

# 2023 Individual HMO Plan Summaries

## Silver Cost Sharing Reduction-Eligible Plans

On-Marketplace



Metal Tier	SBC Lookup	Individual Deductible	Coinsurance	Individual Annual Max Out of Pocket	You Pay (At Participating Providers)							
					Telehealth Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
<b>Health Maintenance Organization (HMO) Plans - HMO Silver</b>												
HMO Silver 5800 *	86584WI0010012-01	\$5,800	40%	\$8,900	\$40	\$40	\$40	\$80	40% after deductible			
HMO Silver 0 CSR Zero *	86584WI0010012-02	\$0	0%	\$0	\$0							
HMO Silver 5800 CSR Limited *	86584WI0010012-03	\$5,800	40%	\$8,900	\$40	\$40	\$40	\$80	40% after deductible			
HMO Silver 5700 CSR 73 *	86584WI0010012-04	\$5,700	40%	\$7,200	\$30	\$30	\$30	\$60	40% after deductible			
HMO Silver 800 CSR 87 *	86584WI0010012-05	\$800	30%	\$3,000	\$20	\$20	\$20	\$40	30% after deductible			
HMO Silver 0 CSR 94 *	86584WI0010012-06	\$0	25%	\$1,700	\$0	\$0	\$0	\$10	25% after deductible			
<b>Health Maintenance Organization (HMO) Plans - HMO Silver</b>												
HMO Silver 7500	86584WI0010001-01	\$7,500	30%	\$8,400	\$0	\$10	\$40	\$80	30% after deductible			
HMO Silver 0 CSR Zero	86584WI0010001-02	\$0	0%	\$0	\$0							
HMO Silver 7500 CSR Limited	86584WI0010001-03	\$7,500	30%	\$8,400	\$0	\$10	\$40	\$80	30% after deductible			
HMO Silver 6900 CSR 73	86584WI0010001-04	\$6,900	0%	\$7,050	\$0	\$10	\$30	\$60	No charge after deductible			
HMO Silver 1850 CSR 87	86584WI0010001-05	\$1,850	0%	\$2,400	\$0	\$10	\$20	\$40	No charge after deductible			
HMO Silver 750 CSR 94	86584WI0010001-06	\$750	0%	\$750	\$0	\$10	\$0	\$10	No charge after deductible			
<b>Health Maintenance Organization (HMO) - Qualified High Deductible Health Plan- HMO HDHP Silver</b>												
HMO Silver 5400	86584WI0010013-01	\$5,400	0%	\$5,400	No charge after deductible							
HMO Silver 0 CSR Zero	86584WI0010013-02	\$0	0%	\$0	\$0							
HMO Silver 5400 CSR Limited	86584WI0010013-03	\$5,400	0%	\$5,400	No charge after deductible							
HMO Silver 4400 CSR 73	86584WI0010013-04	\$4,400	0%	\$4,400	No charge after deductible							
HMO Silver 1600 CSR 87	86584WI0010013-05	\$1,600	0%	\$1,600	No charge after deductible							
HMO Silver 550 CSR 94	86584WI0010013-06	\$550	0%	\$550	No charge after deductible							

**Prescription Drugs:**

**Silver 5800, Silver 5800 CSR Limited, Silver 5700 CSR 73, Silver 7500, Silver 7500 CSR Limited, Silver 6900 CSR 73,** Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Specialty: deductible then \$350 (Note: No charge for CSR Zero)

**Silver 800 CSR 87, Silver 1850 CSR 87,** Preventive: \$0; Tier 1: \$10; Tier 2: \$20; Tier 3: deductible then \$60; Specialty: deductible then \$250

**Silver 0 CSR 94, Silver 750 CSR 94,** Preventive: \$0; Tier 1: \$0; Tier 2: \$15; Tier 3: \$50; Specialty: \$150

**Silver 5400, Silver 5400 CSR Limited, Silver 4400 CSR 73, Silver 1600 CSR 87, Silver 550 CSR 94,** Preventive: \$0; All others: deductible and coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

PCP = Primary Care Practitioner

Plans with office copayments 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 deductibles and out-of-pocket limits are 2x the individual amounts.**

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

CSR Zero 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.

# 2023 Individual POS Plan Summaries

## Silver Cost Sharing Reduction-Eligible Plans



### On-Marketplace

Metal Tier	SBC Lookup	You Pay													
		Individual Deductible <sup>1</sup>		Coinsurance		Individual Annual Max Out of Pocket <sup>1</sup>		Telehealth 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								
<b>Point-of-Service (POS) - Plan Silver</b>															
POS Silver 5800 *	86584WI0020001-01	\$5,800	\$11,600	40%	50%	\$8,900	\$21,600	\$40	\$40	\$40	\$80	Deductible and coinsurance			
POS Silver 0 CSR Zero *	86584WI0020001-02	\$0	\$0	\$0	\$0	\$0	\$0	\$0							
POS Silver 5800 CSR Limited *	86584WI0020001-03	\$5,800	\$11,600	40%	50%	\$8,900	\$21,600	\$40	\$40	\$40	\$80	Deductible and coinsurance			
POS Silver 5700 CSR 73 *	86584WI0020001-04	\$5,700	\$11,600	40%	50%	\$7,200	\$21,600	\$30	\$30	\$30	\$60	Deductible and coinsurance			
POS Silver 800 CSR 87 *	86584WI0020001-05	\$800	\$11,600	30%	50%	\$3,000	\$21,600	\$20	\$20	\$20	\$40	Deductible and coinsurance			
POS Silver 0 CSR 94 *	86584WI0020001-06	\$0	\$11,600	25%	50%	\$1,700	\$21,600	\$0	\$0	\$0	\$10	Deductible and coinsurance			

#### Prescription Drugs:

**Silver 5800, Silver 5800 CSR Limited, Silver 5700 CSR 73,** Preventive: \$0; Tier 1: \$20; Tier 2: \$40; Tier 3: deductible then \$80; Specialty: deductible then \$350 (Note: No charge for CSR Zero)

**Silver 800 CSR 87,** Preventive: \$0; Tier 1: \$10; Tier 2: \$20; Tier 3: deductible then \$60; Specialty: deductible then \$250

**Silver 0 CSR 94,** Preventive: \$0; Tier 1: \$0, Tier 2: \$15, Tier 3: \$50, Specialty: \$150

\* Standardized plan option

PCP = Primary Care Practitioner

Plans with office copayments 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.**

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.

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 a Urban Indian organization.