

# 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
<b>Health Maintenance Organization (HMO) Plans - HMO Gold</b>												
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			
<b>Health Maintenance Organization (HMO) Plans - HMO Gold</b>												
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			
<b>Health Maintenance Organization (HMO) Plans - HMO Bronze with 3 free PCP visits</b>												
<b>Bronze 6500</b>	<b>86584WI0010006-01</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
<b>Bronze 0 CSR Zero</b>	<b>86584WI0010006-02</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>	<b>\$0</b>							
<b>Bronze 6500 CSR Limited</b>	<b>86584WI0010006-03</b>	<b>\$6,500</b>	<b>20%</b>	<b>\$8,550</b>	<b>20% after deductible</b>							
<b>Health Maintenance Organization (HMO) Plans - HMO Bronze</b>												
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			
<b>Health Maintenance Organization (HMO) Plans - HMO Bronze</b>												
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							
<b>Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits</b>												
<b>Catastrophic 9100 **</b>	<b>86584WI0010008-01</b>	<b>\$9,100</b>	<b>0%</b>	<b>\$9,100</b>	<b>No charge after deductible</b>							

### 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
<b>Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze</b>												
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
<b>Health Maintenance Organization (HMO) HSA Plans-Qualified High-Deductible Health Plans – HMO HDHP Bronze</b>												
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

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**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								
<b>Point-of-Service (POS) - Copay Plan</b>															
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			
<b>Point-of-Service (POS) - HSA Qualified - High Deductible Health Plan</b>															
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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