

# 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	
<b>Health Maintenance Organization (HMO) Plans</b>													
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	
<b>Bronze 6500 with 3 free PCP visits</b>	<b>86584WI0010006-00</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>								<b>20% after deductible</b>	
<b>Catastrophic 9100 ** with 3 fee PCP visits</b>	<b>86584WI0010008-00</b>	<b>\$9,100</b>	<b>0%</b>	<b>\$9,100</b>								<b>No charge after deductible</b>	

**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	
<b>Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans</b>													
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								
<b>Point-of-Service (POS) Plan</b>															
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									
<b>Point-of-Service (POS) HSA-Qualified High-Deductible Health Plan</b>																
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.