

# 2025 Individual HMO Plan Summaries

## Silver Cost Sharing Reduction-Eligible Plans



You Pay (At Participating Providers)											
Metal Tier	SBC Lookup	Individual Deductible	Coinsurance	Individual Annual Max Out of Pocket	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 5000 *	86584WI0010012-01	\$5,000	40%	\$8,000	\$40	\$40	\$80				40% after deductible
HMO Silver 0 CSR Zero *	86584WI0010012-02	\$0	0%	\$0							\$0
HMO Silver 5000 CSR Limited *	86584WI0010012-03	\$5,000	40%	\$8,000	\$40	\$40	\$80				40% after deductible
HMO Silver 3000 CSR 73 *	86584WI0010012-04	\$3,000	40%	\$6,400	\$40	\$40	\$80				40% after deductible
HMO Silver 500 CSR 87 *	86584WI0010012-05	\$500	30%	\$3,000	\$20	\$20	\$40				30% after deductible
HMO Silver 0 CSR 94 *	86584WI0010012-06	\$0	25%	\$2,000	\$0	\$0	\$10				25% after deductible
<b>Health Maintenance Organization (HMO) Plans - HMO Silver</b>											
HMO Silver 6600	86584WI0010001-01	\$6,600	30%	\$7,500	\$10	\$40	\$80				30% after deductible
HMO Silver 0 CSR Zero	86584WI0010001-02	\$0	0%	\$0							\$0
HMO Silver 6600 CSR Limited	86584WI0010001-03	\$6,600	30%	\$7,500	\$10	\$40	\$80				30% after deductible
HMO Silver 6000 CSR 73	86584WI0010001-04	\$6,000	0%	\$6,150	\$10	\$40	\$80				No charge after deductible
HMO Silver 1850 CSR 87	86584WI0010001-05	\$1,850	0%	\$2,350	\$10	\$20	\$40				No charge after deductible
HMO Silver 750 CSR 94	86584WI0010001-06	\$750	0%	\$750	\$10	\$0	\$10				No charge after deductible
<b>Health Maintenance Organization (HMO) Plans - HMO 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 4550 CSR 73 ***	86584WI0010013-04	\$4,550	0%	\$4,550							No charge after deductible
HMO Silver 1600 CSR 87	86584WI0010013-05	\$1,600	0%	\$1,600							No charge after deductible
HMO Silver 600 CSR 94	86584WI0010013-06	\$600	0%	\$600							No charge after deductible

### Prescription Drugs:

**Silver 5000, Silver 5000 CSR Limited, Silver 3000 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 500 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 4550 CSR 73, Silver 1600 CSR 87, Silver 600 CSR 94,** Preventive: \$0; All others: deductible and coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

\*\*\* HSA Qualified plan

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).

# 2025 Individual POS Plan Summaries

## Silver Cost Sharing Reduction-Eligible Plans



Metal Tier	SBC Lookup	You Pay												
		Individual Deductible <sup>1</sup>		Coinsurance		Individual Annual Max Out of Pocket <sup>1</sup>		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 5000 *	86584WI0020001-01	\$5,000	\$12,000	40%	50%	\$8,000	\$22,000	\$40	\$40	\$80	Deductible and coinsurance			
POS Silver 0 CSR Zero *	86584WI0020001-02	\$0	\$0	\$0	\$0	\$0	\$0	\$0						
POS Silver 5000 CSR Limited *	86584WI0020001-03	\$5,000	\$12,000	40%	50%	\$8,000	\$22,000	\$40	\$40	\$80	Deductible and coinsurance			
POS Silver 3000 CSR 73 *	86584WI0020001-04	\$3,000	\$12,000	40%	50%	\$6,400	\$22,000	\$40	\$40	\$80	Deductible and coinsurance			
POS Silver 500 CSR 87 *	86584WI0020001-05	\$500	\$12,000	30%	50%	\$3,000	\$22,000	\$20	\$20	\$40	Deductible and coinsurance			
POS Silver 0 CSR 94 *	86584WI0020001-06	\$0	\$12,000	25%	50%	\$2,000	\$22,000	\$0	\$0	\$10	Deductible and coinsurance			

**Prescription Drugs:**

**Silver 5000, Silver 5000 CSR Limited, Silver 3000 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 500 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.