

		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>	MDLIVE Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
<b>Health Maintenance Organization (HMO) Plans</b>												
Gold 2750	86584WI0010007-00	\$2,750	30%	\$6,500	\$0	\$10	\$35	\$70		30% after deductible		
Silver 4800	86584WI0010012-00	\$4,800	30%	\$8,500	\$0	\$10	\$35	\$70		30% after deductible		
Silver 7500	86584WI0010001-00	\$7,500	30%	\$8,500	\$0	\$10	\$35	\$70		30% after deductible		
<b>Bronze 6500</b>	<b>86584WI0010006-00</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
Bronze 7500	86584WI0010011-00	\$7,500	40%	\$8,700	40% after deductible							
Bronze 8700	86584WI0010005-00	\$8,700	0%	\$8,700	No charge after deductible							
<b>Catastrophic 8700</b>	<b>86584WI0010008-00</b>	<b>\$8,700</b>	<b>0%</b>	<b>\$8,700</b>	<b>No charge after deductible</b>							

**Gold 2750 Prescription Drugs:** Preventive: \$0; Tier 1: \$20; Tier 2: \$50; Tier 3: \$100; Specialty: 50% coinsurance

**Bronze 6500, Bronze 8700, and Catastrophic 8700 Prescription Drugs:** Preventive: \$0; All others: deductible and coinsurance

**Silver 4800, Silver 7500, Bronze 7500 Prescription Drugs:** Preventive \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% coinsurance

**Bold plans include three free visits to your primary care practitioner!**

		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>	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
<b>Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans</b>												
Silver 5900	86584WI0010013-00	\$5,900	0%	\$5,900						No charge after deductible		
Bronze 6000	86584WI0010003-00	\$6,000	30%	\$6,950						30% after deductible		
Bronze 6900	86584WI0010009-00	\$6,900	0%	\$6,900						No charge after deductible		

**Silver 5900, Bronze 6000, Bronze 6900 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>Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

Metal Tier	SBC Lookup	You Pay													
		Individual Deductible <sup>1</sup>		Coinsurance		Individual Annual Max Out of Pocket <sup>1</sup>		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								
<b>Point-of-Service (POS) Plan</b>															
Silver 7500	86584WI0020001-00	\$7,500	\$15,000	30%	60%	\$8,500	\$25,000	\$0	\$10	\$35	\$70	30% after deductible			

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

Metal Tier	SBC Lookup	You Pay													
		Individual Deductible <sup>1</sup>		Coinsurance		Individual Annual Max Out of Pocket <sup>1</sup>		Teladoc 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								
<b>Point-of-Service (POS) HSA-Qualified High-Deductible Health Plan</b>															
Bronze 6000	86584WI0020003-00	\$6,000	\$12,000	30%	50%	\$6,950	\$22,000	30% after deductible							

**Bronze 6000 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.