

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 |
| Silver, Standard | 86584WI0010012-01 | \$4,500 | 30% | \$8,150 | \$450 | \$0 | \$10 | \$35 | \$70 | 30% after deductible | | |
| Silver, CSR Zero ³ | 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 | | |
| Silver, Standard | 86584WI0010002-01 | \$5,000 | 20% | \$8,150 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR Zero³ | 86584WI0010002-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited | 86584WI0010002-03 | \$5,000 | 20% | \$8,150 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR 73 | 86584WI0010002-04 | \$4,350 | 20% | \$6,500 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR 87 | 86584WI0010002-05 | \$1,200 | 20% | \$2,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR 94 | 86584WI0010002-06 | \$0 | 20% | \$650 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, Standard | 86584WI0010001-01 | \$7,150 | 0% | \$7,150 | \$450 | \$0 | \$10 | \$35 | \$70 | No charge after deductible | | |
| Silver, CSR Zero ³ | 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,¹ 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.

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.

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

⁴If 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 ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | You Pay (At Participating Providers) ² | | | | | | | |
| | | | | | 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 ³ | 86584WI0010004-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited ⁴ | 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 ³ | 86584WI0010010-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited ⁴ | 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 ⁴ | 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 ³ | 86584WI0010013-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited ⁴ | 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 ⁴ | 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.

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.

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

⁴If 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.



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| 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, Standard | 86584WI0020002-01 | \$5,000 | \$10,000 | 20% | 50% | \$8,150 | \$20,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR Zero³ | 86584WI0020002-02 | \$0 | \$0 | 0% | 0% | \$0 | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited⁴ | 86584WI0020002-03 | \$5,000 | \$10,000 | 20% | 50% | \$8,150 | \$20,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR 73 | 86584WI0020002-04 | \$4,350 | \$10,000 | 20% | 50% | \$6,500 | \$20,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR 87 | 86584WI0020002-05 | \$1,200 | \$10,000 | 20% | 50% | \$2,000 | \$20,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver, CSR 94 | 86584WI0020002-06 | \$0 | \$10,000 | 20% | 50% | \$650 | \$20,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| 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 ³ | 86584WI0020001-02 | \$0 | \$0 | 0% | 0% | \$0 | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited ⁴ | 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.
Silver CSR 94 (86584WI0020001-06): 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, then 40% coinsurance. (Note: No charge for CSR Zero).

| 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, Standard | 86584WI0020004-01 | \$2,800 | \$5,600 | 20% | 50% | \$6,900 | \$15,600 | 20% after deductible | | | | | | | |
| Silver, CSR Zero ³ | 86584WI0020004-02 | \$0 | \$0 | 0% | 0% | \$0 | \$0 | \$0 | | | | | | | |
| Silver, CSR Limited ⁴ | 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.

¹**Family 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.

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