

ASPIRUS HEALTH PLAN 2021 Individual HMO Plan Summaries

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

Health Maintenance Organization (HMO) Plans												
		You Pay (At Participating Providers) ²										
Metal Tier	SBC Lookup	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Gold	86584WI0010007-00	\$2,500	20%	\$5,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver	86584WI0010012-00	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver	86584WI0010002-00	\$5,000	20%	\$8,150	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver	86584WI0010001-00	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Bronze	86584WI0010006-00	\$6,500	20%	\$8,550	20% after deductible							
Bronze	86584WI0010011-00	\$7,200	40%	\$8,150	40% after deductible							
Bronze	86584WI0010005-00	\$8,550	0%	\$8,550	No charge after deductible							
Catastrophic	86584WI0010008-00	\$8,550	0%	\$8,550	No charge after deductible							
Gold 2500 Prescription Drugs: Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$45; Specialty: 30% coinsurance Bronze 6500, Bronze 8550, and Catastrophic 8550: Preventive: \$0; All others: deductible and coinsurance All Other Bronze/Silver Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$750, then 40% coinsurance												

Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans												
		You Pay (At Participating Providers) ²										
Metal Tier	SBC Lookup	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver	86584WI0010004-00	\$2,800	20%	\$6,900	20% after deductible							
Silver	86584WI0010010-00	\$4,500	0%	\$4,500	No charge after deductible							
Silver	86584WI0010013-00	\$5,500	0%	\$5,500	No charge after deductible							
Bronze	86584WI0010003-00	\$6,000	30%	\$6,950	30% after deductible							
Bronze	86584WI0010009-00	\$6,900	0%	\$6,900	No charge after deductible							
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.

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.



ASPIRUS HEALTH PLAN 2021 Individual POS Plan Summaries

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

Point-of-Service (POS) Plans		You Pay													
Metal Tier	SBC Lookup	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		(At Participating Providers) ²							
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver	86584WI0020002-00	\$5,000	\$10,000	20%	50%	\$8,150	\$20,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver	86584WI0020001-00	\$7,150	\$14,300	0%	30%	\$7,150	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		

Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40 Tier 3: \$70; Specialty: \$750 deductible, then 40% coinsurance

Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans		You Pay													
Metal Tier	SBC Lookup	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		(At Participating Providers) ²							
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver	86584WI0020004-00	\$2,800	\$5,600	20%	50%	\$6,900	\$15,600	20% after deductible							
Bronze	86584WI0020003-00	\$6,000	\$12,000	30%	50%	\$6,950	\$22,000	30% after deductible							

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.

¹Family deductibles and out-of-pocket limits are 2x the individual amounts.

²Services 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.