

# 2026 Individual HMO Plan Summaries Off-Marketplace



		You Pay (At Participating Providers)									
Metal Tier	SBC Lookup	Individual Deductible	Coinsurance	Individual Annual Max Out of Pocket	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%	\$8,200	\$30	\$30	\$60	25% after deductible			
Gold 2700	86584WI0010007-00	\$2,700	30%	\$7,000	\$10	\$30	\$60	30% after deductible			
Silver 6000 *	86584WI0010012-00	\$6,000	40%	\$8,900	\$40	\$40	\$80	40% after deductible			
Silver 6600	86584WI0010001-00	\$6,600	30%	\$8,600	\$10	\$40	\$80	30% after deductible			
Bronze 7500***	86584WI0010011-00	\$7,500	50%	\$10,000	\$50	\$50	\$100	50% after deductible			
Bronze 10000***	86584WI0010009-00	\$10,000	0%	\$10,000	No charge after deductible						
Copay Bronze \$0 Medical Deductible***	86584WI0010016-00	\$10,600	50%	\$10,600	\$10	\$35	\$200	\$3000	50%	\$200 Facility Fee \$200 Physician Fee	\$1500 per day
Catastrophic 10600 *** with 3 fee PCP visits	86584WI0010008-00	\$10,600	0%	\$10,600	No charge after deductible						

## Prescription Drugs:

**Gold 2000, Gold 2700**, Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$60; Speciality: \$250

**Silver 6000, Silver 6600**, 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

**Copay Bronze \$0 Medical Deductible**: Separate \$1,500 deductible per person, Preventive: \$0, Tier 1: \$35, Tier 2: \$125, Tier 3: deductible then 50% coinsurance, Speciality: deductible then 50% coinsurance

**Bronze 10000, Catastrophic 10600**, Preventive: \$0, All other deductible coinsurance

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

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Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans											
HDHP Silver 5900	86584WI0010013-00	\$5,900	0%	\$5,900	No charge after deductible						

## Prescription Drugs:

**Silver 5900**, \$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.

\*\*\*HSA Qualified Plan

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.

# 2026 Individual POS Plan Summaries Off-Marketplace



		You Pay												
Metal Tier	SBC Lookup	Individual Deductible		Coinsurance		Individual Annual Max Out of Pocket		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 6000 *	86584WI0020001-00	\$6,000	\$12,000	40%	50%	\$8,900	\$22,000	\$40	\$40	\$80	40% after deductible			
Bronze 8500***	86584WI0020003-00	\$8,500	\$12,000	30%	50%	\$9,500	\$22,000	30% after deductible						
Bronze 7500 ***	86584WI0020005-00	\$7,500	\$15,000	50%	50%	\$10,000	\$25,000	\$50	\$50	\$100	50% after deductible			

## Prescription Drugs:

**Silver 6000**, Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Specialty: deductible then \$350

**Bronze 8500**, Preventive: \$0; All other deductible coinsurance

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

PCP = Primary Care Practitioner

\* Standardized plan option

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