

		You Pay (At Participating Providers) ²										
Metal Tier	SBC Lookup	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	MDLIVE Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Health Maintenance Organization (HMO) Plans												
Gold 2750	86584WI0010007-00	\$2,750	30%	\$6,500	\$0	\$10	\$35	\$70		30% after deductible		
Silver 4800	86584WI0010012-00	\$4,800	30%	\$8,500	\$0	\$10	\$35	\$70		30% after deductible		
Silver 7500	86584WI0010001-00	\$7,500	30%	\$8,500	\$0	\$10	\$35	\$70		30% after deductible		
Bronze 6500	86584WI0010006-00	\$6,500	20%	\$8,550						20% after deductible		
Bronze 7500	86584WI0010011-00	\$7,500	40%	\$8,700						40% after deductible		
Bronze 8700	86584WI0010005-00	\$8,700	0%	\$8,700						No charge after deductible		
Catastrophic 8700	86584WI0010008-00	\$8,700	0%	\$8,700						No charge after deductible		

Gold 2750 Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$50; Tier 3: \$100; Specialty: 50% coinsurance

Bronze 6500, Bronze 8700, and Catastrophic 8700 Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

Silver 4800, Silver 7500, Bronze 7500 Prescription Drugs: Preventive \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% coinsurance

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

		You Pay (At Participating Providers) ²										
Metal Tier	SBC Lookup	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	Teladoc Visit	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												
Silver 5900	86584WI0010013-00	\$5,900	0%	\$5,900						No charge after deductible		
Bronze 6000	86584WI0010003-00	\$6,000	30%	\$6,950						30% after deductible		
Bronze 6900	86584WI0010009-00	\$6,900	0%	\$6,900						No charge after deductible		

Silver 5900, Bronze 6000, Bronze 6900 Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

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

¹Family deductibles and out-of-pocket limits are 2x the individual amounts.

²Out-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 ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		MDLIVE 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								
Point-of-Service (POS) Plan															
Silver 7500	86584WI0020001-00	\$7,500	\$15,000	30%	60%	\$8,500	\$25,000	\$0	\$10	\$35	\$70	30% after deductible			

Silver 7500 Prescription Drugs: Preventive \$0; Tier 1: \$25; Tier 2: \$60; Tier 3: \$125; Specialty: 50% coinsurance

Metal Tier	SBC Lookup	You Pay													
		Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		Teladoc 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								
Point-of-Service (POS) HSA-Qualified High-Deductible Health Plan															
Bronze 6000	86584WI0020003-00	\$6,000	\$12,000	30%	50%	\$6,950	\$22,000	30% after deductible							

Bronze 6000 Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

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

¹**Family deductibles and out-of-pocket limits are 2x the individual amounts.**

²Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. See policy for details.