-04</b>	<b>\$4,350</b>	<b>20%</b>	<b>\$6,500</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR 87</b>	<b>86584WI0010002-05</b>	<b>\$1,200</b>	<b>20%</b>	<b>\$2,000</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR 94</b>	<b>86584WI0010002-06</b>	<b>\$0</b>	<b>20%</b>	<b>\$650</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
Silver, Standard	86584WI0010001-01	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR Zero <sup>3</sup>	86584WI0010001-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	86584WI0010001-03	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 73	86584WI0010001-04	\$5,300	0%	\$6,500	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 87	86584WI0010001-05	\$1,400	0%	\$2,000	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 94	86584WI0010001-06	\$0	0%	\$675	\$450	\$0	\$10	\$35	\$70	No charge after deductible		

**Silver CSR 94 (86584WI0010012-06 & 86584WI0010002-06):** Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$650 deductible, then 40% coinsurance  
**Silver CSR 94 (86584WI0010001-06):** Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$675 deductible, then 40% coinsurance  
**All Other Silver Prescription Drugs:** Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$750 deductible,<sup>1</sup> then 40% coinsurance (Note: No charge for CSR Zero)

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

<sup>1</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>2</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

<sup>3</sup>CSR Zero plans are not eligible for use with a Health Savings Account (HSA).

<sup>4</sup>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 an Urban Indian organization.



# ASPIRUS HEALTH PLAN 2021 Individual Plan Summaries | Silver Cost Sharing Reduction-Eligible Plans

Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans												
Metal Tier	SBC Lookup	Individual Deductible <sup>1</sup>	Coinsurance	Individual Annual Max Out of Pocket <sup>1</sup>	You Pay (At Participating Providers) <sup>2</sup>							
					Emergency Room	MD/LIVE Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver, Standard	86584WI0010004-01	\$2,800	20%	\$6,900	20% after deductible							
Silver, CSR Zero <sup>3</sup>	86584WI0010004-02	\$0	0%	\$0	\$0							
Silver, CSR Limited <sup>4</sup>	86584WI0010004-03	\$2,800	20%	\$6,900	20% after deductible							
Silver, CSR 73	86584WI0010004-04	\$2,500	20%	\$5,400	20% after deductible							
Silver, CSR 87	86584WI0010004-05	\$1,400	20%	\$1,750	20% after deductible							
Silver, CSR 94	86584WI0010004-06	\$450	20%	\$660	20% after deductible							
Silver, Standard	86584WI0010010-01	\$4,500	0%	\$4,500	No charge after deductible							
Silver, CSR Zero <sup>3</sup>	86584WI0010010-02	\$0	0%	\$0	\$0							
Silver, CSR Limited <sup>4</sup>	86584WI0010010-03	\$4,500	0%	\$4,500	No charge after deductible							
Silver, CSR 73	86584WI0010010-04	\$3,925	0%	\$3,925	No charge after deductible							
Silver, CSR 87 <sup>4</sup>	86584WI0010010-05	\$1,700	0%	\$1,700	No charge after deductible							
Silver, CSR 94	86584WI0010010-06	\$625	0%	\$625	No charge after deductible							
Silver, Standard	86584WI0010013-01	\$5,500	0%	\$5,500	No charge after deductible							
Silver, CSR Zero <sup>3</sup>	86584WI0010013-02	\$0	0%	\$0	\$0							
Silver, CSR Limited <sup>4</sup>	86584WI0010013-03	\$5,500	0%	\$5,500	No charge after deductible							
Silver, CSR 73	86584WI0010013-04	\$4,200	0%	\$4,200	No charge after deductible							
Silver, CSR 87 <sup>4</sup>	86584WI0010013-05	\$1,700	0%	\$1,700	No charge after deductible							
Silver, CSR 94	86584WI0010013-06	\$625	0%	\$625	No charge after deductible							

**Prescription Drugs:** Preventive: \$0, All others: deductible and coinsurance (Note: No charge for CSR Zero)

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

<sup>1</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>2</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

<sup>3</sup>CSR Zero plans are not eligible for use with a Health Savings Account (HSA).

<sup>4</sup>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 an Urban Indian organization.



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

Point-of-Service (POS) Plans		You Pay													
Metal Tier	SBC Lookup	Individual Deductible <sup>1</sup>		Coinsurance		Individual Annual Max Out of Pocket <sup>1</sup>		(At Participating Providers) <sup>2</sup>							
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Emergency Room	MDLIVE Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
<b>Silver, Standard</b>	<b>86584WI0020002-01</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>20%</b>	<b>50%</b>	<b>\$8,150</b>	<b>\$20,000</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR Zero<sup>3</sup></b>	<b>86584WI0020002-02</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>	<b>0%</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>							
<b>Silver, CSR Limited<sup>4</sup></b>	<b>86584WI0020002-03</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>20%</b>	<b>50%</b>	<b>\$8,150</b>	<b>\$20,000</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR 73</b>	<b>86584WI0020002-04</b>	<b>\$4,350</b>	<b>\$10,000</b>	<b>20%</b>	<b>50%</b>	<b>\$6,500</b>	<b>\$20,000</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR 87</b>	<b>86584WI0020002-05</b>	<b>\$1,200</b>	<b>\$10,000</b>	<b>20%</b>	<b>50%</b>	<b>\$2,000</b>	<b>\$20,000</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
<b>Silver, CSR 94</b>	<b>86584WI0020002-06</b>	<b>\$0</b>	<b>\$10,000</b>	<b>20%</b>	<b>50%</b>	<b>\$650</b>	<b>\$20,000</b>	<b>\$450</b>	<b>\$0</b>	<b>\$10</b>	<b>\$35</b>	<b>\$70</b>	<b>20% after deductible</b>		
Silver, Standard	86584WI0020001-01	\$7,150	\$14,300	0%	30%	\$7,150	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR Zero <sup>3</sup>	86584WI0020001-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Silver, CSR Limited <sup>4</sup>	86584WI0020001-03	\$7,150	\$14,300	0%	30%	\$7,150	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 73	86584WI0020001-04	\$5,300	\$14,300	0%	30%	\$6,500	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 87	86584WI0020001-05	\$1,400	\$14,300	0%	30%	\$2,000	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 94	86584WI0020001-06	\$0	\$14,300	0%	30%	\$675	\$20,300	\$450	\$0	\$10	\$35	\$70	\$0		

**Silver CSR 94 (86584WI0020002-06):** Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$650 deductible, then 40% coinsurance.  
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Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans		You Pay													
Metal Tier	SBC Lookup	Individual Deductible <sup>1</sup>		Coinsurance		Individual Annual Max Out of Pocket <sup>1</sup>		(At Participating Providers) <sup>2</sup>							
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Emergency Room	MDLIVE Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver, Standard	86584WI0020004-01	\$2,800	\$5,600	20%	50%	\$6,900	\$15,600	20% after deductible							
Silver, CSR Zero <sup>3</sup>	86584WI0020004-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Silver, CSR Limited <sup>4</sup>	86584WI0020004-03	\$2,800	\$5,600	20%	50%	\$6,900	\$15,600	20% after deductible							
Silver, CSR 73	86584WI0020004-04	\$2,500	\$5,600	20%	50%	\$5,400	\$15,600	20% after deductible							
Silver, CSR 87	86584WI0020004-05	\$1,400	\$5,600	20%	50%	\$1,750	\$15,600	20% after deductible							
Silver, CSR 94	86584WI0020004-06	\$450	\$5,600	20%	50%	\$660	\$15,600	20% after deductible							

**Prescription Drugs:** Preventive: \$0; All others: deductible and coinsurance (Note: No charge for CSR Zero)

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

<sup>1</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>2</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

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