

# ASPIRUS HEALTH PLAN 2021 Individual Plan Summaries | Gold and Bronze Cost Sharing Reduction-Eligible Plans

**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, Standard	86584WI0010007-01	\$2,500	20%	\$5,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Gold, CSR Zero	86584WI0010007-02	\$0	0%	\$0	\$0							
Gold, CSR Limited	86584WI0010007-03	\$2,500	20%	\$5,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
<b>Bronze, Standard</b>	<b>86584WI0010006-01</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
<b>Bronze, CSR Zero</b>	<b>86584WI0010006-02</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>	<b>\$0</b>							
<b>Bronze, CSR Limited</b>	<b>86584WI0010006-03</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
Bronze, Standard	86584WI0010011-01	\$7,200	40%	\$8,150	40% after deductible							
Bronze, CSR Zero	86584WI0010011-02	\$0	0%	\$0	\$0							
Bronze, CSR Limited	86584WI0010011-03	\$7,200	40%	\$8,150	40% after deductible							
Bronze, Standard	86584WI0010005-01	\$8,550	0%	\$8,550	No charge after deductible							
Bronze, CSR Zero	86584WI0010005-02	\$0	0%	\$0	\$0							
Bronze, CSR Limited	86584WI0010005-03	\$8,550	0%	\$8,550	No charge after deductible							
<b>Catastrophic</b>	<b>86584WI0010008-01</b>	<b>\$8,550</b>	<b>0%</b>	<b>\$8,550</b>	<b>No charge after deductible</b>							

**Gold 2500 Prescription Drugs:** Preventive \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$45; Specialty: 30% coinsurance. (Note: No charge for CSR Zero).  
**Bronze 8550 and 6500 Prescription Drugs:** Preventive: \$0; All others: deductible and coinsurance (Note: No charge for CSR Zero)  
**Bronze 7200 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)

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
Bronze, Standard	86584WI0010003-01	\$6,000	30%	\$6,950	30% after deductible							
Bronze, CSR Zero <sup>3</sup>	86584WI0010003-02	\$0	0%	\$0	\$0							
Bronze, CSR Limited	86584WI0010003-03	\$6,000	30%	\$6,950	30% after deductible							
Bronze, Standard	86584WI0010009-01	\$6,900	0%	\$6,900	No charge after deductible							
Bronze, CSR Zero <sup>3</sup>	86584WI0010009-02	\$0	0%	\$0	\$0							
Bronze, CSR Limited <sup>4</sup>	86584WI0010009-03	\$6,900	0%	\$6,900	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.



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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
Bronze, Standard	86584WI0020003-01	\$6,000	\$12,000	30%	50%	\$6,950	\$22,000	30% after deductible						
Bronze, CSR Zero <sup>3</sup>	86584WI0020003-02	\$0	\$0	0%	0%	\$0	\$0	\$0						
Bronze, CSR Limited <sup>4</sup>	86584WI0020003-03	\$6,000	\$12,000	30%	50%	\$6,950	\$22,000	30% 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>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.

<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.

