

		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)

		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 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.

		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
		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.

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.