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 Retail **MDLIVE** Specialty Individual **Individual Annual Emergency PCP Outpatient Outpatient** Clinic Hospital **Metal Tier SBC Lookup** Coinsurance Deductible¹ Max Out of Pocket1 Visit Visit Visit Room Lab/X-ray Visit 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 No charge after deductible Silver 86584WI0010001-00 \$7,150 0% \$7,150 \$450 \$0 \$10 \$35 \$70 20% after deductible **Bronze** 86584WI0010006-00 \$6,500 20% \$8,550 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

You Pay (At Participating Providers)²

| SBC Lookup | Individual Deductible¹ | Coinsurance | Individual Annual Max Out of Pocket¹ | Emergency Room | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital | | | |
|-------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| 86584WI0010004-00 | \$2,800 | 20% | \$6,900 | | | 20% after deductible | | | | | | | | |
| 86584WI0010010-00 | \$4,500 | 0% | \$4,500 | No charge after deductible | | | | | | | | | | |
| 86584WI0010013-00 | \$5,500 | 0% | \$5,500 | No charge after deductible | | | | | | | | | | |
| 86584WI0010003-00 | \$6,000 | 30% | \$6,950 | ,950 30% after deductible | | | | | ble | | | | | |
| 86584WI0010009-00 | \$6,900 | 0% | \$6,900 | No charge after deductible | | | | | | | | | | |
| | 86584WI0010004-00 86584WI0010010-00 86584WI0010013-00 86584WI0010003-00 | SBC Lookup Deductible¹ 86584WI0010004-00 \$2,800 86584WI0010010-00 \$4,500 86584WI0010013-00 \$5,500 86584WI0010003-00 \$6,000 | SBC Lookup Deductible¹ Coinsurance 86584WI0010004-00 \$2,800 20% 86584WI0010010-00 \$4,500 0% 86584WI0010013-00 \$5,500 0% 86584WI0010003-00 \$6,000 30% | SBC Lookup Deductible¹ Coinsurance Max Out of Pocket¹ 86584WI0010004-00 \$2,800 20% \$6,900 86584WI0010010-00 \$4,500 0% \$4,500 86584WI0010013-00 \$5,500 0% \$5,500 86584WI0010003-00 \$6,000 30% \$6,950 | SBC Lookup Deductible¹ Coinsurance Max Out of Pocket¹ Room 86584WI0010004-00 \$2,800 20% \$6,900 86584WI0010010-00 \$4,500 0% \$4,500 86584WI0010013-00 \$5,500 0% \$5,500 86584WI0010003-00 \$6,000 30% \$6,950 | SBC Lookup Deductible¹ Coinsurance Max Out of Pocket¹ Room Visit 86584WI0010004-00 \$2,800 20% \$6,900 86584WI0010010-00 \$4,500 0% \$4,500 86584WI0010013-00 \$5,500 0% \$5,500 86584WI0010003-00 \$6,000 30% \$6,950 | SBC Lookup Individual Deductible¹ Coinsurance Individual Max Out of Pocket¹ Emergency Room MDLIVE Visit Clinic Visit 86584WI0010004-00 \$2,800 20% \$6,900 86584WI0010010-00 \$4,500 0% \$4,500 86584WI0010013-00 \$5,500 0% \$5,500 86584WI0010003-00 \$6,000 30% \$6,950 | SBC Lookup Individual Deductible ¹ Coinsurance Individual Annual Max Out of Pocket ¹ Emergency Room MDLIVE Visit Clinic Visit PCP Visit 86584WI0010010-00 \$2,800 20% \$6,900 20% at 20 | SBC Lookup Individual Deductible¹ Coinsurance Individual Max Out of Pocket¹ Emergency Room MDLIVE Visit Clinic Visit PCP Visit Specialty Visit 86584WI0010004-00 \$2,800 20% \$6,900 20% after deductif 86584WI0010010-00 \$4,500 0% \$4,500 No charge after deductif 86584WI0010013-00 \$5,500 0% \$5,500 No charge after deductif 86584WI0010003-00 \$6,000 30% \$6,950 30% after deductif | SBC Lookup Individual Deductible¹ Coinsurance Individual Annual Max Out of Pocket¹ Emergency Room MDLIVE Visit Clinic Visit PCP Visit Specialty Visit Outpatient Lab/X-ray 86584WI0010004-00 \$2,800 20% \$6,900 20% after deductible 86584WI0010010-00 \$4,500 0% \$4,500 No charge after deductible 86584WI0010013-00 \$5,500 0% \$5,500 No charge after deductible 86584WI0010003-00 \$6,000 30% \$6,950 30% after deductible | SBC Lookup Individual Deductible¹ Coinsurance Individual Max Out of Pocket¹ Emergency Room MDLIVE Visit Clinic Visit PCP Visit Specialty Visit Outpatient Lab/X-ray Outpatient Surgery 86584WI0010004-00 \$2,800 20% \$6,900 20% after deductible 86584WI0010010-00 \$4,500 0% \$4,500 No charge after deductible 86584WI0010013-00 \$5,500 0% \$5,500 No charge after deductible 86584WI0010003-00 \$6,000 30% \$6,950 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.

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-Serv | ice (POS) Plans | | You Pay | | | | | | | | | | | | | |
|---------------|-------------------|----------------|-------------------|---------------|-------------------|---|-------------------|---|-----------------|---------------------------|--------------|--------------------|----------------------------|-----------------------|----------|--|
| Metal Tier | SBC Lookup | Indiv Deduc | idual ctible¹ | Coinsu | urance | Individual Annual Max Out of Pocket¹ | | (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

| | e (POS) HSA-Qualified le Health Plans | You Pay | | | | | | | | | | | | | | | |
|------------|--|----------------|-------------------|---------------|-------------------|---|-------------------|---|----------------------|---------------------------|--------------|--------------------|-------------------------|-----------------------|----------|--|--|
| Metal Tier | SBC Lookup | Indiv Deduc | idual ctible¹ | 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.

