

ASPIRUS ARISE

Individual Plan Summaries

Silver Cost Sharing Reduction Eligible Plans



| Health Maintenance Organization (HMO) Plans | | You Pay | | | | | | | | | |
|---|------------------------|-------------|--------------------------------------|---------------|---------------------|-----------|-----------------|----------------|----------------------------|--------------------|-----------------|
| Cost Sharing Reduction (CSR) Type | Individual Deductible* | Coinsurance | Individual Annual Max Out of Pocket* | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization |
| Silver | \$7,000 | 0% | \$7,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR Zero | \$0 | 0% | \$0 | No charge | | | | | | | |
| CSR Limited | \$7,000 | 0% | \$7,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 73 | \$3,000 | 0% | \$5,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 87 | \$400 | 0% | \$1,400 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 94 | \$0 | 0% | \$400 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| Silver | \$4,500 | 30% | \$7,150 | No charge | \$10 | \$30 | \$60 | \$250 | 30% after deductible | | |
| CSR Zero | \$0 | 0% | \$0 | No charge | | | | | | | |
| CSR Limited | \$4,500 | 30% | \$7,150 | No charge | \$10 | \$30 | \$60 | \$250 | 30% after deductible | | |
| CSR 73 | \$3,000 | 0% | \$5,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 87 | \$400 | 0% | \$1,400 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 94 | \$0 | 0% | \$400 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |

Prescription Drugs: Preventive and Preferred Generics: \$0—Non-Preferred Generics: \$20—Preferred Brand: \$50—Non-Preferred Brand: \$75—Specialty Drugs: 50% to \$1,000 (to \$400 for CSR 94 plans) ; No charge for CSR Zero

| Health Maintenance Organization (HMO) High-Deductible Health Plans | | You Pay | | | | | | | | | | |
|--|------------------------|-------------|--------------------------------------|----------------------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|-----------------|--------------------|
| Cost Sharing Reduction (CSR) Type | Individual Deductible* | Coinsurance | Individual Annual Max Out of Pocket* | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization | Prescription Drugs |
| Standard | \$2,700 | 20% | \$6,550 | 20% after deductible | | | | | | | | |
| CSR Zero | \$0 | 0% | \$0 | No charge | | | | | | | | |
| CSR Limited | \$2,700 | 20% | \$6,550 | 20% after deductible | | | | | | | | |
| CSR 73 | \$2,000 | 20% | \$4,200 | 20% after deductible | | | | | | | | |
| CSR 87 | \$1,350 | 0% | \$1,350 | No charge after deductible | | | | | | | | |
| CSR 94 | \$450 | 0% | \$450 | No charge after deductible | | | | | | | | |
| Silver | \$4,000 | 0% | \$4,000 | No charge after deductible | | | | | | | | |
| CSR Zero | \$0 | 0% | \$0 | No charge | | | | | | | | |
| CSR Limited | \$4,000 | 0% | \$4,000 | No charge after deductible | | | | | | | | |
| CSR 73 | \$3,250 | 0% | \$3,250 | No charge after deductible | | | | | | | | |
| CSR 87 | \$1,350 | 0% | \$1,350 | No charge after deductible | | | | | | | | |
| CSR 94 | \$450 | 0% | \$450 | No charge after deductible | | | | | | | | |

Prescription Drugs: Preventive: \$0

| Health Maintenance Organization (HMO) Standard Plans | | You Pay | | | | | | | | | | |
|--|------------------------|-------------|--------------------------------------|---------------|-----------|-------------|-----------------|----------------|----------------------|--------------------|-----------------|---|
| Cost Sharing Reduction (CSR) Type | Individual Deductible* | Coinsurance | Individual Annual Max Out of Pocket* | Mental Health | PCP Visit | Urgent Care | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization | Prescription Drugs (Preventive/Generic/Pref. Brand/Non-Pref. Brand/Specialty) |
| Silver Standard | \$3,500 | 20% | \$7,150 | \$30 | \$30 | \$75 | \$65 | \$400 | 20% after deductible | | | \$0/\$15/\$50/\$100/40% |
| CSR Zero | \$0 | 0% | \$0 | No charge | | | | | | | | |
| CSR Limited | \$3,500 | 20% | \$7,150 | \$30 | \$30 | \$75 | \$65 | \$400 | 20% after deductible | | | \$0/\$15/\$50/\$100/40% |
| CSR 73 | \$3,000 | 20% | \$5,700 | \$30 | \$30 | \$75 | \$65 | \$300 | 20% after deductible | | | \$0/\$15/\$50/\$100/40% |
| CSR 87 | \$700 | 20% | \$2,000 | \$10 | \$10 | \$40 | \$25 | \$150 | 20% after deductible | | | \$0/\$5/\$25/\$50/30% |
| CSR 94 | \$250 | 5% | \$1,250 | \$5 | \$5 | \$25 | \$15 | \$100 | 5% after deductible | | | \$0/\$3/\$5/\$10/25% |

ASPIRUS ARISE

Individual Plan Summaries

Silver Cost Sharing Reduction Eligible Plans



| Point-of-Service (POS) Plans | | You Pay | | | | | | | | | | | | |
|-----------------------------------|------------------------------------|----------------|-------------|----------------|--|----------------|--|---------------------|-----------|-----------------|----------------|----------------------------|--------------------|-----------------|
| Cost Sharing Reduction (CSR) Type | Individual Deductible ⁸ | | Coinsurance | | Individual Annual Max Out of Pocket ⁷ | | At Participating Providers ¹¹ | | | | | | | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization |
| Silver | \$7,000 | \$14,000 | 0% | 30% | \$7,000 | 20,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR Zero | \$0 | \$0 | 0% | 0% | \$0 | \$0 | No charge | | | | | | | |
| CSR Limited | \$7,000 | \$14,000 | 0% | 30% | \$7,000 | 20,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 73 | \$3,000 | \$14,000 | 0% | 30% | \$5,000 | 20,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 87 | \$400 | \$14,000 | 0% | 30% | \$1,400 | 20,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 94 | \$0 | \$14,000 | 0% | 30% | \$400 | \$20,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| Silver | \$4,500 | \$9,000 | 30% | 50% | \$7,150 | \$19,000 | No charge | \$10 | \$30 | \$60 | \$250 | 30% after deductible | | |
| CSR Zero | \$0 | \$0 | 0% | 0% | \$0 | \$0 | No charge | | | | | | | |
| CSR Limited | \$4,500 | \$9,000 | 30% | 50% | \$7,150 | \$19,000 | No charge | \$10 | \$30 | \$60 | \$250 | 30% after deductible | | |
| CSR 73 | \$3,000 | \$9,000 | 0% | 50% | \$5,000 | \$19,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 87 | \$400 | \$9,000 | 0% | 50% | \$1,400 | \$19,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |
| CSR 94 | \$0 | \$9,000 | 0% | 50% | \$400 | \$19,000 | No charge | \$10 | \$30 | \$60 | \$250 | No charge after deductible | | |

Prescription Drugs: Preventive and Preferred Generics: \$0—Non-Preferred Generics: \$20—Preferred Brand: \$50—Non-Preferred Brand: \$75—Specialty Drugs: 50% to \$1,000 (to \$400 for CSR 94 plans); No charge for CSR Zero

| Point-of-Service (POS) High-Deductible Health Plans | | You Pay | | | | | | | | | | | | | |
|---|------------------------------------|----------------|-------------|----------------|--|----------------|--|---------------------|-----------|-----------------|----------------|----------------------|--------------------|-----------------|--------------------|
| Cost Sharing Reduction (CSR) Type | Individual Deductible ⁸ | | Coinsurance | | Individual Annual Max Out of Pocket ⁷ | | At Participating Providers ¹¹ | | | | | | | | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization | Prescription Drugs |
| Silver | \$2,700 | \$5,400 | 20% | 50% | \$6,550 | \$15,400 | 20% after deductible | | | | | | | | |
| CSR Zero ¹² | \$0 | \$0 | 0% | 0% | \$0 | \$0 | No charge | | | | | | | | |
| CSR Limited | \$2,700 | \$5,400 | 20% | 50% | \$6,550 | \$15,400 | 20% after deductible | | | | | | | | |
| CSR 73 | \$2,000 | \$5,400 | 20% | 50% | \$4,200 | \$15,400 | 20% after deductible | | | | | | | | |
| CSR 87 ¹³ | \$1,350 | \$5,400 | 0% | 50% | \$1,350 | \$15,400 | No charge after deductible | | | | | | | | |
| CSR 94 ¹⁴ | \$450 | \$5,400 | 0% | 50% | \$450 | \$15,400 | No charge after deductible | | | | | | | | |

Prescription Drugs: Preventive: \$0

⁷Family deductibles and out-of-pocket limits are 2x the individual amounts.

⁸Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance. Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

¹²CSR Zero not eligible for use with a Health Savings Account (HSA).

¹³CSR 87 not eligible for use with a Health Savings Account when more than one person is on the plan.

¹⁴CSR 94 not eligible for use with a Health Savings Account (HSA).