# 2027 Individual HMO Plan Summaries Off-Marketplace

ASPIRUS HEALTH PLAN

| | | 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 2500 * | 86584WI0010015-00 | $2,500 | 25% | $8,600 | $30 | $30 | $60 | 25% after deductible | | | |
| Gold 2700 | 86584WI0010007-00 | $2,700 | 30% | $7,000 | $10 | $30 | $60 | 30% after deductible | | | |
| Silver 6400 * | 86584WI0010012-00 | $6,400 | 40% | $10,300 | $40 | $40 | $80 | 40% after deductible | | | |
| Silver 6600 | 86584WI0010001-00 | $6,600 | 30% | $9,000 | $10 | $40 | $80 | 30% after deductible | | | |
| Bronze 7500*** | 86584WI0010011-00 | $7,500 | 50% | $12,000 | $50 | $50 | $100 | 50% after deductible | | | |
| Bronze 11750*** | 86584WI0010009-00 | $11,750 | 0% | $11,750 | **No charge after deductible** | | | | | | |
| Copay Bronze $0 Medical Deductible*** | 86584WI0010016-00 | $0 | 50% | $12,000 | $10 | $35 | $200 | $3000 | 50% | $200 Facility Fee<br>$200 Physician Fee | $1500 per day |
| Catastrophic 12000 *** with 3 fee PCP visits | 86584WI0010008-00 | $12,000 | 0% | $12,000 | **No charge after deductible** | | | | | | |

**Prescription Drugs:**
**Gold 2500, Gold 2700,** Preventive: $0; Tier 1: $15; Tier 2: $30; Tier 3: $60; Speciality: $250
**Silver 6400, 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, Specialty: deductible then 50% coinsurance
**Bronze 11750, Catastrophic 12000,** 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** | **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 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 Facilited 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.

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# 2027 Individual POS Plan Summaries Off-Marketplace

ASPIRUS HEALTH PLAN

| Metal Tier | SBC Lookup | You Pay | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 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 6400 * | 86584WI0020001-00 | $6,400 | $12,000 | 40% | 50% | $10,300 | $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% | $12,000 | $25,000 | $50 | $50 | $100 | 50% after deductible | | | |

**Prescription Drugs:**
**Silver 6400,** Preventive: $0; Tier 1: $20; Tier 2: $40; Tier 3: deductible then $80; Speciality: 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; Speciality: deductible then $500

PCP = Primary Care Practitioner
* Standardized plan option
** Eligibility limited to persons under age 30, or those with a hardship exemption from the Federally Facilited Marketplace
***HSA Qualified Plan

Preventive drugs include specific supplements, contraceptives, immumizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.
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