

# 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.