

# 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) <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
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		
<b>Silver</b>	<b>86584WI0010002-00</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>		
Silver	86584WI0010001-00	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
<b>Bronze</b>	<b>86584WI0010006-00</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
Bronze	86584WI0010011-00	\$7,200	40%	\$8,150	40% after deductible							
Bronze	86584WI0010005-00	\$8,550	0%	\$8,550	No charge after deductible							
<b>Catastrophic</b>	<b>86584WI0010008-00</b>	<b>\$8,550</b>	<b>0%</b>	<b>\$8,550</b>	<b>No charge after deductible</b>							
<b>Gold 2500 Prescription Drugs:</b> Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$45; Specialty: 30% coinsurance <b>Bronze 6500, Bronze 8550, and Catastrophic 8550:</b> Preventive: \$0; All others: deductible and coinsurance <b>All Other Bronze/Silver Prescription Drugs:</b> 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) <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	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							
<b>Prescription Drugs:</b> 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.

<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.



# 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 <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</b>	<b>86584WI0020002-00</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>		
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 <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	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.

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

<sup>2</sup>Services 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.