

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
Silver, Standard	86584WI0010012-01	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR Zero ³	86584WI0010012-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	86584WI0010012-03	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 73	86584WI0010012-04	\$4,000	30%	\$6,500	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 87	86584WI0010012-05	\$1,200	30%	\$2,000	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 94	86584WI0010012-06	\$0	30%	\$650	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, Standard	86584WI0010002-01	\$5,000	20%	\$8,150	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR Zero³	86584WI0010002-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	86584WI0010002-03	\$5,000	20%	\$8,150	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 73	86584WI0010002-04	\$4,350	20%	\$6,500	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 87	86584WI0010002-05	\$1,200	20%	\$2,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 94	86584WI0010002-06	\$0	20%	\$650	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, Standard	86584WI0010001-01	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR Zero ³	86584WI0010001-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	86584WI0010001-03	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 73	86584WI0010001-04	\$5,300	0%	\$6,500	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 87	86584WI0010001-05	\$1,400	0%	\$2,000	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 94	86584WI0010001-06	\$0	0%	\$675	\$450	\$0	\$10	\$35	\$70	No charge after deductible		

Silver CSR 94 (86584WI0010012-06 & 86584WI0010002-06): Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$650 deductible, then 40% coinsurance
Silver CSR 94 (86584WI0010001-06): Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$675 deductible, then 40% coinsurance
All Other Silver Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$750 deductible,¹ then 40% 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.



ASPIRUS HEALTH PLAN 2021 Individual Plan Summaries | Silver Cost Sharing Reduction-Eligible Plans

Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans												
Metal Tier	SBC Lookup	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	You Pay (At Participating Providers) ²							
					Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Silver, Standard	86584WI0010004-01	\$2,800	20%	\$6,900	20% after deductible							
Silver, CSR Zero ³	86584WI0010004-02	\$0	0%	\$0	\$0							
Silver, CSR Limited ⁴	86584WI0010004-03	\$2,800	20%	\$6,900	20% after deductible							
Silver, CSR 73	86584WI0010004-04	\$2,500	20%	\$5,400	20% after deductible							
Silver, CSR 87	86584WI0010004-05	\$1,400	20%	\$1,750	20% after deductible							
Silver, CSR 94	86584WI0010004-06	\$450	20%	\$660	20% after deductible							
Silver, Standard	86584WI0010010-01	\$4,500	0%	\$4,500	No charge after deductible							
Silver, CSR Zero ³	86584WI0010010-02	\$0	0%	\$0	\$0							
Silver, CSR Limited ⁴	86584WI0010010-03	\$4,500	0%	\$4,500	No charge after deductible							
Silver, CSR 73	86584WI0010010-04	\$3,925	0%	\$3,925	No charge after deductible							
Silver, CSR 87 ⁴	86584WI0010010-05	\$1,700	0%	\$1,700	No charge after deductible							
Silver, CSR 94	86584WI0010010-06	\$625	0%	\$625	No charge after deductible							
Silver, Standard	86584WI0010013-01	\$5,500	0%	\$5,500	No charge after deductible							
Silver, CSR Zero ³	86584WI0010013-02	\$0	0%	\$0	\$0							
Silver, CSR Limited ⁴	86584WI0010013-03	\$5,500	0%	\$5,500	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							

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.

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).

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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, Standard	86584WI0020002-01	\$5,000	\$10,000	20%	50%	\$8,150	\$20,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR Zero³	86584WI0020002-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Silver, CSR Limited⁴	86584WI0020002-03	\$5,000	\$10,000	20%	50%	\$8,150	\$20,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 73	86584WI0020002-04	\$4,350	\$10,000	20%	50%	\$6,500	\$20,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 87	86584WI0020002-05	\$1,200	\$10,000	20%	50%	\$2,000	\$20,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 94	86584WI0020002-06	\$0	\$10,000	20%	50%	\$650	\$20,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, Standard	86584WI0020001-01	\$7,150	\$14,300	0%	30%	\$7,150	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR Zero ³	86584WI0020001-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Silver, CSR Limited ⁴	86584WI0020001-03	\$7,150	\$14,300	0%	30%	\$7,150	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 73	86584WI0020001-04	\$5,300	\$14,300	0%	30%	\$6,500	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 87	86584WI0020001-05	\$1,400	\$14,300	0%	30%	\$2,000	\$20,300	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 94	86584WI0020001-06	\$0	\$14,300	0%	30%	\$675	\$20,300	\$450	\$0	\$10	\$35	\$70	\$0		

Silver CSR 94 (86584WI0020002-06): Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$650 deductible, then 40% coinsurance.
Silver CSR 94 (86584WI0020001-06): Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$675 deductible, then 40% coinsurance.
All Other Silver Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Specialty: \$750, then 40% coinsurance. (Note: No charge for CSR Zero).

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, Standard	86584WI0020004-01	\$2,800	\$5,600	20%	50%	\$6,900	\$15,600	20% after deductible							
Silver, CSR Zero ³	86584WI0020004-02	\$0	\$0	0%	0%	\$0	\$0	\$0							
Silver, CSR Limited ⁴	86584WI0020004-03	\$2,800	\$5,600	20%	50%	\$6,900	\$15,600	20% after deductible							
Silver, CSR 73	86584WI0020004-04	\$2,500	\$5,600	20%	50%	\$5,400	\$15,600	20% after deductible							
Silver, CSR 87	86584WI0020004-05	\$1,400	\$5,600	20%	50%	\$1,750	\$15,600	20% after deductible							
Silver, CSR 94	86584WI0020004-06	\$450	\$5,600	20%	50%	\$660	\$15,600	20% after deductible							

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.

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