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 $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.

29986 09-26©2026 Aspirus Health Plan, Inc. All rights reserved.

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.
Family deductible and out-of Pocket limites 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.

29986 09-26 ©2026 Aspirus Health Plan, Inc. All rights reserved.