2027 Individual HMO Plan Summaries On-Marketplace

Silver Cost Sharing Reduction-Eligible Plans

ASPIRUS HEALTH PLAN

		You Pay (At Participating Providers)									
Metal Tier	**SBC Lookup**	**Individual Deductible**	**Coinsurance**	**Individual Annual Max Out of Pocket**	**Retail Clinic Visit**	**PCP Visit**	**Specialty Visit**	**Emergency Room**	**Outpatient Lab/X-ray**	**Outpatient Surgery**	**Hospital**
Health Maintenance Organization (HMO) Plans - HMO Silver											
HMO Silver 6400 *	86584WI0010012-01	$6,400	40%	$10,300	$40	$40	$80	40% after deductible			
HMO Silver 0 CSR Zero *	86584WI0010012-02	$0	0%	$0	$0						
HMO Silver 6400 CSR Limited *	86584WI0010012-03	$6,400	40%	$10,300	$40	$40	$80	40% after deductible			
HMO Silver 2900 CSR 73 *	86584WI0010012-04	$2,900	40%	$9,000	$40	$40	$80	40% after deductible			
HMO Silver 800 CSR 87 *	86584WI0010012-05	$800	30%	$3,600	$20	$20	$40	30% after deductible			
HMO Silver 0 CSR 94 *	86584WI0010012-06	$0	25%	$3,500	$0	$0	$10	25% after deductible			
Health Maintenance Organization (HMO) Plans - HMO Silver											
HMO Silver 6600	86584WI0010001-01	$6,600	30%	$9,000	$10	$40	$80	30% after deductible			
HMO Silver 0 CSR Zero	86584WI0010001-02	$0	0%	$0	$0						
HMO Silver 6600 CSR Limited	86584WI0010001-03	$6,600	30%	$9,000	$10	$40	$80	30% after deductible			
HMO Silver 6000 CSR 73	86584WI0010001-04	$6,000	0%	$7,500	$10	$40	$80	No charge after deductible			
HMO Silver 1850 CSR 87	86584WI0010001-05	$1,850	0%	$2,600	$10	$20	$40	No charge after deductible			
HMO Silver 1000 CSR 94	86584WI0010001-06	$1,000	0%	$1,800	$10	$0	$10	No charge after deductible			
Health Maintenance Organization (HMO) Plans - HMO Silver											
HMO Silver 5900 ***	86584WI0010013-01	$5,900	0%	$5,900	No charge after deductible						
HMO Silver 0 CSR Zero	86584WI0010013-02	$0	0%	$0	$0						
HMO Silver 5900 CSR Limited	86584WI0010013-03	$5,900	0%	$5,900	No charge after deductible						
HMO Silver 5100 CSR 73 ***	86584WI0010013-04	$5,100	0%	$5,100	No charge after deductible						
HMO Silver 1900 CSR 87	86584WI0010013-05	$1,900	0%	$1,900	No charge after deductible						
HMO Silver 1050 CSR 94	86584WI0010013-06	$1,050	0%	$1,050	No charge after deductible						

Prescription Drugs:
Silver 6400, Silver 6400 CSR Limited, Silver 2900 CSR 73, Silver 6600, Silver 6600 CSR Limited, Silver 6000 CSR 73, Preventive: $0; Tier 1: $20; Tier 2: $40; Tier 3: deductible then $80; Specialty: deductible then $350 (Note: No charge for CSR Zero)
Silver 800 CSR 87, Silver 1850 CSR 87, Preventive: $0; Tier 1: $10; Tier 2: $20; Tier 3: deductible then $60; Specialty: deductible then $250
Silver 0 CSR 94, Silver 1000 CSR 94, Preventive: $0; Tier 1: $0; Tier 2: $15; Tier 3: $50; Specialty: $150
Silver 5900, Silver 5900 CSR Limited, Silver 5100 CSR 73, Silver 1900 CSR 87, Silver 1050 CSR 94, Preventive: $0; All others: deductible and coinsurance (Note: No charge for CSR Zero)

* Standardized plan option
*** HSA Qualified plan
PCP = Primary Care Practitioner

Plans with office copayments offer $0 copayments for MDLIVE online doctor visits.
Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.
Family deductibles and out-of-pocket limits are 2x the individual amounts.
Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.
CSR Zero plans are not eligible for use with a Health Savings Account (HSA).

2027 Individual POS Plan Summaries On-Marketplace

Silver Cost Sharing Reduction-Eligible Plans

ASPIRUS HEALTH PLAN

Metal Tier	SBC Lookup	You Pay											
		Individual Deductible[1]		Coinsurance		Individual Annual Max Out of Pocket[1]		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) - Plan Silver														
POS Silver 6400 *	86584WI0020001-01	$6,400	$12,000	40%	50%	$10,300	$22,000	$40	$40	$80	Deductible and coinsurance			
POS Silver 0 CSR Zero *	86584WI0020001-02	$0	$0	$0	$0	$0	$0	$0						
POS Silver 6400 CSR Limited *	86584WI0020001-03	$6,400	$12,000	40%	50%	$10,300	$22,000	$40	$40	$80	Deductible and coinsurance			
POS Silver 2900 CSR 73 *	86584WI0020001-04	$2,900	$12,000	40%	50%	$9,000	$22,000	$40	$40	$80	Deductible and coinsurance			
POS Silver 800 CSR 87 *	86584WI0020001-05	$800	$12,000	30%	50%	$3,600	$22,000	$20	$20	$40	Deductible and coinsurance			
POS Silver 0 CSR 94 *	86584WI0020001-06	$0	$12,000	25%	50%	$3,500	$22,000	$0	$0	$10	Deductible and coinsurance			

Prescription Drugs:

Silver 6400, Silver 6400 CSR Limited, Silver 2900 CSR 73, Preventive: $0; Tier 1: $20; Tier 2: $40; Tier 3: deductible then $80; Specialty: deductible then $350 (Note: No charge for CSR Zero)

Silver 800 CSR 87, Preventive: $0; Tier 1: $10; Tier 2: $20; Tier 3: deductible then $60; Specialty: deductible then $250

Silver 0 CSR 94, Preventive: $0; Tier 1: $0, Tier 2: $15, Tier 3; $50, Specialty: $150

* Standardized plan option

PCP = Primary Care Practitioner

Plans with office copayments offer $0 copayments for MDLIVE online doctor visits.

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Family deductible and out-of Pocket limits are 2x the individual amount.

Services performed out-of-network under the POS plan options are subject to the Out-of-network deductible and coinsurance, except for some emergency services. See policy for details.

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 Servcie, an Indian Tribe, a Tribal Organization, or a Urban Indian organization.