



2022 Small Group HMO Plan Summaries

Metal Tier	SBC Lookup	You Pay (In-Network Services) ²									
		Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery
Health Maintenance Organization (HMO) Plans											
Gold	86584WI0040002-00	\$1,000	20%	\$6,650	\$450	\$0	\$10	\$35	\$70	20% after deductible	
Gold	86584WI0040003-00	\$1,500	10%	\$7,400	\$450	\$0	\$10	\$35	\$70	10% after deductible	
Gold	86584WI0040005-00	\$2,000	20%	\$7,900	\$450	\$0	\$10	\$35	\$70	20% after deductible	
Gold	86584WI0040006-00	\$2,500	20%	\$4,500	\$450	\$0	\$10	\$35	\$70	20% after deductible	
Silver	86584WI0040009-00	\$3,200	20%	\$8,150	\$500	\$0	\$10	\$45	\$90	20% after deductible	
Silver	86584WI0040010-00	\$4,000	10%	\$8,550	\$500	\$0	\$10	\$45	\$90	10% after deductible	
Silver	86584WI0040011-00	\$4,500	20%	\$7,000	\$500	\$0	\$10	\$45	\$90	20% after deductible	
Silver	86584WI0040008-00	\$6,250	0%	\$6,250	\$500	\$0	\$10	\$45	\$90	0% after deductible	
Silver	86584WI0040020-00	\$6,500	30%	\$8,550	\$500	\$0	\$10	\$45	\$90	30% after deductible	

Gold Prescription Drugs: Preventive: \$0; Tier 1: \$15; Tier 2: \$30; Tier 3: \$45; Tier 4: 30% coinsurance

Silver Prescription Drugs: Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: \$70; Tier 4: \$750 deductible, then 40% 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.

Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits. These plans feature an embedded out-of-pocket limit where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.

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Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans												
Gold ³	86584WI0040012-00	\$2,475	0%	\$2,475								No charge after deductible
Gold	86584WI0040021-00	\$3,000	0%	\$3,000								No charge after deductible
Silver ⁴	86584WI0040013-00	\$1,850	30%	\$7,000								30% after deductible
Silver	86584WI0040015-00	\$2,800	20%	\$7,000								20% after deductible
Silver	86584WI0040022-00	\$3,500	20%	\$4,500								20% after deductible
Silver	86584WI0040016-00	\$4,210	0%	\$4,210								No charge after deductible
Bronze	86584WI0040017-00	\$6,000	30%	\$7,000								30% after deductible
Bronze	86584WI0040018-00	\$7,000	0%	\$7,000								No charge after deductible

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

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²Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

³Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family coverage, the family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.

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2022 Small Group POS Plan Summaries

		You Pay (At Participating Providers ²)													
Metal Tier	SBC Lookup	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	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) Plans															
Gold	86584WI0030002-00	\$1,000	\$2,000	20%	50%	\$6,650	\$12,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Gold	86584WI0030003-00	\$1,500	\$3,000	10%	40%	\$7,400	\$11,000	\$450	\$0	\$10	\$35	\$70	10% after deductible		
Gold	86584WI0030005-00	\$2,000	\$4,000	20%	50%	\$7,900	\$14,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Gold	86584WI0030006-00	\$2,500	\$5,000	20%	50%	\$4,500	\$15,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver	86584WI0030009-00	\$3,200	\$6,400	20%	50%	\$8,150	\$16,400	\$500	\$0	\$10	\$45	\$90	20% after deductible		
Silver	86584WI0030010-00	\$4,000	\$8,000	10%	40%	\$8,550	\$16,000	\$500	\$0	\$10	\$45	\$90	10% after deductible		
Silver	86584WI0030011-00	\$4,500	\$9,000	20%	50%	\$7,000	\$19,000	\$500	\$0	\$10	\$45	\$90	20% after deductible		
Silver	86584WI0030008-00	\$6,250	\$12,500	0%	30%	\$6,250	\$18,500	\$500	\$0	\$10	\$45	\$90	0% after deductible		
Silver	86584WI0030020-00	\$6,500	\$13,000	30%	50%	\$8,550	\$23,000	\$500	\$0	\$10	\$45	\$90	30% after deductible		

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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.

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		You Pay (At Participating Providers ²)													
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		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network								
Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans															
Gold ³	86584WI0030012-00	\$2,475	\$4,950	0%	30%	\$2,475	\$10,950	D/C	D/C	D/C	D/C	D/C	No charge after deductible		
Gold	86584WI0030021-00	\$3,000	\$6,000	0%	30%	\$3,000	\$12,000	D/C	D/C	D/C	D/C	D/C	No charge after deductible		
Silver ⁴	86584WI0030013-00	\$1,850	\$3,700	30%	50%	\$7,000	\$13,700	D/C	D/C	D/C	D/C	D/C	30% after deductible		
Silver	86584WI0030015-00	\$2,800	\$5,600	20%	50%	\$7,000	\$15,600	D/C	D/C	D/C	D/C	D/C	20% after deductible		
Silver	86584WI0030022-00	\$3,500	\$7,000	20%	50%	\$4,500	\$17,000	D/C	D/C	D/C	D/C	D/C	20% after deductible		
Silver	86584WI0030016-00	\$4,210	\$8,420	0%	30%	\$4,210	\$14,420	D/C	D/C	D/C	D/C	D/C	No charge after deductible		
Bronze	86584WI0030017-00	\$6,000	\$12,000	30%	50%	\$7,000	\$22,000	D/C	D/C	D/C	D/C	D/C	30% after deductible		
Bronze	86584WI0030018-00	\$7,000	\$14,000	0%	30%	\$7,000	\$20,000	D/C	D/C	D/C	D/C	D/C	No charge after deductible		

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

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