

# 2027 Individual HMO Plan Summaries On-Marketplace

## Gold and Bronze Cost Sharing Reduction-Eligible Plans



|                                                                                       |                    | 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 - HMO Gold                                |                    |                                      |             |                                     |                            |           |                 |                      |                      |                    |          |
| Gold 2000 *                                                                           | 19541MN0010015-01  | \$2,000                              | 25%         | \$8,200                             | \$30                       | \$30      | \$60            | 25% after deductible |                      |                    |          |
| Gold 0 CSR Zero *                                                                     | 19541MN0010015-02  | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                      |                      |                    |          |
| Gold 2000 CSR Limited *                                                               | 19541MN0010015-03  | \$2,000                              | 25%         | \$8,200                             | \$30                       | \$30      | \$60            | 25% after deductible |                      |                    |          |
| Health Maintenance Organization (HMO) Plans - HMO Gold                                |                    |                                      |             |                                     |                            |           |                 |                      |                      |                    |          |
| Gold 2700                                                                             | 19541MNI0010007-01 | \$2,700                              | 30%         | \$7,000                             | \$10                       | \$30      | \$60            | 30% after deductible |                      |                    |          |
| Gold 0 CSR Zero                                                                       | 19541MN0010007-02  | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                      |                      |                    |          |
| Gold 2700 CSR Limited                                                                 | 19541MN0010007-03  | \$2,700                              | 30%         | \$7,000                             | \$10                       | \$30      | \$60            | 30% after deductible |                      |                    |          |
| Health Maintenance Organization (HMO) Plans - HMO Bronze                              |                    |                                      |             |                                     |                            |           |                 |                      |                      |                    |          |
| Bronze 7500 ***                                                                       | 19541MN0010011-01  | \$7,500                              | 50%         | \$10,800                            | \$50                       | \$50      | \$100           | 50% after deductible |                      |                    |          |
| Bronze 0 CSR Zero ***                                                                 | 19541MN0010011-02  | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                      |                      |                    |          |
| Bronze 7500 CSR Limited ***                                                           | 19541MN0010011-03  | \$7,500                              | 50%         | \$10,800                            | \$50                       | \$50      | \$100           | 50% after deductible |                      |                    |          |
| Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits |                    |                                      |             |                                     |                            |           |                 |                      |                      |                    |          |
| Catastrophic 12000 ***                                                                | 19541MN0010008-01  | \$12,000                             | 0%          | \$12,000                            | No charge after deductible |           |                 |                      |                      |                    |          |

### Bold plans include three free visits to your primary care practitioner!

#### Prescription Drugs:

**Gold 2000, Gold 2000 CSR Limited, Gold 2700, Gold 2700 CSR Limited**, Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$60; Specialty: \$250 (Note: No charge for CSR Zero)

**Bronze 7500, Bronze 7500 CSR Limited**, Preventive: \$0; Tier 1: \$25; Tier 2: deductible then \$50; Tier 3: deductible then \$100; Specialty: deductible then \$500 (Note: No charge for CSR Zero)

**Catastrophic 12000**, Preventive: \$0, all other deductibles and coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

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

\*\*\*HSA Qualified Plan

PCP = Primary Care Practitioner

Plans noted on page offer \$0 copayments for MDLIVE online doctor visits.

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.

If you have a limited cost share plan, you will not be responsible for any deductibles, copayments or coinsurance for health care services received from the Indian Health Service, an Indian Tribe, a Tribal Organization, or an Urban Indian organization.

# 2027 Individual HMO Plan Summaries On-Marketplace

## Bronze Cost Sharing Reduction-Eligible Plans



|                                                            |                   | 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) – HMO Bronze         |                   |                                      |             |                                     |                            |           |                 |                |                      |                                           |                 |
| Bronze 11750 ***                                           | 19541MN0010009-01 | \$11,750                             | 0%          | \$11,750                            | No charge after deductible |           |                 |                |                      |                                           |                 |
| Bronze 0 CSR Zero***                                       | 19541MN0010009-02 | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                |                      |                                           |                 |
| Bronze 11750 CSR Limited ***                               | 19541MN0010009-03 | \$11,750                             | 0%          | \$11,750                            | No charge after deductible |           |                 |                |                      |                                           |                 |
| Health Maintenance Organization (HMO) – HMO Copay Bronze 0 |                   |                                      |             |                                     |                            |           |                 |                |                      |                                           |                 |
| Bronze \$0 Medical***                                      | 19541MN0010016-01 | \$0                                  | 50%         | \$12,000                            | \$10                       | \$35      | \$200           | \$3,000        | 50% Coinsurance      | \$200 Facility Fee<br>\$200 Physician Fee | \$1,500 per day |
| Bronze \$0 CSR Zero***                                     | 19541MN0010016-02 | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                |                      |                                           |                 |
| Bronze \$0 Medical Deductible CSR Limited***               | 19541MN0010016-03 | \$0                                  | 50%         | \$12,000                            | \$10                       | \$35      | \$200           | \$3,000        | 50% Coinsurance      | \$200 Facility Fee                        | \$1,500 per day |

### Prescription Drugs:

**Bronze 11750, Bronze 11750 CSR Limited**, Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

**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 (Note: No charge for CSR Zero)

\* Standardized plan option

\*\*\* HSA Qualified plan

PCP = Primary Care Practitioner

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. Pharmacy deductible on copay plan is per individual.**

Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

CSR Zero plans and CSR Limited plans are not eligible for use with a Health Savings Account (HSA)

If you have a limited cost share plan, you will not be responsible for any deductibles, copayments or coinsurance for health care services received from the Indian Health Service, an Indian Tribe, a Tribal Organization, or an Urban Indian organization.

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|                                                                              |                   | 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 |
| Health Maintenance Organization (HMO) Easy Compare Plans-HMO Expanded Bronze |                   |                       |             |                                     |                     |           |                 |                      |                      |                    |          |
| Expanded Bronze Autograph                                                    | 19541MN0010002-01 | \$8,000               | 50%         | \$10,200                            | D/C                 | \$75      | \$160           | 50% after deductible |                      |                    |          |
| Expanded Bronze Autograph CSR 0                                              | 19541MN0010002-02 | \$0                   | 0%          | \$0                                 | \$0                 |           |                 |                      |                      |                    |          |
| Expanded Bronze Autograph CSR Limited                                        | 19541MN0010002-03 | \$8,000               | 50%         | \$10,200                            | D/C                 | \$75      | \$160           | 50% after deductible |                      |                    |          |
| Health Maintenance Organization (HMO) Easy Compare Plans-HMO Gold            |                   |                       |             |                                     |                     |           |                 |                      |                      |                    |          |
| Gold Autograph                                                               | 19541MN0010004-01 | \$2,100               | 20%         | \$8,300                             | D/C                 | \$40      | \$80            | 20% after deductible |                      |                    |          |
| Gold Autograph CSR 0                                                         | 19541MN0010004-02 | \$0                   | 0%          | \$0                                 | \$0                 |           |                 |                      |                      |                    |          |
| Gold Autograph CSR Limited                                                   | 19541MN0010004-03 | \$2,100               | 20%         | \$8,300                             | D/C                 | \$40      | \$80            | 20% after deductible |                      |                    |          |

### Prescription Drugs:

**Bronze Autograph, Bronze Autograph CSR Limited:** Preventive: \$0; Tier 1: \$25; Tier 2: D/C; Tier 3: D/C, Specialty D/C

**Bronze Autograph CSR 0:** Preventive \$0, Tier 1 \$0, Tier 2 \$0, Tier 3 \$0, Specialty \$0

**Gold Autograph, Gold Autograph CSR Limited:** Preventive \$0, Tier 1 \$15, Tier 2 \$30, Tier 3 \$90, Specialty \$360

**Gold Autograph CSR 0:** Preventive \$0, Tier 1 \$0, Tier 2 \$0, Tier 3 \$0, Specialty \$0

\* Standardized plan option

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\*\*\*HSA Qualified Plan

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