

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 |
| Health Maintenance Organization (HMO) Plans - HMO Silver | | | | | | | | | | | |
| 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 | | | |
| Health Maintenance Organization (HMO) Plans - HMO Silver | | | | | | | | | | | |
| 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 | | | |
| Health Maintenance Organization (HMO) Plans - HMO Silver | | | | | | | | | | | |
| 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 ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | 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) - Plan Silver | | | | | | | | | | | | | | |
| 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.