

# ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS

<b>GOLD</b>	<b>GOLD \$2500 DED</b>	<b>GOLD MAINTENANCE \$500 DED</b>	<b>GOLD STANDARD FLAT RX COPAY EASY PRICING</b>
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$2,500	\$500	\$1,500
Family Deductible	\$5,000	\$1,000	\$3,000
Coinsurance	30%	0%	25%
Medical Max Out-Of-Pocket SINGLE	\$7,000	\$9,000	\$7,800
Medical Max Out-of-Pocket	\$14,000	\$18,000	\$15,600
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$30
Office Visit - PCP	\$30	\$35	\$30
Mental/Behavioral Health Visit	\$30	\$35	\$30
Office Visit - SPECIALTY	\$60	\$70	\$60
Urgent Care	\$60	\$70	\$45
LAB	\$30	\$35	Ded & Coins
XRAY	\$60	\$70	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$500	\$500	Ded & Coins
Hospital IP	Ded & Coins	\$2,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$2,500/day	Ded & Coins
Hospital OP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	Ded & Coins	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$15
Tier 2: Preferred Generic drugs	\$5	\$5	\$30
Tier 3: NonPreferred Generic drugs	\$10	\$10	\$60
Tier 4: Preferred Brand drugs	\$40	\$40	\$250
Tier 5: Non-preferred and high cost	%50 coinsurance	%50 coinsurance	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	Ded & 60% Coinsurance	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	Ded & \$150 copay	Ded & Coins
PT/OT/ST	Ded & Coins	Ded & \$50 copay	\$30
DME	30% Coins	No Charge	25% Coins
Skilled Nursing	Ded & Coins	\$2,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS

SILVER	NON CSR Variants		
	SILVER \$7000 DED	SILVER \$0 DED FLAT RX COPAY	SILVER STANDARD EASY PRICING
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,000	\$0	\$5,000
Family Deductible	\$14,000	\$0	\$10,000
Coinsurance	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$9,000	\$9,200	\$8,000
Medical Max Out-of-Pocket FAMILY	\$18,000	\$18,400	\$16,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$50	\$50	\$40
Mental/Behavioral Health Visit	\$50	\$50	\$40
Office Visit SPECIALTY	\$100	\$100	\$80
Urgent Care	\$100	\$100	\$60
LAB	\$60	\$50	Ded & Coins
XRAY	\$120	\$100	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$1,000	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	Ded & \$80
Tier 4: Preferred Brand drugs	\$150	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$600	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$100	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS

BRONZE	BRONZE \$7250 HSA	BRONZE \$9100 DED FLAT RX COPAY	BRONZE STANDARD EASY PRICING
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,250	\$9,100	\$7,500
Family Deductible	\$14,500	\$18,200	\$15,000
Coinsurance	0%	0%	50%
Medical Max Out-Of-Pocket SINGLE	\$7,250	\$7,250	\$9,200
Medical Max Out-of-Pocket FAMILY	\$14,500	\$14,500	\$18,400
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	Ded & Coins	\$0	\$50
Office Visit PCP	Ded & Coins	\$75	\$50
Mental/Behavioral Health Visit	Ded & Coins	Ded & Coins	\$50
Office Visit SPECIALTY	Ded & Coins	Ded & Coins	\$100
LAB	Ded & Coins	Ded & Coins	Ded & Coins
XRAY	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	Ded & Coins	\$75	\$75
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins
Hospital IP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	Ded & Coins	Ded & Coins
Hospital OP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	Ded & Coins	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	Ded & Coins	\$0	\$25
Tier 2: Preferred Generic drugs	Ded & Coins	\$15	Ded & \$50
Tier 3: NonPreferred Generic drugs	Ded & Coins	\$35	Ded & \$100
Tier 4: Preferred Brand drugs	Ded & Coins	\$200	Ded & \$500
Tier 5: Non-preferred and high cost	Ded & Coins	\$500	-
Tier 6: Specialty drugs	Ded & Coins	\$750	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	Ded & Coins	Ded & Coins
PT/OT/ST	Ded & Coins	Ded & Coins	\$50
DME	Ded & Coins	50% Coins	50% Coins
Skilled Nursing	Ded & Coins	Ded & Coins	Ded & Coins
Dental	Not Available	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS WITH CSR

SILVER	CSR-87 (151-200% FPL)		
	SILVER \$7,000 DED CSR-	SILVER \$0 DEDFLAT RX	SILVER STANDARD EASY
	87	COPAY CSR-87	PRICING CSR-87
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$1,500	\$0	\$500
Family Deductible	\$3,000	\$0	\$1,000
Coinsurance	50%	50%	30%
Medical Max Out-Of-Pocket SINGLE	\$3,000	\$3,000	\$3,000
Medical Max Out-of-Pocket FAMILY	\$6,000	\$6,000	\$6,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$20
Office Visit PCP	\$20	\$25	\$20
Mental/Behavioral Health Visit	\$20	\$25	\$20
Office Visit SPECIALTY	\$50	\$55	\$40
Urgent Care	\$20	\$55	\$30
LAB	\$25	\$25	Ded & Coins
XRAY	\$50	\$55	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$100	\$250	Ded & Coins
Hospital IP	Ded & Coins	\$300/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$300/day	Ded & Coins
Hospital OP	Ded & Coins	\$300	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$300	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$10
Tier 2: Preferred Generic drugs	\$5	\$5	\$20
Tier 3: NonPreferred Generic drugs	\$10	\$10	Ded & \$60
Tier 4: Preferred Brand drugs	\$20	\$20	Ded & \$250
Tier 5: Non-preferred and high cost	%50 coinsurance	\$250	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$400	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	\$400	Ded & Coins
PT/OT/ST	Ded & Coins	\$55	\$20
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	50% Coins	\$300/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# ILLINOIS INDIVIDUAL FAMILY 2025 OFFERINGS WITH CSR

SILVER	CSR-73 (201-250% FPL)		
	SILVER \$7,000 DED CSR-73	SILVER \$0 DED FLAT RX COPAY CSR-73	SILVER STANDARD EASY PRICING CSR-73
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,000	\$0	\$3,000
Family Deductible	\$14,000	\$0	\$6,000
Coinsurance	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$7,350	\$7,350	\$6,400
Medical Max Out-of-Pocket FAMILY	\$14,700	\$14,700	\$12,800
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$45	\$45	\$40
Mental/Behavioral Health Visit	\$45	\$45	\$40
Office Visit SPECIALTY	\$90	\$90	\$80
Urgent Care	\$90	\$90	\$60
LAB	\$60	\$45	Ded & Coins
XRAY	\$120	\$90	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$900	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	Ded & \$80
Tier 4: Preferred Brand drugs	\$80	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$500	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$90	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# ILLINOIS OFF-EXCHANGE ONLY 2025 OFFERINGS

Off Exchange Direct Only Plans	PLATINUM \$0 DED DIRECT	SILVER \$7,000 DED DIRECT	SILVER \$0 DED FLAT RX COPAYS DIRECT	SILVER STANDARD EASY PRICING DIRECT
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$0	\$7,000	\$0	\$5,000
Family Deductible	\$0	\$14,000	\$0	\$10,000
Coinsurance	20%	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$2,000	\$9,000	\$9,200	\$8,000
Medical Max Out-of-Pocket FAMILY	\$4,000	\$18,000	\$18,400	\$16,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$0	\$40
Office Visit PCP	\$20	\$50	\$50	40
Mental/Behavioral Health Visit	\$20	\$50	\$50	40
Office Visit SPECIALTY	\$45	\$100	\$100	80
LAB	\$20	\$60	\$50	Ded & Coins
XRAY	\$40	\$120	\$100	Ded & Coins
Urgent Care	\$45	\$100	\$100	\$60
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$150	\$1,000	\$1,200	Ded & Coins
Hospital IP	20% Coins	Ded & Coins	\$1500/day	Ded & Coins
Mental/Behavioral Health IP	20% Coins	Ded & Coins	\$1500/day	Ded & Coins
Hospital OP	20% Coins	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	20% Coins	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$5	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$10	\$35	\$35	Ded & 80%
Tier 4: Preferred Brand drugs	\$25	\$150	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	\$100	50%	\$300	-
Tier 6: Specialty drugs	\$200	Ded & 60%	\$600	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
MRI/PET/CAT	20% Coins	Ded & Coins	500	Ded & Coins
PT/OT/ST	20% Coins	Ded & Coins	100	\$40
DME	20% Coins	50% Coins	50% Coins	40% Coins
Skilled Nursing	20% Coins	Ded & Coins	1500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# MINNESOTA INDIVIDUAL FAMILY 2025 OFFERINGS

<b>GOLD</b>	<b>GOLD \$2500 DED</b>	<b>GOLD MAINTENANCE \$500 DED</b>	<b>GOLD EASY COMPARE FLAT RX COPAYS</b>
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
<b>Single Deductible</b>	\$2,500	\$500	\$1,500
<b>Family Deductible</b>	\$5,000	\$1,000	\$3,000
<b>Coinsurance</b>	30%	0%	20%
<b>Medical Max Out-Of-Pocket SINGLE</b>	\$7,000	\$9,000	\$7,800
<b>Medical Max Out-of-Pocket</b>	\$14,000	\$18,000	\$15,600
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
<b>Virtual Visits (PCP/BH/UC)</b>	\$0	\$0	\$30
<b>Office Visit - PCP</b>	\$30	\$35	\$30
<b>Mental/Behavioral Health Visit</b>	\$30	\$35	\$30
<b>Office Visit - SPECIALTY</b>	\$60	\$70	\$60
<b>Urgent Care</b>	\$60	\$70	\$45
<b>LAB</b>	\$30	\$35	Ded & Coins
<b>XRAY</b>	\$60	\$70	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
<b>Emergency Room</b>	\$500	\$500	Ded & Coins
<b>Hospital IP</b>	Ded & Coins	\$2,500/day	Ded & Coins
<b>Mental/Behavioral Health IP</b>	Ded & Coins	\$2,500/day	Ded & Coins
<b>Hospital OP</b>	Ded & Coins	Ded & Coins	Ded & Coins
<b>Mental/Behavioral Health OP</b>	Ded & Coins	Ded & Coins	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
<b>Tier 1: \$0 and preventative drugs</b>	\$0	\$0	\$15
<b>Tier 2: Preferred Generic drugs</b>	\$5	\$5	\$30
<b>Tier 3: NonPreferred Generic drugs</b>	\$10	\$10	\$90
<b>Tier 4: Preferred Brand drugs</b>	\$40	\$40	\$360
<b>Tier 5: Non-preferred and high cost</b>	%50 coinsurance	%50 coinsurance	-
<b>Tier 6: Specialty drugs</b>	Ded & 60% Coinsurance	Ded & 60% Coinsurance	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
<b>MRI/PET/CAT</b>	Ded & Coins	Ded & \$150 copay	Ded & Coins
<b>PT/OT/ST</b>	Ded & Coins	Ded & \$50 copay	\$30
<b>DME</b>	30% Coins	No Charge	25% Coins
<b>Skilled Nursing</b>	Ded & Coins	\$2,500/day	Ded & Coins
<b>Dental</b>	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# MINNESOTA INDIVIDUAL FAMILY 2025 OFFERINGS

SILVER	NON CSR Variants		
	SILVER \$7000 DED	SILVER \$0 DED FLAT RX COPAY	SILVER STANDARD EASY COMPARE
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,000	\$0	\$4,000
Family Deductible	\$14,000	\$0	\$8,000
Coinsurance	50%	50%	30%
Medical Max Out-Of-Pocket SINGLE	\$9,000	\$9,200	\$8,700
Medical Max Out-of-Pocket FAMILY	\$18,000	\$18,400	\$17,400
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$50	\$50	\$40
Mental/Behavioral Health Visit	\$50	\$50	\$40
Office Visit SPECIALTY	\$100	\$100	\$80
Urgent Care	\$100	\$100	\$60
LAB	\$60	\$50	Ded & Coins
XRAY	\$120	\$100	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$1,000	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	\$120
Tier 4: Preferred Brand drugs	\$150	\$150	\$480
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$600	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$100	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# MINNESOTA INDIVIDUAL FAMILY 2025 OFFERINGS

BRONZE	BRONZE \$7250 HSA	BRONZE \$9100 DED FLAT RX COPAY	BRONZE STANDARD EASY COMPARE
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,250	\$9,100	\$7,500
Family Deductible	\$14,500	\$18,200	\$15,000
Coinsurance	0%	0%	50%
Medical Max Out-Of-Pocket SINGLE	\$7,250	\$7,250	\$9,200
Medical Max Out-of-Pocket FAMILY	\$14,500	\$14,500	\$18,400
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	Ded & Coins	\$0	\$50
Office Visit PCP	Ded & Coins	\$75	\$50
Mental/Behavioral Health Visit	Ded & Coins	Ded & Coins	\$50
Office Visit SPECIALTY	Ded & Coins	Ded & Coins	\$100
LAB	Ded & Coins	Ded & Coins	Ded & Coins
XRAY	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care	Ded & Coins	\$75	\$75
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	Ded & Coins	Ded & Coins	Ded & Coins
Hospital IP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	Ded & Coins	Ded & Coins
Hospital OP	Ded & Coins	Ded & Coins	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	Ded & Coins	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	Ded & Coins	\$0	\$25
Tier 2: Preferred Generic drugs	Ded & Coins	\$15	Ded & \$50
Tier 3: NonPreferred Generic drugs	Ded & Coins	\$35	Ded & \$100
Tier 4: Preferred Brand drugs	Ded & Coins	\$200	Ded & \$500
Tier 5: Non-preferred and high cost	Ded & Coins	\$500	-
Tier 6: Specialty drugs	Ded & Coins	\$750	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
MRI/PET/CAT	Ded & Coins	Ded & Coins	Ded & Coins
PT/OT/ST	Ded & Coins	Ded & Coins	\$50
DME	Ded & Coins	50% Coins	50% Coins
Skilled Nursing	Ded & Coins	Ded & Coins	Ded & Coins
Dental	Not Available	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# MINNESOTA INDIVIDUAL FAMILY 2025 OFFERINGS with CSR

SILVER	CSR-73 (201-250% FPL)		
	SILVER \$7,000 DED CSR-73	SILVER \$0 DED FLAT RX COPAY CSR-73	SILVER STANDARD EASY COMPARE CSR-73
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,000	\$0	\$2,400
Family Deductible	\$14,000	\$0	\$4,800
Coinsurance	50%	50%	30%
Medical Max Out-Of-Pocket SINGLE	\$7,350	\$7,350	\$7,000
Medical Max Out-of-Pocket FAMILY	\$14,700	\$14,700	\$14,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$45	\$45	\$40
Mental/Behavioral Health Visit	\$45	\$45	\$40
Office Visit SPECIALTY	\$90	\$90	\$80
Urgent Care	\$90	\$90	\$60
LAB	\$60	\$45	Ded & Coins
XRAY	\$120	\$90	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$900	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	\$120
Tier 4: Preferred Brand drugs	\$80	\$150	\$480
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$500	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$90	\$40
DME	50% Coins	50% Coins	30% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental + Vision	Optional buy-up	Optional buy-up	Optional buy-up

ALL PLANS INCLUDE VISION

# WISCONSIN INDIVIDUAL FAMILY 2025 OFFERINGS

GOLD	GOLD \$2500 DED	GOLD MAINTENANCE \$500 DED	GOLD STANDARD EASY PRICING
<b>PY2024 Plan Name</b>	<b>Gold I401</b>	<b>Gold I402</b>	<b>Gold I410</b>
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
<b>Single Deductible</b>	\$2,500	\$500	\$1,500
<b>Family Deductible</b>	\$5,000	\$1,000	\$3,000
<b>Coinsurance</b>	30%	0%	25%
<b>Medical Max Out-Of-Pocket SINGLE</b>	\$7,000	\$9,000	\$7,800
<b>Medical Max Out-of-Pocket</b>	\$14,000	\$18,000	\$15,600
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
<b>Virtual Visits (PCP/BH/UC)</b>	\$0	\$0	\$30
<b>Office Visit - PCP</b>	\$30	\$35	\$30
<b>Mental/Behavioral Health Visit</b>	\$30	\$35	\$30
<b>Office Visit - SPECIALTY</b>	\$60	\$70	\$60
<b>Urgent Care</b>	\$60	\$70	\$45
<b>LAB</b>	\$30	\$35	Ded & Coins
<b>XRAY</b>	\$60	\$70	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
<b>Emergency Room</b>	\$500	\$500	Ded & Coins
<b>Hospital IP</b>	Ded & Coins	\$2,500/day	Ded & Coins
<b>Mental/Behavioral Health IP</b>	Ded & Coins	\$2,500/day	Ded & Coins
<b>Hospital OP</b>	Ded & Coins	Ded & Coins	Ded & Coins
<b>Mental/Behavioral Health OP</b>	Ded & Coins	Ded & Coins	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug Benefits</b>
<b>Tier 1: \$0 and preventative drugs</b>	\$0	\$0	\$15
<b>Tier 2: Preferred Generic drugs</b>	\$5	\$5	\$30
<b>Tier 3: NonPreferred Generic drugs</b>	\$10	\$10	\$60
<b>Tier 4: Preferred Brand drugs</b>	\$40	\$40	\$250
<b>Tier 5: Non-preferred and high cost</b>	50% coinsurance	%50 coinsurance	-
<b>Tier 6: Specialty drugs</b>	Ded & 60% Coinsurance	Ded & 60% Coinsurance	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
<b>MRI/PET/CAT</b>	Ded & Coins	Ded & 150 copay	Ded & Coins
<b>PT/OT/ST</b>	Ded & Coins	Ded & \$50 copay	\$30
<b>DME</b>	30% Coins	No Charge	25% Coins
<b>Skilled Nursing</b>	Ded & Coins	\$2,500/day	Ded & Coins
<b>Dental + Vision</b>	Optional buy-up	Optional buy-up	Optional buy-up

# WISCONSIN INDIVIDUAL FAMILY 2025 OFFERINGS

SILVER	NON CSR Variants		
	SILVER \$7000 DED	SILVER \$0 DED	SILVER STANDARD EASY PRICING
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,000	\$0	\$5,000
Family Deductible	\$14,000	\$0	\$10,000
Coinsurance	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$9,000	\$9,200	\$8,000
Medical Max Out-of-Pocket FAMILY	\$18,000	\$18,400	\$16,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$50	\$50	\$40
Mental/Behavioral Health Visit	\$50	\$50	\$40
Office Visit SPECIALTY	\$100	\$100	\$80
Urgent Care	\$100	\$100	\$60
LAB	\$60	\$50	Ded & Coins
XRAY	\$120	\$100	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$1,000	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug Benefits</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	Ded & \$80
Tier 4: Preferred Brand drugs	\$150	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$600	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$100	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental + Vision	Optional buy-up	Optional buy-up	Optional buy-up

# WISCONSIN INDIVIDUAL FAMILY 2025 OFFERINGS

BRONZE	BRONZE \$7250 HSA	*BRONZE \$0 MEDICAL DED	BRONZE STANDARD "EASY PRICING"
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,250	\$0	\$7,500
Family Deductible	\$14,500	\$0	\$15,000
Coinsurance	0%	50%	50%
Medical Max Out-Of-Pocket SINGLE	\$7,250	\$9,200	\$9,200
Medical Max Out-of-Pocket FAMILY	\$14,500	\$18,400	\$18,400
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	Ded & Coins	\$0	\$50
Office Visit PCP	Ded & Coins	\$75	\$50
Mental/Behavioral Health Visit	Ded & Coins	\$75	\$50
Office Visit SPECIALTY	Ded & Coins	\$155	\$100
LAB	Ded & Coins	\$75	Ded & Coins
XRAY	Ded & Coins	\$155	Ded & Coins
Urgent Care	Ded & Coins	\$155	\$75
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	Ded & Coins	\$1,500	Ded & Coins
Hospital IP	Ded & Coins	\$3,000/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$3,000/day	Ded & Coins
Hospital OP	Ded & Coins	\$2,000	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$2,000	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug Benefits</b>
Tier 1: \$0 and preventative drugs	Ded & Coins	\$0	\$25
Tier 2: Preferred Generic drugs	Ded & Coins	\$15	Ded & \$50
Tier 3: NonPreferred Generic drugs	Ded & Coins	\$35	Ded & \$100
Tier 4: Preferred Brand drugs	Ded & Coins	\$180	Ded & \$500
Tier 5: Non-preferred and high cost	Ded & Coins	Ded & 50%	-
Tier 6: Specialty drugs	Ded & Coins	Ded & 50%	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	Ded & Coins	1000	Ded & Coins
PT/OT/ST	Ded & Coins	\$155	\$50
DME	Ded & Coins	50% Coins	50% Coins
Skilled Nursing	Ded & Coins	\$3,000/day	Ded & Coins
Dental + Vision	Not Available	Optional buy-up	Optional buy-up

\* BRONZE \$0 MEDICAL DED \$0 plan has a \$1,750 pharmacy deductible on T5 and T6

# WISCONSIN INDIVIDUAL FAMILY 2025 OFFERINGS with CSR

SILVER	CSR-73 (201-250% FPL)		
	SILVER \$7,000 DED CSR-73	SILVER \$0 DED Flat Rx Copays CSR-73	SILVER STANDARD EASY PRICING CSR-73
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$7,000	\$0	\$3,000
Family Deductible	\$14,000	\$0	\$6,000
Coinsurance	50%	50%	40%
Medical Max Out-Of-Pocket SINGLE	\$7,350	\$7,350	\$6,400
Medical Max Out-of-Pocket FAMILY	\$14,700	\$14,700	\$12,800
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$40
Office Visit PCP	\$45	\$45	\$40
Mental/Behavioral Health Visit	\$45	\$45	\$40
Office Visit SPECIALTY	\$90	\$90	\$80
Urgent Care	\$90	\$90	\$60
LAB	\$60	\$45	Ded & Coins
XRAY	\$120	\$90	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$900	\$1,200	Ded & Coins
Hospital IP	Ded & Coins	\$1,500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$1,500/day	Ded & Coins
Hospital OP	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug Benefits</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	\$35	Ded & \$80
Tier 4: Preferred Brand drugs	\$80	\$150	Ded & \$350
Tier 5: Non-preferred and high cost	%50 coinsurance	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$500	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
MRI/PET/CAT	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	Ded & Coins	\$90	\$40
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	\$1,500/day	Ded & Coins
Dental + Vision	Optional buy-up	Optional buy-up	Optional buy-up

# WISCONSIN INDIVIDUAL FAMILY 2025 OFFERINGS with CSR

SILVER	CSR-87 (151-200% FPL)		
	SILVER \$7,000 DED CSR-87	SILVER \$0 DED Flat Rx Copays CSR-87	SILVER STANDARD EASY PRICING CSR-87
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$1,500	\$0	\$500
Family Deductible	\$3,000	\$0	\$1,000
Coinsurance	50%	50%	30%
Medical Max Out-Of-Pocket SINGLE	\$3,000	\$3,000	\$3,000
Medical Max Out-of-Pocket FAMILY	\$6,000	\$6,000	\$6,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$20
Office Visit PCP	\$20	\$25	\$20
Mental/Behavioral Health Visit	\$20	\$25	\$20
Office Visit SPECIALTY	\$50	\$55	\$40
Urgent Care	\$20	\$55	\$30
LAB	\$25	\$25	Ded & Coins
XRAY	\$50	\$55	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$100	\$250	Ded & Coins
Hospital IP	Ded & Coins	\$300/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	\$300/day	Ded & Coins
Hospital OP	Ded & Coins	\$300	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	\$300	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug Benefits</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$10
Tier 2: Preferred Generic drugs	\$5	\$5	\$20
Tier 3: NonPreferred Generic drugs	\$10	\$10	Ded & \$60
Tier 4: Preferred Brand drugs	\$20	\$20	Ded & \$250
Tier 5: Non-preferred and high cost	%50 coinsurance	\$250	-
Tier 6: Specialty drugs	Ded & 60% Coinsurance	\$400	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
MRI/PET/CAT	Ded & Coins	\$400	Ded & Coins
PT/OT/ST	Ded & Coins	\$55	\$20
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	50% Coins	\$300/day	Ded & Coins
Dental + Vision	Optional buy-up	Optional buy-up	Optional buy-up

# WISCONSIN INDIVIDUAL FAMILY 2025 OFFERINGS with CSR

SILVER	CSR-94 (up to 150% FPL)		
	SILVER \$7,000 DED CSR-94	SILVER \$0 DED Flat Rx Copays CSR-94	SILVER STANDARD EASY PRICING CSR-94
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$0	\$0	\$0
Family Deductible	\$0	\$0	\$0
Coinsurance	50%	50%	25%
Medical Max Out-Of-Pocket SINGLE	\$1,400	\$1,250	\$2,000
Medical Max Out-of-Pocket FAMILY	\$2,800	\$2,500	\$4,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	\$0	\$0
Office Visit PCP	\$5	\$0	\$0
Mental/Behavioral Health Visit	\$5	\$0	\$0
Office Visit SPECIALTY	\$10	\$10	\$10
Urgent Care	\$10	\$10	\$5
LAB	\$5	\$10	Ded & Coins
XRAY	\$10	\$10	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	\$50	\$50	Ded & Coins
Hospital IP	Coins	\$125/day	Ded & Coins
Mental/Behavioral Health IP	Coins	\$125/day	Ded & Coins
Hospital OP	50% Coins	\$100	Ded & Coins
Mental/Behavioral Health OP	50% Coins	\$100	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug Benefits</b>
Tier 1: \$0 and preventative drugs	\$0	\$0	\$0
Tier 2: Preferred Generic drugs	\$0	\$0	\$15
Tier 3: NonPreferred Generic drugs	\$5	\$5	\$50
Tier 4: Preferred Brand drugs	\$15	\$15	\$150
Tier 5: Non-preferred and high cost	50%	\$100	-
Tier 6: Specialty drugs	60%	\$200	-
<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>	<b>Other Benefits/Services</b>
MRI/PET/CAT	50% Coins	\$100	Ded & Coins
PT/OT/ST	50% Coins	\$10	\$0
DME	50% Coins	50% Coins	40% Coins
Skilled Nursing	\$1,500/day	\$125/day	Ded & Coins
Dental + Vision	Optional buy-up	Optional buy-up	Optional buy-up

# WISCONSIN OFF-EXCHANGE ONLY 2025 OFFERINGS

Off Exchange Direct Only Plans	PLATINUM \$0 DED DIRECT	GOLD \$1000 DED DIRECT	BRONZE \$9100 DED DIRECT	BRONZE \$3000 DED DIRECT
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
<b>Single Deductible</b>	\$0	\$1,000	\$9,100	\$3,000
<b>Family Deductible</b>	\$0	\$2,000	\$18,200	\$6,000
<b>Coinsurance</b>	20%	40%	50%	50%
<b>Medical Max Out-Of-Pocket SINGLE</b>	\$2,000	\$8,500	\$9,200	\$9,000
<b>Medical Max Out-of-Pocket FAMILY</b>	\$4,000	\$17,000	\$18,400	\$18,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
<b>Virtual Visits (PCP/BH/UC)</b>	\$0	\$0	\$0	\$0
<b>Office Visit PCP</b>	\$20	15	75	75
<b>Mental/Behavioral Health Visit</b>	\$20	15	75	75
<b>Office Visit SPECIALTY</b>	\$45	90	Ded & Coins	150
<b>LAB</b>	\$20	30	Ded & Coins	75
<b>XRAY</b>	\$40	90	Ded & Coins	150
<b>Urgent Care</b>	\$45	\$90	Ded & Coins	\$150
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
<b>Emergency Room</b>	\$150	500	Ded & Coins	Ded & Coins
<b>Hospital IP</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>Mental/Behavioral Health IP</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>Hospital OP</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>Mental/Behavioral Health OP</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>
<b>Tier 1: \$0 and preventative drugs</b>	\$0	\$0	\$0	\$0
<b>Tier 2: Preferred Generic drugs</b>	\$5	\$0	\$15	\$15
<b>Tier 3: NonPreferred Generic drugs</b>	\$10	\$10	\$35	\$35
<b>Tier 4: Preferred Brand drugs</b>	\$25	\$45	\$200	\$160
<b>Tier 5: Non-preferred and high cost Generic</b>	50% Coins	50% Coins	Ded & 50% Coins	Ded & 70% Coins
<b>Tier 6: Specialty drugs</b>	60% Coins	Ded & 60% Coins	Ded & 60% Coins	60% Coins
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
<b>MRI/PET/CAT</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>PT/OT/ST</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>DME</b>	20% Coins	40% Coins	50% Coins	50% Coins
<b>Skilled Nursing</b>	20% Coins	Ded & Coins	Ded & Coins	Ded & Coins
<b>Dental + Vision</b>	Optional buy-up	Optional buy-up	Optional buy-up	Optional buy-up

## WISCONSIN OFF-EXCHANGE ONLY 2025 OFFERINGS

Off Exchange Direct Only Plans	SILVER \$2500 MEDICAL DED DIRECT (\$2500 pharmacy deductible)	SILVER \$5500 HSA DIRECT	SILVER \$7,000 DED DIRECT	SILVER \$0 DED FLAT RX COPAYS	SILVER STANDARD EASY
				DIRECT	PRICING DIRECT
<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>	<b>OOP Costs</b>
Single Deductible	\$2,500	\$5,500	\$7,000	\$0	\$5,000
Family Deductible	\$5,000	\$11,000	\$14,000	\$0	\$10,000
Coinsurance	50%	0%	50%	50%	40%
Medical Max Out-of-Pocket SINGLE	\$9,200	\$5,500	\$9,000	\$9,200	\$8,000
Medical Max Out-of-Pocket FAMILY	\$18,400	\$11,000	\$18,000	\$18,400	\$16,000
<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>	<b>Office Visits</b>
Virtual Visits (PCP/BH/UC)	\$0	Ded & Coins	\$0	\$0	\$40
Office Visit PCP	\$20	Ded & Coins	\$50	\$50	\$40
Mental/Behavioral Health Visit	\$20	Ded & Coins	\$50	\$50	\$40
Office Visit SPECIALTY	\$100	Ded & Coins	\$100	\$100	\$80
LAB	\$40	Ded & Coins	\$60	\$50	Ded & Coins
XRAY	\$100	Ded & Coins	\$120	\$100	Ded & Coins
Urgent Care	\$100	Ded & Coins	\$100	\$100	\$60
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Emergency Room	1250	Ded & Coins	1000	1200	Ded & Coins
Hospital IP	Ded & Coins	Ded & Coins	Ded & Coins	\$1500/day	Ded & Coins
Mental/Behavioral Health IP	Ded & Coins	Ded & Coins	Ded & Coins	\$1500/day	Ded & Coins
Hospital OP	Ded & Coins	Ded & Coins	Ded & Coins	\$400	Ded & Coins
Mental/Behavioral Health OP	Ded & Coins	Ded & Coins	Ded & Coins	\$400	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>
Tier 1: \$0 and preventative drugs	\$0	Ded & Coins	\$0	\$0	\$20
Tier 2: Preferred Generic drugs	\$0	Ded & Coins	\$10	\$10	\$40
Tier 3: NonPreferred Generic drugs	\$35	Ded & Coins	\$35	\$35	Ded & 80%
Tier 4: Preferred Brand drugs	\$150	Ded & Coins	\$150	\$150	Ded & \$350
Tier 5: Non-preferred and high cost Generic	Ded & 50% Coins	Ded & Coins	50% Coins	\$300	-
Tier 6: Specialty drugs	Ded & 60% Coins	Ded & Coins	Ded & 60%	\$600	-
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
MRI/PET/CAT	Ded & Coins	Ded & Coins	Ded & Coins	\$500	Ded & Coins
PT/OT/ST	100	Ded & Coins	Ded & Coins	\$100	\$40
DME	50% Coins	Ded & Coins	50% Coins	50% Coins	40% Coins
Skilled Nursing	Ded & Coins	Ded & Coins	Ded & Coins	1500/day	Ded & Coins
Dental + Vision	Optional buy-up	Not Available	Optional buy-up	Optional buy-up	Optional buy-up

# ALL STATES CATASTROPHIC (all members 30 or younger)

CATASTROPHIC	CATASTROPHIC \$9200
<b>OOP Costs</b>	<b>OOP Costs</b>
<b>Single Deductible</b>	\$9,200
<b>Family Deductible</b>	\$18,400
<b>Coinsurance</b>	0%
<b>Medical Max Out-Of-Pocket SINGLE</b>	\$9,200
<b>Medical Max Out-of-Pocket</b>	\$18,400
<b>Office Visits</b>	<b>Office Visits</b>
<b>Virtual Visits (PCP/BH/UC)</b>	Ded & Coins
<b>Office Visit PCP</b>	Ded & Coins
<b>Office Visit SPECIALTY</b>	Ded & Coins
<b>LAB</b>	Ded & Coins
<b>XRAY</b>	Ded & Coins
<b>Urgent Care</b>	Ded & Coins
<b>Hospital Services</b>	<b>Hospital Services</b>
<b>Emergency Room</b>	Ded & Coins
<b>Hospital IP</b>	Ded & Coins
<b>Mental/Behavioral Health IP</b>	Ded & Coins
<b>Hospital OP</b>	Ded & Coins
<b>Mental/Behavioral Health OP</b>	Ded & Coins
<b>Prescription Drug Benefits</b>	<b>Prescription Drug</b>
<b>Pharmacy</b>	Ded & Coins
<b>Other Benefis/Services</b>	<b>Other Benefis/Services</b>
<b>MRI/PET/CAT</b>	Ded & Coins
<b>PT/OT/ST</b>	Ded & Coins
<b>DME</b>	Ded & Coins
<b>Skilled Nursing</b>	Ded & Coins
<b>Dental</b>	Not Available

IL and MN PLANS INCLUDE VISION, WI does not include vision