

# 2023 Individual HMO Plan Summaries

## Gold and Bronze Cost Sharing Reduction-Eligible Plans

On-Marketplace



| Metal Tier   | SBC Lookup               | You Pay (At Participating Providers) |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
|--|--------------------------|--------------------------------------|-------------|-------------------------------------|-----------------------------------|---------------------|-----------|-----------------|----------------------|----------------------|--------------------|----------|
|  |                          | Individual Deductible                | Coinsurance | Individual Annual Max Out of Pocket | Telehealth 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</b>                                |                          |                                      |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
| Gold 2000 *  | 86584WI0010015-01        | \$2,000                              | 25%         | \$8,700                             | \$30                              | \$30                | \$30      | \$60            | 25% after deductible |                      |                    |          |
| Gold 0 CSR Zero *  | 86584WI0010015-02        | \$0                                  | 0%          | \$0                                 | \$0                               |                     |           |                 |                      |                      |                    |          |
| Gold 2000 CSR Limited *  | 86584WI0010015-03        | \$2,000                              | 25%         | \$8,700                             | \$30                              | \$30                | \$30      | \$60            | 25% after deductible |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Gold</b>                                |                          |                                      |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
| Gold 2800  | 86584WI0010007-01        | \$2,800                              | 30%         | \$6,500                             | \$0                               | \$10                | \$30      | \$60            | 30% after deductible |                      |                    |          |
| Gold 0 CSR Zero  | 86584WI0010007-02        | \$0                                  | 0%          | \$0                                 | \$0                               |                     |           |                 |                      |                      |                    |          |
| Gold 2800 CSR Limited  | 86584WI0010007-03        | \$2,800                              | 30%         | \$6,500                             | \$0                               | \$10                | \$30      | \$60            | 30% after deductible |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Bronze with 3 free PCP visits</b>       |                          |                                      |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
| <b>Bronze 6500</b>   | <b>86584WI0010006-01</b> | <b>\$6,500</b>                       | <b>20%</b>  | <b>\$8,550</b>                      | <b>20% after deductible</b>       |                     |           |                 |                      |                      |                    |          |
| <b>Bronze 0 CSR Zero</b>   | <b>86584WI0010006-02</b> | <b>\$0</b>                           | <b>0%</b>   | <b>\$0</b>                          | <b>\$0</b>                        |                     |           |                 |                      |                      |                    |          |
| <b>Bronze 6500 CSR Limited</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</b>                              |                          |                                      |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
| Bronze 7500 *  | 86584WI0010011-01        | \$7,500                              | 50%         | \$9,000                             | \$50                              | \$50                | \$50      | \$100           | 50% after deductible |                      |                    |          |
| Bronze 0 CSR Zero *  | 86584WI0010011-02        | \$0                                  | 0%          | \$0                                 | \$0                               |                     |           |                 |                      |                      |                    |          |
| Bronze 7500 CSR Limited *  | 86584WI0010011-03        | \$7,500                              | 50%         | \$9,000                             | \$50                              | \$50                | \$50      | \$100           | 50% after deductible |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Bronze</b>                              |                          |                                      |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
| Bronze 9100 *  | 86584WI0010005-01        | \$9,100                              | 0%          | \$9,100                             | No charge after deductible        |                     |           |                 |                      |                      |                    |          |
| <b>Bronze 0 CSR Zero *</b>   | <b>86584WI0010005-02</b> | <b>\$0</b>                           | <b>0%</b>   | <b>\$0</b>                          | <b>\$0</b>                        |                     |           |                 |                      |                      |                    |          |
| Bronze 9100 CSR Limited *  | 86584WI0010005-03        | \$9,100                              | 0%          | \$9,100                             | No charge after deductible        |                     |           |                 |                      |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits</b> |                          |                                      |             |                                     |                                   |                     |           |                 |                      |                      |                    |          |
| <b>Catastrophic 9100 **</b>  | <b>86584WI0010008-01</b> | <b>\$9,100</b>                       | <b>0%</b>   | <b>\$9,100</b>                      | <b>No charge after deductible</b> |                     |           |                 |                      |                      |                    |          |

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

#### Prescription Drugs:

**Gold 2000, Gold 2000 CSR Limited, Gold 2800, Gold 2800 CSR Limited**, Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$60; Specialty: \$250 (Note: No charge for CSR Zero)

**Bronze 7500, Bronze 7500 CSR Limited**, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Specialty: deductible then \$500 (Note: No charge for CSR Zero)

**Bronze 6500, Bronze 6500 CSR Limited, Bronze 9100, Bronze 9100 CSR Limited, Catastrophic 9100**, Preventive: \$0, All other deductible and coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

\*\* Eligibility limited to persons under age 30, or those with a hardship exemption from the Federally Facilitated Marketplace.

PCP = Primary Care Practitioner

Plans noted on page 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.**

Out-of-network services are not covered under HMO plan options, except in emergency situations. 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 Service, an Indian Tribe, a Tribal Organization, or a Urban Indian organization.

# 2023 Individual HMO Plan Summaries

## Bronze Cost Sharing Reduction-Eligible Plans

On-Marketplace



|   |                   | You Pay (At Participating Providers) |             |                                     |                  |                     |           |                 |                |                      |                    |                            |
|---|-------------------|--------------------------------------|-------------|-------------------------------------|------------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------------|
| Metal Tier  | SBC Lookup        | Individual Deductible                | Coinsurance | Individual Annual Max Out of Pocket | Telehealth Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospital                   |
| <b>Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze</b> |                   |                                      |             |                                     |                  |                     |           |                 |                |                      |                    |                            |
| Bronze 6000   | 86584WI0010003-01 | \$6,000                              | 30%         | \$6,950                             |                  |                     |           |                 |                |                      |                    | 30% after deductible       |
| Bronze 0 CSR Zero   | 86584WI0010003-02 | \$0                                  | 0%          | \$0                                 |                  |                     |           |                 |                |                      |                    | \$0                        |
| Bronze 6000 CSR Limited   | 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</b> |                   |                                      |             |                                     |                  |                     |           |                 |                |                      |                    |                            |
| Bronze 6900   | 86584WI0010009-01 | \$6,900                              | 0%          | \$6,900                             |                  |                     |           |                 |                |                      |                    | No charge after deductible |
| Bronze 0 CSR Zero   | 86584WI0010009-02 | \$0                                  | 0%          | \$0                                 |                  |                     |           |                 |                |                      |                    | \$0                        |
| Bronze 6900 CSR Limited   | 86584WI0010009-03 | \$6,900                              | 0%          | \$6,900                             |                  |                     |           |                 |                |                      |                    | No charge after deductible |

**Prescription Drugs:**

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

\* Standardized plan option  
PCP = 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.

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

Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

CSR Zero plans and CSR Limited plans are not eligible for use with a Health Savings Account (HSA)

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 a Urban Indian organization.

# 2023 Individual POS Plan Summaries

## Bronze Cost Sharing Reduction-Eligible Plans



On-Marketplace

| Metal Tier  | SBC Lookup        | You Pay               |                |             |                |                                     |                |                            |                     |           |                 |                            |                      |                    |          |
|---|-------------------|-----------------------|----------------|-------------|----------------|-------------------------------------|----------------|----------------------------|---------------------|-----------|-----------------|----------------------------|----------------------|--------------------|----------|
|   |                   | Individual Deductible |                | Coinsurance |                | Individual Annual Max Out of Pocket |                | Telehealth 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) - Copay Plan</b>                                  |                   |                       |                |             |                |                                     |                |                            |                     |           |                 |                            |                      |                    |          |
| Bronze 7500 *   | 86584WI0020005-01 | \$7,500               | \$15,000       | 50%         | 50%            | \$9,000                             | \$25,000       | \$50                       | \$50                | \$50      | \$100           | Deductible and coinsurance |                      |                    |          |
| Bronze 0 CSR Zero *   | 86584WI0020005-02 | \$0                   | \$0            | 0%          | 0%             | \$0                                 | \$0            | \$0                        |                     |           |                 |                            |                      |                    |          |
| Bronze 7500 CSR Limited *   | 86584WI0020005-03 | \$7,500               | \$15,000       | 50%         | 50%            | \$9,000                             | \$25,000       | \$50                       | \$50                | \$50      | \$100           | Deductible and coinsurance |                      |                    |          |
| <b>Point-of-Service (POS) - HSA Qualified - High Deductible Health Plan</b> |                   |                       |                |             |                |                                     |                |                            |                     |           |                 |                            |                      |                    |          |
| Bronze 6000   | 86584WI0020003-01 | \$6,000               | \$12,000       | 30%         | 50%            | \$6,950                             | \$22,000       | Deductible and coinsurance |                     |           |                 |                            |                      |                    |          |
| Bronze 0 CSR Zero   | 86584WI0020003-02 | \$0                   | \$0            | 0%          | 0%             | \$0                                 | \$0            | \$0                        |                     |           |                 |                            |                      |                    |          |
| Bronze 6000 CSR Limited   | 86584WI0020003-03 | \$6,000               | \$12,000       | 30%         | 50%            | \$6,950                             | \$22,000       | Deductible and coinsurance |                     |           |                 |                            |                      |                    |          |

**Prescription Drugs:**

**Bronze 7500, Bronze 7500 CSR Limited,** Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Specialty: deductible then \$500 (Note: No charge for CSR Zero)

**Bronze 6000, Bronze 6000 CSR Limited,** Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

PCP = 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.

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