

ASPIRUS HEALTH PLAN 2021 Individual HMO Plan Summaries

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

| Health Maintenance Organization (HMO) Plans | | | | | | | | | | | | |
|---|--------------------------|---|-------------|--|-----------------------------------|--------------|---------------------|-------------|-----------------|-----------------------------|--------------------|----------|
| | | You Pay (At Participating Providers) ² | | | | | | | | | | |
| Metal Tier | SBC Lookup | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | Emergency Room | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Gold | 86584WI0010007-00 | \$2,500 | 20% | \$5,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver | 86584WI0010012-00 | \$4,500 | 30% | \$8,150 | \$450 | \$0 | \$10 | \$35 | \$70 | 30% after deductible | | |
| Silver | 86584WI0010002-00 | \$5,000 | 20% | \$8,150 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver | 86584WI0010001-00 | \$7,150 | 0% | \$7,150 | \$450 | \$0 | \$10 | \$35 | \$70 | No charge after deductible | | |
| Bronze | 86584WI0010006-00 | \$6,500 | 20% | \$8,550 | 20% after deductible | | | | | | | |
| Bronze | 86584WI0010011-00 | \$7,200 | 40% | \$8,150 | 40% after deductible | | | | | | | |
| Bronze | 86584WI0010005-00 | \$8,550 | 0% | \$8,550 | No charge after deductible | | | | | | | |
| Catastrophic | 86584WI0010008-00 | \$8,550 | 0% | \$8,550 | No charge after deductible | | | | | | | |
| Gold 2500 Prescription Drugs: Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$45; Specialty: 30% coinsurance Bronze 6500, Bronze 8550, and Catastrophic 8550: Preventive: \$0; All others: deductible and coinsurance All Other Bronze/Silver Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$750, then 40% coinsurance | | | | | | | | | | | | |

| Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans | | | | | | | | | | | | |
|--|-------------------|---|-------------|--|----------------------------|--------------|---------------------|-----------|-----------------|----------------------|--------------------|----------|
| | | You Pay (At Participating Providers) ² | | | | | | | | | | |
| Metal Tier | SBC Lookup | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | Emergency Room | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Silver | 86584WI0010004-00 | \$2,800 | 20% | \$6,900 | 20% after deductible | | | | | | | |
| Silver | 86584WI0010010-00 | \$4,500 | 0% | \$4,500 | No charge after deductible | | | | | | | |
| Silver | 86584WI0010013-00 | \$5,500 | 0% | \$5,500 | No charge after deductible | | | | | | | |
| Bronze | 86584WI0010003-00 | \$6,000 | 30% | \$6,950 | 30% after deductible | | | | | | | |
| Bronze | 86584WI0010009-00 | \$6,900 | 0% | \$6,900 | No charge after deductible | | | | | | | |
| Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance | | | | | | | | | | | | |

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

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

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



ASPIRUS HEALTH PLAN 2021 Individual POS Plan Summaries

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

| Point-of-Service (POS) Plans | | You Pay | | | | | | | | | | | | | |
|------------------------------|--------------------------|------------------------------------|-----------------|-------------|----------------|--|-----------------|---|--------------|---------------------|-------------|-----------------|-----------------------------|--------------------|----------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | (At Participating Providers) ² | | | | | | | |
| | | 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 | 86584WI0020002-00 | \$5,000 | \$10,000 | 20% | 50% | \$8,150 | \$20,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver | 86584WI0020001-00 | \$7,150 | \$14,300 | 0% | 30% | \$7,150 | \$20,300 | \$450 | \$0 | \$10 | \$35 | \$70 | No charge after deductible | | |

Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40 Tier 3: \$70; Specialty: \$750 deductible, then 40% coinsurance

| Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans | | You Pay | | | | | | | | | | | | | |
|---|-------------------|------------------------------------|----------------|-------------|----------------|--|----------------|---|--------------|---------------------|-----------|-----------------|----------------------|--------------------|----------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | (At Participating Providers) ² | | | | | | | |
| | | 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 | 86584WI0020004-00 | \$2,800 | \$5,600 | 20% | 50% | \$6,900 | \$15,600 | 20% after deductible | | | | | | | |
| Bronze | 86584WI0020003-00 | \$6,000 | \$12,000 | 30% | 50% | \$6,950 | \$22,000 | 30% after deductible | | | | | | | |

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

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

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

²Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. See policy for details.