Affordable coverage for individuals and families | Effective Jan. 1, 2024

Individual Plan Summary

Bronze Plan available in Oconto County

Preferred Provider Organization (PPO) Standard Plan			You Pay														
Metal Tier	HIOS ID ¹	Individual Deductible ²		Coinsurance		Individual Annual Max Out of Pocket ²		Number of Free	At Preferred Providers ³								Drug Plan
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	DCD	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital	
Bronze	81974WI1880030-00	\$9,450	\$18,900	0%	30%	\$9,450	\$24,900	-	No charge after deductible								Plan 1
Plan 1: Preven	Plan 1: Preventive ⁴ : \$0; All others: deductible and coinsurance																

¹wpshealth.com/resources/sbc

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

³Preferred providers are in this plan's network. All other providers are out of network. Services performed out of network are subject to the out-of-network deductible and coinsurance. See policy for details.

⁴Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

This plan has an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits for that individual. Additionally, these plans feature an embedded out-ofpocket limit where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits, for that individual. Deductibles and out-of-pocket maximums apply annually.

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