

2023 Individual HMO Plan Summaries

Gold and Bronze Cost Sharing Reduction-Eligible Plans

On-Marketplace



| Metal Tier | SBC Lookup | You Pay (At Participating Providers) | | | | | | | | | | |
|--|--------------------------|--------------------------------------|-------------|-------------------------------------|-----------------------------------|---------------------|-----------|-----------------|----------------------|----------------------|--------------------|----------|
| | | Individual Deductible | Coinsurance | Individual Annual Max Out of Pocket | Telehealth Visit | 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 * | 86584WI0010015-01 | \$2,000 | 25% | \$8,700 | \$30 | \$30 | \$30 | \$60 | 25% after deductible | | | |
| Gold 0 CSR Zero * | 86584WI0010015-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Gold 2000 CSR Limited * | 86584WI0010015-03 | \$2,000 | 25% | \$8,700 | \$30 | \$30 | \$30 | \$60 | 25% after deductible | | | |
| Health Maintenance Organization (HMO) Plans - HMO Gold | | | | | | | | | | | | |
| Gold 2800 | 86584WI0010007-01 | \$2,800 | 30% | \$6,500 | \$0 | \$10 | \$30 | \$60 | 30% after deductible | | | |
| Gold 0 CSR Zero | 86584WI0010007-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Gold 2800 CSR Limited | 86584WI0010007-03 | \$2,800 | 30% | \$6,500 | \$0 | \$10 | \$30 | \$60 | 30% after deductible | | | |
| Health Maintenance Organization (HMO) Plans - HMO Bronze with 3 free PCP visits | | | | | | | | | | | | |
| Bronze 6500 | 86584WI0010006-01 | \$6,500 | 20% | \$8,550 | 20% after deductible | | | | | | | |
| Bronze 0 CSR Zero | 86584WI0010006-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Bronze 6500 CSR Limited | 86584WI0010006-03 | \$6,500 | 20% | \$8,550 | 20% after deductible | | | | | | | |
| Health Maintenance Organization (HMO) Plans - HMO Bronze | | | | | | | | | | | | |
| Bronze 7500 * | 86584WI0010011-01 | \$7,500 | 50% | \$9,000 | \$50 | \$50 | \$50 | \$100 | 50% after deductible | | | |
| Bronze 0 CSR Zero * | 86584WI0010011-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Bronze 7500 CSR Limited * | 86584WI0010011-03 | \$7,500 | 50% | \$9,000 | \$50 | \$50 | \$50 | \$100 | 50% after deductible | | | |
| Health Maintenance Organization (HMO) Plans - HMO Bronze | | | | | | | | | | | | |
| Bronze 9100 * | 86584WI0010005-01 | \$9,100 | 0% | \$9,100 | No charge after deductible | | | | | | | |
| Bronze 0 CSR Zero * | 86584WI0010005-02 | \$0 | 0% | \$0 | \$0 | | | | | | | |
| Bronze 9100 CSR Limited * | 86584WI0010005-03 | \$9,100 | 0% | \$9,100 | No charge after deductible | | | | | | | |
| Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits | | | | | | | | | | | | |
| Catastrophic 9100 ** | 86584WI0010008-01 | \$9,100 | 0% | \$9,100 | No charge after deductible | | | | | | | |

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

Prescription Drugs:

Gold 2000, Gold 2000 CSR Limited, Gold 2800, Gold 2800 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)

Bronze 6500, Bronze 6500 CSR Limited, Bronze 9100, Bronze 9100 CSR Limited, Catastrophic 9100, Preventive: \$0, All other deductible 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.

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 a Urban Indian organization.

2023 Individual HMO Plan Summaries

Bronze Cost Sharing Reduction-Eligible Plans

On-Marketplace



| | | You Pay (At Participating Providers) | | | | | | | | | | |
|---|-------------------|--------------------------------------|-------------|-------------------------------------|------------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------------|
| Metal Tier | SBC Lookup | Individual Deductible | Coinsurance | Individual Annual Max Out of Pocket | Telehealth Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze | | | | | | | | | | | | |
| Bronze 6000 | 86584WI0010003-01 | \$6,000 | 30% | \$6,950 | | | | | | | | 30% after deductible |
| Bronze 0 CSR Zero | 86584WI0010003-02 | \$0 | 0% | \$0 | | | | | | | | \$0 |
| Bronze 6000 CSR Limited | 86584WI0010003-03 | \$6,000 | 30% | \$6,950 | | | | | | | | 30% after deductible |
| Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze | | | | | | | | | | | | |
| Bronze 6900 | 86584WI0010009-01 | \$6,900 | 0% | \$6,900 | | | | | | | | No charge after deductible |
| Bronze 0 CSR Zero | 86584WI0010009-02 | \$0 | 0% | \$0 | | | | | | | | \$0 |
| Bronze 6900 CSR Limited | 86584WI0010009-03 | \$6,900 | 0% | \$6,900 | | | | | | | | No charge after deductible |

Prescription Drugs:

Bronze 6000, Bronze 6000 CSR Limited, Bronze 6900, Bronze 6900 CSR Limited, Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

* Standardized plan option
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.

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 a Urban Indian organization.

2023 Individual POS Plan Summaries

Bronze Cost Sharing Reduction-Eligible Plans



On-Marketplace

| Metal Tier | SBC Lookup | You Pay | | | | | | | | | | | | | |
|---|-------------------|-----------------------|----------------|-------------|----------------|-------------------------------------|----------------|----------------------------|---------------------|-----------|-----------------|----------------------------|----------------------|--------------------|----------|
| | | Individual Deductible | | Coinsurance | | Individual Annual Max Out of Pocket | | 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 | | | | | | | | |
| Point-of-Service (POS) - Copay Plan | | | | | | | | | | | | | | | |
| Bronze 7500 * | 86584WI0020005-01 | \$7,500 | \$15,000 | 50% | 50% | \$9,000 | \$25,000 | \$50 | \$50 | \$50 | \$100 | Deductible and coinsurance | | | |
| Bronze 0 CSR Zero * | 86584WI0020005-02 | \$0 | \$0 | 0% | 0% | \$0 | \$0 | \$0 | | | | | | | |
| Bronze 7500 CSR Limited * | 86584WI0020005-03 | \$7,500 | \$15,000 | 50% | 50% | \$9,000 | \$25,000 | \$50 | \$50 | \$50 | \$100 | Deductible and coinsurance | | | |
| Point-of-Service (POS) - HSA Qualified - High Deductible Health Plan | | | | | | | | | | | | | | | |
| Bronze 6000 | 86584WI0020003-01 | \$6,000 | \$12,000 | 30% | 50% | \$6,950 | \$22,000 | Deductible and coinsurance | | | | | | | |
| Bronze 0 CSR Zero | 86584WI0020003-02 | \$0 | \$0 | 0% | 0% | \$0 | \$0 | \$0 | | | | | | | |
| Bronze 6000 CSR Limited | 86584WI0020003-03 | \$6,000 | \$12,000 | 30% | 50% | \$6,950 | \$22,000 | Deductible and coinsurance | | | | | | | |

Prescription Drugs:

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)

Bronze 6000, Bronze 6000 CSR Limited, Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

* Standardized plan option

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.

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