

Metal Tier	SBC Lookup	You Pay (At Participating Providers) <sup>2</sup>										
		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 – HMO Gold 2750</b>												
Gold, Standard	86584WI0010007-01	\$2,750	30%	\$6,500	\$0	\$10	\$35	\$70	30% after deductible			
Gold, CSR Zero <sup>3</sup>	86584WI0010007-02	\$0	0%	\$0	\$0							
Gold, CSR Limited <sup>4</sup>	86584WI0010007-03	\$2,750	30%	\$6,500	\$0	\$10	\$35	\$70	30% after deductible			
<b>Health Maintenance Organization (HMO) Plans – HMO Bronze 6500</b>												
<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<sup>3</sup></b>	<b>86584WI0010006-02</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>	<b>\$0</b>							
<b>Bronze, CSR Limited<sup>4</sup></b>	<b>86584WI0010006-03</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
<b>Health Maintenance Organization (HMO) Plans – HMO Bronze 7500</b>												
Bronze, Standard	86584WI0010011-01	\$7,500	40%	\$8,700	40% after deductible							
Bronze, CSR Zero <sup>3</sup>	86584WI0010011-02	\$0	0%	\$0	\$0							
Bronze, CSR Limited <sup>4</sup>	86584WI0010011-03	\$7,500	40%	\$8,700	40% after deductible							
<b>Health Maintenance Organization (HMO) Plans – HMO Bronze 8700</b>												
Bronze, Standard	86584WI0010005-01	\$8,700	0%	\$8,700	No charge after deductible							
Bronze, CSR Zero <sup>3</sup>	86584WI0010005-02	\$0	0%	\$0	\$0							
Bronze, CSR Limited <sup>4</sup>	86584WI0010005-03	\$8,700	0%	\$8,700	No charge after deductible							
<b>Health Maintenance Organization (HMO) Catastrophic 8700</b>												
<b>Catastrophic</b>	<b>86584WI0010008-01</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. (Note: No charge for CSR Zero).

**Bronze 8700, Bronze 6500, and Catastrophic 8700 Prescription Drugs:** Preventive: \$0; All others: deductible and coinsurance (Note: No charge for CSR Zero).

**Bronze 7500 Prescription Drugs:** Preventive: \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% coinsurance. (Note: No charge for CSR Zero).

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

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.

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
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network								
<b>Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze 6000</b>															
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 <sup>4</sup>	86584WI0010003-03	\$6,000		30%		\$6,950									30% after deductible
<b>Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze 6900</b>															
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

**Bronze 6000, Bronze 6900 Prescription Drugs:** Preventive: \$0; All others: deductible and coinsurance (Note: No charge for CSR Zero)

## 2022 Individual POS Plan Summaries

### Bronze Cost Sharing Reduction-Eligible Plans

You Pay															
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
		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 Plans – POS HSA Bronze 6000</b>															
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

**Bronze 6000 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.