

| You Pay (At Participating Providers) ² | | | | | | | | | | | | |
|--|-------------------|------------------------------------|-------------|--|--------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Health Maintenance Organization (HMO) Plans - Silver 4800 | | | | | | | | | | | | |
| Silver, Standard | 86584WI0010012-01 | \$4,800 | 30% | \$8,500 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |
| Silver, CSR Zero ³ | 86584WI0010012-02 | \$0 | 0% | \$0 | | | | | | | | |
| Silver, CSR Limited ⁴ | 86584WI0010012-03 | \$4,800 | 30% | \$8,500 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |
| Silver, CSR 73 | 86584WI0010012-04 | \$4,300 | 30% | \$6,950 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |
| Silver, CSR 87 | 86584WI0010012-05 | \$1,400 | 30% | \$2,200 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |
| Silver, CSR 94 | 86584WI0010012-06 | \$0 | 30% | \$750 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |

Silver 4800 Prescription Drugs: \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% coinsurance. (Note: No charge for CSR Zero)

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|--|-------------------|------------------------------------|-------------|--|--------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Health Maintenance Organization (HMO) Plans - Silver 7500 | | | | | | | | | | | | |
| Silver, Standard | 86584WI0010001-01 | \$7,500 | 30% | \$8,500 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |
| Silver, CSR Zero ³ | 86584WI0010001-02 | \$0 | 0% | \$0 | | | | | | | | |
| Silver, CSR Limited ⁴ | 86584WI0010001-03 | \$7,500 | 30% | \$8,500 | \$0 | \$10 | \$35 | \$70 | | | | 30% after deductible |
| Silver, CSR 73 | 86584WI0010001-04 | \$6,900 | 0% | \$6,950 | \$0 | \$10 | \$35 | \$70 | | | | No charge after deductible |
| Silver, CSR 87 | 86584WI0010001-05 | \$1,650 | 0% | \$2,250 | \$0 | \$10 | \$35 | \$70 | | | | No charge after deductible |
| Silver, CSR 94 | 86584WI0010001-06 | \$0 | 0% | \$850 | \$0 | \$10 | \$35 | \$70 | | | | No charge after deductible |

Silver 7500 Prescription Drugs: \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% 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.

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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|---|-------------------|---|----------------|-------------|----------------|--|----------------|--------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------|----------------------------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospital | |
| | | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | | | | | | | | | |
| Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans - Silver 5900 | | | | | | | | | | | | | | | | |
| Silver, Standard | 86584WI0010013-01 | \$5,900 | | 0% | | \$5,900 | | | | | | | | | | No charge after deductible |
| Silver, CSR Zero ³ | 86584WI0010013-02 | \$0 | | 0% | | \$0 | | | | | | | | | | \$0 |
| Silver, CSR Limited ⁴ | 86584WI0010013-03 | \$5,900 | | 0% | | \$5,900 | | | | | | | | | | 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 |

Silver 5900 Prescription Drugs: Preventive: \$0, All others: deductible and coinsurance (Note: No charge for CSR Zero)

2022 Individual POS Plan Summaries

Silver Cost Sharing Reduction-Eligible Plans

| | | You Pay | | | | | | | | | | | | | | |
|---|-------------------|------------------------------------|----------------|-------------|----------------|--|----------------|--------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------|----------------------------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | MDLIVE Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospital | |
| | | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | | | | | | | | | |
| Point-of-Service (POS) Plans – Silver 7500 | | | | | | | | | | | | | | | | |
| Silver, Standard | 86584WI0020001-01 | \$7,500 | \$15,000 | 30% | 60% | \$8,500 | \$25,000 | \$0 | \$10 | \$35 | \$70 | | | | | 30% after deductible |
| Silver, CSR Zero ³ | 86584WI0020001-02 | \$0 | \$0 | 0% | 0% | \$0 | \$0 | | | | | | | | | \$0 |
| Silver, CSR Limited ⁴ | 86584WI0020001-03 | \$7,500 | \$15,000 | 30% | 60% | \$8,500 | \$25,000 | \$0 | \$10 | \$35 | \$70 | | | | | 30% after deductible |
| Silver, CSR 73 | 86584WI0020001-04 | \$6,900 | \$15,000 | 0% | 60% | \$6,950 | \$25,000 | \$0 | \$10 | \$35 | \$70 | | | | | No charge after deductible |
| Silver, CSR 87 | 86584WI0020001-05 | \$1,650 | \$15,000 | 0% | 60% | \$2,250 | \$25,000 | \$0 | \$10 | \$35 | \$70 | | | | | No charge after deductible |
| Silver, CSR 94 | 86584WI0020001-06 | \$0 | \$15,000 | 0% | 60% | \$850 | \$25,000 | \$0 | \$10 | \$35 | \$70 | | | | | \$0 |

Silver 7500 Prescription Drugs: \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% 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.

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