

# 2025 Individual HMO Plan Summaries On-Marketplace

## Gold and Bronze 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 Gold</b>                                |                          |                                      |             |                                     |                                   |           |                 |                      |                      |                    |          |
| Gold 1500 *  | 86584WI0010015-01        | \$1,500                              | 25%         | \$7,800                             | \$30                              | \$30      | \$60            | 25% after deductible |                      |                    |          |
| Gold 0 CSR Zero *  | 86584WI0010015-02        | \$0                                  | 0%          | \$0                                 | \$0                               |           |                 |                      |                      |                    |          |
| Gold 1500 CSR Limited *  | 86584WI0010015-03        | \$1,500                              | 25%         | \$7,800                             | \$30                              | \$30      | \$60            | 25% after deductible |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Gold</b>                                |                          |                                      |             |                                     |                                   |           |                 |                      |                      |                    |          |
| Gold 2400  | 86584WI0010007-01        | \$2,400                              | 30%         | \$6,250                             | \$10                              | \$30      | \$60            | 30% after deductible |                      |                    |          |
| Gold 0 CSR Zero  | 86584WI0010007-02        | \$0                                  | 0%          | \$0                                 | \$0                               |           |                 |                      |                      |                    |          |
| Gold 2400 CSR Limited  | 86584WI0010007-03        | \$2,400                              | 30%         | \$6,250                             | \$10                              | \$30      | \$60            | 30% after deductible |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Bronze</b>                              |                          |                                      |             |                                     |                                   |           |                 |                      |                      |                    |          |
| Bronze 7500 *  | 86584WI0010011-01        | \$7,500                              | 50%         | \$9,200                             | \$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%         | \$9,200                             | \$50                              | \$50      | \$100           | 50% after deductible |                      |                    |          |
| <b>Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits</b> |                          |                                      |             |                                     |                                   |           |                 |                      |                      |                    |          |
| <b>Catastrophic 9200 **</b>  | <b>86584WI0010008-01</b> | <b>\$9,200</b>                       | <b>0%</b>   | <b>\$9,200</b>                      | <b>No charge after deductible</b> |           |                 |                      |                      |                    |          |

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

#### Prescription Drugs:

**Gold 1500, Gold 1500 CSR Limited, Gold 2400, Gold 2400 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)

**Catastrophic 9200**, 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.

# 2025 Individual HMO Plan Summaries On-Marketplace

## Bronze Cost Sharing Reduction-Eligible Plans



| Metal Tier  | SBC Lookup        | You Pay (At Participating Providers) |             |                                     |                            |           |                 |                |                      |   |                 |
|---|-------------------|--------------------------------------|-------------|-------------------------------------|----------------------------|-----------|-----------------|----------------|----------------------|---|-----------------|
|   |                   | 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) – HMO Bronze</b>         |                   |                                      |             |                                     |                            |           |                 |                |                      |   |                 |
| Bronze 7200 ***   | 86584WI0010009-01 | \$7,200                              | 0%          | \$7,200                             | No charge after deductible |           |                 |                |                      |   |                 |
| Bronze 0 CSR Zero   | 86584WI0010009-02 | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                |                      |   |                 |
| Bronze 7200 CSR Limited   | 86584WI0010009-03 | \$7,200                              | 0%          | \$7,200                             | No charge after deductible |           |                 |                |                      |   |                 |
| <b>Health Maintenance Organization (HMO) – HMO Copay Bronze 0</b> |                   |                                      |             |                                     |                            |           |                 |                |                      |   |                 |
| Bronze \$0 Medical  | 86584WI0010016-01 | \$0                                  | 50%         | \$9,200                             | \$10                       | \$35      | \$200           | \$3,000        | 50% Coinsurance      | \$200 Facility Fee<br>\$200 Physician Fee | \$1,500 per day |
| Bronze \$0 CSR Zero   | 86584WI0010016-02 | \$0                                  | 0%          | \$0                                 | \$0                        |           |                 |                |                      |   |                 |
| Bronze \$0 Medical Deductible CSR Limited                         | 86584WI0010016-03 | \$0                                  | 50%         | \$9,200                             | \$10                       | \$35      | \$200           | \$3,000        | 50% Coinsurance      | \$200 Facility Fee                        | \$1,500 per day |

**Prescription Drugs:**

**Bronze 7200, Bronze 7200 CSR Limited,** Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

**Bronze \$0 Medical Deductible,** separate \$1,100 deductible per person, Preventive: \$0, Tier 1: \$35, Tier 2: \$125, Tier 3: deductible then 50% coinsurance, Specialty: deductible then 50% coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

\*\*\* HSA Qualified plan

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. Pharmacy deductible on copay plan is per individual.**

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.

# 2025 Individual POS Plan Summaries On-Marketplace

## Bronze Cost Sharing Reduction-Eligible Plans



| Metal Tier                                      | SBC Lookup        | You Pay               |                |             |                |                                     |                |                            |           |                 |                            |                      |                    |          |
|---|-------------------|-----------------------|----------------|-------------|----------------|-------------------------------------|----------------|----------------------------|-----------|-----------------|----------------------------|----------------------|--------------------|----------|
|   |                   | 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 |
|   |                   | 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%            | \$9,200                             | \$25,000       | \$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%            | \$9,200                             | \$25,000       | \$50                       | \$50      | \$100           | Deductible and coinsurance |                      |                    |          |
| <b>Point-of-Service (POS) - Deductible Plan</b> |                   |                       |                |             |                |                                     |                |                            |           |                 |                            |                      |                    |          |
| Bronze 6250 ***                                 | 86584WI0020003-01 | \$6,250               | \$12,000       | 30%         | 50%            | \$7,250                             | \$22,000       | Deductible and coinsurance |           |                 |                            |                      |                    |          |
| Bronze 0 CSR Zero                               | 86584WI0020003-02 | \$0                   | \$0            | 0%          | 0%             | \$0                                 | \$0            | \$0                        |           |                 |                            |                      |                    |          |
| Bronze 6250 CSR Limited                         | 86584WI0020003-03 | \$6,250               | \$12,000       | 30%         | 50%            | \$7,250                             | \$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 6250, Bronze 6250 CSR Limited,** Preventive: \$0; All other deductible and coinsurance (Note: No charge for CSR Zero)

\* Standardized plan option

\*\*\* HSA Qualified plan

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)