

Individual EPO Plans Benefit Summary 2025

Benefit Plan	Deductible		Annual Maximum Out-of-Pocket <small>(includes all deductibles, co-pays and co-insurance)</small>		Co-insurance	Office Visit			Pediatric Dental ¹	Emergency Room	Urgent Care	Pharmacy Services				
	Per Covered Person	Per Family	Per Covered Person	Per Family		Primary Care Physician	Specialty Care Physician	Preventive Services				Deductible	Generic (most), Tier 1	Preferred Brand, Tier 2	Other Brand/ Non-Formulary, Tier 3	Brand/ Non-Formulary, Tier 4
Bronze																
Bronze Preferred \$9,200 Deductible	\$9,200	\$18,400	\$9,200	\$18,400	0%	0%	0%	No Cost to You	0%	0%	0%	Medical Deductible (Tier 1-4)	0%	0%	0%	0%
Bronze Expanded Standard \$7,500 Deductible	\$7,500	\$15,000	\$9,200	\$18,400	50%	\$50	\$100	No Cost to You	50%	50%	\$75	Medical Deductible (Tier 2-4)	\$25	\$50	\$100	\$500
Silver																
Silver Connect 9 \$6,000 Deductible	\$6,000	\$12,000	\$7,000	\$14,000	30%	\$40	\$75	No Cost to You	30%	\$200 Co-pay after Deductible	\$100	Medical Deductible (Tier 3-4)	\$25	\$60	30%	30%
Silver Connect 9.4 (73% CSR) \$5,000 Deductible	\$5,000	\$10,000	\$6,250	\$12,500	30%	\$20	\$45	No Cost to You	30%	\$150 Co-pay after Deductible	\$75	Medical Deductible (Tier 3-4)	\$20	\$45	30%	30%
Silver Connect 9.5 (87% CSR) \$1,300 Deductible	\$1,300	\$2,600	\$2,500	\$5,000	30%	\$10	\$30	No Cost to You	30%	\$100 Co-pay after Deductible	\$50	Medical Deductible (Tier 3-4)	\$0	\$25	30%	30%
Silver Connect 9.6 (94% CSR) \$200 Deductible	\$200	\$400	\$1,000	\$2,000	30%	\$5	\$20	No Cost to You	30%	\$75 Co-pay after Deductible	\$25	Medical Deductible (Tier 3-4)	\$0	\$25	30%	30%
Silver Preferred \$3,500 Deductible	\$3,500	\$7,000	\$7,900	\$15,800	50%	\$35	50%	No Cost to You	50%	50%	50%	Medical Deductible (Tier 2-4)	\$0	50%	50%	50%
Silver Preferred (73% CSR) \$3,500 Deductible	\$3,500	\$7,000	\$6,000	\$12,000	50%	\$35	50%	No Cost to You	50%	50%	50%	Medical Deductible (Tier 2-4)	\$0	50%	50%	50%
Silver Preferred (87% CSR) \$500 Deductible	\$500	\$1,000	\$2,750	\$5,500	40%	\$20	40%	No Cost to You	40%	40%	40%	Medical Deductible (Tier 2-4)	\$0	40%	40%	40%
Silver Preferred (94% CSR) \$0 Deductible	\$0	\$0	\$1,500	\$3,000	20%	\$5	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 2-4)	\$0	20%	20%	20%
Silver Standard \$5,000 Deductible	\$5,000	\$10,000	\$8,000	\$16,000	40%	\$40	\$80	No Cost to You	40%	40%	\$60	Medical Deductible (Tier 3-4)	\$20	\$40	\$80	\$350
Silver Standard (73% CSR) \$3,000 Deductible	\$3,000	\$6,000	\$6,400	\$12,800	40%	\$40	\$80	No Cost to You	40%	40%	\$60	Medical Deductible (Tier 3-4)	\$20	\$40	\$80	\$350
Silver Standard (87% CSR) \$500 Deductible	\$500	\$1,000	\$3,000	\$6,000	30%	\$20	\$40	No Cost to You	30%	30%	\$30	Medical Deductible (Tier 3-4)	\$10	\$20	\$60	\$250
Silver Standard (94% CSR) \$0 Deductible	\$0	\$0	\$2,000	\$4,000	25%	\$0	\$10	No Cost to You	25%	25%	\$5	\$0	\$0	\$15	\$50	\$150
Gold																
Gold Preferred \$500 Deductible	\$500	\$1,000	\$7,500	\$15,000	40%	\$25	40%	No Cost to You	40%	37%	40%	Medical Deductible (Tier 2-4)	\$0	40%	40%	40%
Gold Standard \$1,500 Deductible	\$1,500	\$3,000	\$7,800	\$15,600	25%	\$30	\$60	No Cost to You	25%	25%	\$45	\$0	\$15	\$30	\$60	\$250

The benefit details are a summary for informational and comparison purposes only. Please review the Individual Health Plan EPO Policy for a detailed description of benefits, co-pays, co-insurance, deductibles, limitations and exclusions.
The summary of benefits is based on in-network providers, and member cost shares may be more for services received from an out-of-network provider.
Percentages demonstrate member's responsibility (after deductible is met).
*D&C is used as an abbreviation for Deductible and Co-insurance.
¹Dependent children through age 18.