

2025 Individual HMO Plan Summaries On-Marketplace

Gold and 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 |
| Health Maintenance Organization (HMO) Plans - HMO Gold | | | | | | | | | | | |
| 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 | | | |
| Health Maintenance Organization (HMO) Plans - HMO Gold | | | | | | | | | | | |
| 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 | | | |
| Health Maintenance Organization (HMO) Plans - HMO Bronze | | | | | | | | | | | |
| 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 | | | |
| Health Maintenance Organization (HMO) Plans - HMO Catastrophic with 3 free PCP visits | | | | | | | | | | | |
| Catastrophic 9200 ** | 86584WI0010008-01 | \$9,200 | 0% | \$9,200 | No charge after deductible | | | | | | |

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 |
| Health Maintenance Organization (HMO) – HMO Bronze | | | | | | | | | | | |
| 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 | | | | | | |
| Health Maintenance Organization (HMO) – HMO Copay Bronze 0 | | | | | | | | | | | |
| Bronze \$0 Medical | 86584WI0010016-01 | \$0 | 50% | \$9,200 | \$10 | \$35 | \$200 | \$3,000 | 50% Coinsurance | \$200 Facility Fee \$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 | | | | | | | |
| Point-of-Service (POS) - Copay Plan | | | | | | | | | | | | | | |
| 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 | | | |
| Point-of-Service (POS) - Deductible Plan | | | | | | | | | | | | | | |
| 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)