

2023 Individual HMO Plan Summaries Off-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
Health Maintenance Organization (HMO) Plans												
Gold 2000 *	86584WI0010015-00	\$2,000	25%	\$8,700	\$30	\$30	\$30	\$60		25% after deductible		
Gold 2800	86584WI0010007-00	\$2,800	30%	\$6,500	\$0	\$10	\$30	\$60		30% after deductible		
Silver 5800 *	86584WI0010012-00	\$5,800	40%	\$8,900	\$40	\$40	\$40	\$80		40% after deductible		
Silver 7500	86584WI0010001-00	\$7,500	30%	\$8,400	\$0	\$10	\$40	\$80		30% after deductible		
Bronze 7500 *	86584WI0010011-00	\$7,500	50%	\$9,000	\$50	\$50	\$50	\$100		50% after deductible		
Bronze 9100*	86584WI0010005-00	\$9,100	0%	\$9,100	No charge after deductible							
Bronze 6500 with 3 free PCP visits	86584WI0010006-00	\$6,500	20%	\$8,550	20% after deductible							
Catastrophic 9100 ** with 3 fee PCP visits	86584WI0010008-00	\$9,100	0%	\$9,100	No charge after deductible							

Prescription Drugs:

Gold 2000, Gold 2800, Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$60; Speciality: \$250

Silver 5800, Silver 7500, Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Speciality: deductible then \$350

Bronze 7500, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Speciality: deductible then \$500

Bronze 6500, Bronze 9100, Catastrophic 9100, Preventive: \$0, All other deductible coinsurance

Plans in bold font include three free visits to your primary care practitioner!

		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
Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans												
HDHP Silver 5400	86584WI0010013-00	\$5,400	0%	\$5,400	No charge after deductible							
HDHP Bronze 6000	86584WI0010003-00	\$6,000	30%	\$6,950	30% after deductible							
HDHP Bronze 6900	86584WI0010009-00	\$6,900	0%	\$6,900	No charge after deductible							

Prescription Drugs:

Silver 5400, Bronze 6000, Bronze 6900, Preventive: \$0; All other deductible coinsurance

PCP = Primary Care Practitioner

* Standardized plan option

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

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.

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								
Point-of-Service (POS) Plan															
Silver 5800 *	86584WI0020001-00	\$5,800	\$11,600	40%	50%	\$8,900	\$21,600	\$40	\$40	\$40	\$80	40% after deductible			
Bronze 7500 *	86584WI0020005-00	\$7,500	\$15,000	50%	50%	\$9,000	\$25,000	\$50	\$50	\$50	\$100	50% after deductible			

Prescription Drugs:

Silver 5800, Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Speciality: deductible then \$350

Bronze 7500, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Speciality: deductible then \$500

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								
Point-of-Service (POS) HSA-Qualified High-Deductible Health Plan															
Bronze 6000	86584WI0020003-00	\$6,000	\$12,000	30%	50%	\$6,950	\$22,000					30% after deductible			

Prescription Drugs:

Bronze 6000, Preventive: \$0; All other deductible coinsurance

PCP = Primary Care Practitioner

* Standardized plan option

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

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.