

Pharmacy Benefit Schedule

Community Health Choice

| | |
|-------------------------------|------------------------------|
| Benefit Effective Date | Benefit Type |
| January 1, 2022 | Health Insurance Marketplace |

| | |
|---------|---|
| Tier 1: | Generic and lower cost brand products |
| Tier 2: | Preferred brand and higher cost generics |
| Tier 3: | Non-preferred brand (could include both brand and generic products) |

| Group | Retail In-Network Pharmacy 1-30 Days' Supply | | | Retail In-Network Pharmacy 90 Days' Supply | | |
|---|---|-----------------------------|------------------------------|---|------------------------------|------------------------------|
| | Tier 1 | Tier 2 | Tier 3 | Tier 1 | Tier 2 | Tier 3 |
| HMO Bronze 003 Off Exchange | \$16 All Tier 1 bypass deductible | \$70 After deductible | \$120 After deductible | \$48 All Tier 1 bypass deductible | \$210 After deductible | \$360 After deductible |
| HMO Bronze 003 | \$16 All Tier 1 bypass deductible | \$70 After deductible | \$120 After deductible | \$48 All Tier 1 bypass deductible | \$210 After deductible | \$360 After deductible |
| HMO Bronze 003 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Bronze 003 Limited Cost Sharing Plan Variation | \$16 All Tier 1 bypass deductible | \$70 After deductible | \$120 After deductible | \$48 All Tier 1 bypass deductible | \$210 After deductible | \$360 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Silver 004 Off Exchange | \$10 All Tier 1 bypass deductible | \$70 After deductible | \$110 After deductible | \$30 All Tier 1 bypass deductible | \$210 After deductible | \$330 After deductible |
| HMO Silver 004 | \$10 All Tier 1 bypass deductible | \$70 After deductible | \$110 After deductible | \$30 All Tier 1 bypass deductible | \$210 After deductible | \$330 After deductible |
| HMO Silver 004 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| Group | Retail In-Network Pharmacy 1-30 Days' Supply | | | Retail In-Network Pharmacy 90 Days' Supply | | |
|--|---|----------------------------------|----------------------------------|---|----------------------------------|----------------------------------|
| | Tier 1 | Tier 2 | Tier 3 | Tier 1 | Tier 2 | Tier 3 |
| HMO Silver 004 Limited Cost Sharing Plan Variation | \$10 All Tier 1 bypass deductible | \$70 After deductible | \$110 After deductible | \$30 All Tier 1 bypass deductible | \$210 After deductible | \$330 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Silver 004 94 | \$5 | \$20 | \$40 | \$15 | \$60 | \$120 |
| HMO Silver 004 87 | \$10 | \$50 | \$85 | \$30 | \$150 | \$255 |
| HMO Silver 004 73 | \$10 All Tier 1 bypass deductible | \$60 After deductible | \$100 After deductible | \$30 All Tier 1 bypass deductible | \$180 After deductible | \$300 After deductible |
| HMO Gold HSA 14 Off Exchange | \$5 After deductible | \$80 After deductible | \$100 After deductible | \$15 After Deductible | \$240 After deductible | \$300 After deductible |
| HMO Gold 001 Off Exchange | \$20 | \$40 | \$80 | \$60 | \$120 | \$240 |
| HMO Gold 005 Off Exchange | \$10 All Tier 1 bypass deductible | \$50 After deductible | \$75 After deductible | \$30 All Tier 1 bypass deductible | \$150 After deductible | \$225 After deductible |
| HMO Gold 005 | \$10 All Tier 1 bypass deductible | \$50 After deductible | \$75 After deductible | \$30 All Tier 1 bypass deductible | \$150 After deductible | \$225 After deductible |
| HMO Gold 005 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Gold 005 Limited Cost Sharing Plan Variation | \$10 All Tier 1 bypass deductible | \$50 After deductible | \$75 After deductible | \$30 All Tier 1 bypass deductible | \$150 After deductible | \$225 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Bronze 008 High Deductible Health Plan Off Exchange | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| HMO Bronze 008 High Deductible Health Plan | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |

| Group | Retail In-Network Pharmacy 1-30 Days' Supply | | | Retail In-Network Pharmacy 90 Days' Supply | | |
|--|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | Tier 1 | Tier 2 | Tier 3 | Tier 1 | Tier 2 | Tier 3 |
| HMO Bronze 008 Zero Cost Sharing Plan Variation | No charge | No charge | No charge | No charge | No charge | No charge |
| HMO Bronze 008 Limited Cost Sharing Plan Variation | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Bronze 10 Off Exchange | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| HMO Bronze 10 | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| HMO Bronze 10 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Bronze 10 Limited Cost Sharing Plan Variation | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Bronze 11 Off Exchange | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| HMO Bronze 11 | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| HMO Bronze 11 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Bronze 11 Limited Cost Sharing Plan Variation | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Silver 12 Off Exchange | \$10 All Tier 1 bypass deductible | \$80 After deductible | \$120 After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | \$360 After deductible |
| HMO Silver 12 | \$10 All Tier 1 bypass deductible | \$80 After deductible | \$120 After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | \$360 After deductible |

| | Retail In-Network Pharmacy 1-30 Days' Supply | | | Retail In-Network Pharmacy 90 Days' Supply | | |
|--|---|-----------------------------|------------------------------|---|------------------------------|------------------------------|
| Group | Tier 1 | Tier 2 | Tier 3 | Tier 1 | Tier 2 | Tier 3 |
| HMO Silver 12 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Silver 12 Limited Cost Sharing Plan Variation | \$10 All Tier 1 bypass deductible | \$80 After deductible | \$120 After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | \$360 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Silver 12 73 | \$10 All Tier 1 bypass deductible | \$80 After deductible | \$120 After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | \$360 After deductible |
| HMO Silver 12 87 | \$5 All Tier 1 bypass deductible | \$70 After deductible | \$100 After deductible | \$15 All Tier 1 bypass deductible | \$210 After deductible | \$300 After deductible |
| HMO Silver 12 94 | \$5 All Tier 1 bypass deductible | \$20 | \$40 | \$15 | \$60 | \$120 |
| HMO Silver 13 Off Exchange | \$10 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible | \$30 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible |
| HMO Silver 13 | \$10 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible | \$30 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible |
| HMO Silver 13 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Silver 13 Limited Cost Sharing Plan Variation | \$10 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible | \$30 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Silver 13 73 | \$5 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible | \$15 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible |

| Group | Retail In-Network Pharmacy 1-30 Days' Supply | | | Retail In-Network Pharmacy 90 Days' Supply | | |
|---|---|-----------------------------|----------------------------|---|------------------------------|----------------------------|
| | Tier 1 | Tier 2 | Tier 3 | Tier 1 | Tier 2 | Tier 3 |
| HMO Silver 13 87 | \$5 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible | \$15 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible |
| HMO Silver 13 94 | \$5 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible | \$15 All Tier 1 bypass deductible | \$0 After deductible | \$0 After deductible |
| HMO Silver 15 Off Exchange | \$10 All Tier 1 bypass deductible | \$80 After deductible | 30% After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | 30% After deductible |
| HMO Silver 15 | \$10 All Tier 1 bypass deductible | \$80 After deductible | 30% After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | 30% After deductible |
| HMO Silver 15 Zero Cost Sharing Variance Plan | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HMO Silver 15 Limited Cost Sharing Variance Plan | \$10 All Tier 1 bypass deductible | \$80 After deductible | 30% After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | 30% After deductible |
| | \$0 when filled through an Indian Health Service Provider | | | | | |
| HMO Silver 15 73 | \$10 All Tier 1 bypass deductible | \$80 After deductible | 30% After deductible | \$30 All Tier 1 bypass deductible | \$240 After deductible | 30% After deductible |
| HMO Silver 15 87 | \$10 | \$80 | 30% | \$30 | \$240 | 30% |
| HMO Silver 15 94 | \$5 | \$20 | 25% | \$15 | \$60 | 25% |

Annual Out-of-Pocket Maximum

The annual Out-of-Pocket (OOP) Maximum is based on combined prescription and medical expense and is calculated per calendar year. Member's copay/coinsurance amount is \$0.00 for remainder of calendar year after the OOP maximum amount is met for the calendar year.

| Group | Individual OOP Amount | Family OOP Amount |
|---|-----------------------|-------------------|
| HMO Bronze 003 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Bronze 003 | \$8,700.00 | \$17,400.00 |
| HMO Bronze 003 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Bronze 003 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Silver 004 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Silver 004 | \$8,700.00 | \$17,400.00 |
| HMO Silver 004 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Silver 004 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Silver 004 94 | \$2,900.00 | \$5,800.00 |
| HMO Silver 004 87 | \$2,900.00 | \$5,800.00 |
| HMO Silver 004 73 | \$6,900.00 | \$13,800.00 |
| HMO Gold 001 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Gold 005 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Gold 005 | \$8,700.00 | \$17,400.00 |
| HMO Gold 005 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Gold 005 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Gold 14 HSA Off Exchange | \$6,000.00 | \$12,000.00 |
| HMO Bronze 008 High Deductible Health Plan Off Exchange | \$7,000.00 | \$14,000.00 |
| HMO Bronze 008 High Deductible Health Plan | \$7,000.00 | \$14,000.00 |
| HMO Bronze 008 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Bronze 008 Limited Cost Sharing Plan Variation | \$7,000.00 | \$14,000.00 |
| HMO Bronze 10 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Bronze 10 | \$8,700.00 | \$17,400.00 |
| HMO Bronze 10 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Bronze 10 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Bronze 11 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Bronze 11 | \$8,700.00 | \$17,400.00 |
| HMO Bronze 11 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Bronze 11 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Silver 12 Off Exchange | \$8,700.00 | \$17,400.00 |

| Group | Individual OOP Amount | Family OOP Amount |
|---|-----------------------|-------------------|
| HMO Silver 12 Zero Cost Sharing Variance Plan | \$0 | \$0 |
| HMO Silver 12 Limited Cost Sharing Variance Plan | \$8,700.00 | \$17,400.00 |
| HMO Silver 12 73 | \$6,950.00 | \$13,900.00 |
| HMO Silver 12 87 | \$2,850.00 | \$5,700.00 |
| HMO Silver 12 94 | \$2,750.00 | \$5,500.00 |
| HMO Silver 13 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Silver 13 | \$8,700.00 | \$17,400.00 |
| HMO Silver 13 Zero Cost Sharing Variance Plan | \$0 | \$0 |
| HMO Silver 13 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Silver 13 73 | \$6,800.00 | \$13,600.00 |
| HMO Silver 13 87 | \$2,300.00 | \$4,600.00 |
| HMO Silver 13 94 | \$750.00 | \$1,500.00 |
| HMO Silver 15 Off Exchange | \$8,700.00 | \$17,400.00 |
| HMO Silver 15 | \$8,700.00 | \$17,400.00 |
| HMO Silver 15 Zero Cost Sharing Plan Variation | \$0 | \$0 |
| HMO Silver 15 Limited Cost Sharing Plan Variation | \$8,700.00 | \$17,400.00 |
| HMO Silver 15 73 | \$6,800.00 | \$13,600.00 |
| HMO Silver 15 87 | \$2,900.00 | \$5,800.00 |
| HMO Silver 15 94 | \$1,100.00 | \$2,200.00 |

Mail Service, In-Network Pharmacy, 90-Days Supply

| | |
|---------|---|
| Tier 1: | Generic and lower cost brand products |
| Tier 2: | Preferred brand and higher cost generics |
| Tier 3: | Non-preferred brand (could include both brand and generic products) |

| Group | Tier 1 Copay Amount | Tier 2 Copay Amount | Tier 3 Copay Amount |
|--|---|---------------------------|------------------------------|
| HMO Bronze 003 Off Exchange | \$40 All Tier 1 bypass deductible | \$175 After deductible | \$300 After deductible |
| HMO Bronze 003 | \$40 All Tier 1 bypass deductible | \$175 After deductible | \$300 After deductible |
| HMO Bronze 003 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Bronze 003 Limited Cost Sharing Plan Variation | \$40 All Tier 1 bypass deductible | \$175 After deductible | \$300 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Silver 004 Off Exchange | \$25 All Tier 1 bypass deductible | \$175 After deductible | \$275 After deductible |
| HMO Silver 004 | \$25 All Tier 1 bypass deductible | \$175 After deductible | \$275 After deductible |
| HMO Silver 004 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Silver 004 Limited Cost Sharing Plan Variation | \$25 All Tier 1 bypass deductible | \$175 After deductible | \$275 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Silver 004 73 | \$25 All Tier 1 bypass deductible | \$150 After deductible | \$250 After deductible |
| HMO Silver 004 87 | \$25 | \$125 | \$212.50 |
| HMO Silver 004 94 | \$12.50 | \$50 | \$100 |
| HMO Gold 001 Off Exchange | \$50 | \$100 | \$200 |
| HMO Gold 005 Off Exchange | \$25 All Tier 1 bypass deductible | \$125 After deductible | \$187.50 After deductible |
| HMO Gold 005 | \$25 All Tier 1 bypass deductible | \$125 After deductible | \$187.50 After deductible |

| Group | Tier 1 Copay Amount | Tier 2 Copay Amount | Tier 3 Copay Amount |
|---|---|----------------------------|------------------------------|
| HMO Gold HSA 14 Off Exchange | \$12.50 After deductible | \$200 After deductible | \$250 After deductible |
| HMO Gold 005 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Gold 005 Limited Cost Sharing Plan Variation | \$25 All Tier 1 bypass deductible | \$125 After deductible | \$187.50 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Bronze 008 High Deductible Health Plan Off Exchange | No charge after Deductible | No charge after Deductible | No charge after Deductible |
| HMO Bronze 008 High Deductible Health Plan | No charge after Deductible | No charge after Deductible | No charge after Deductible |
| HMO Bronze 008 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Bronze 008 Limited Cost Sharing Plan Variation | No charge after Deductible | No charge after Deductible | No charge after Deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Bronze 10 Off Exchange | \$0 After deductible | \$0 After deductible | \$0 After deductible |
| HMO Bronze 10 | \$0 After deductible | \$0 After deductible | \$0 After deductible |
| HMO Bronze 10 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Bronze 10 Limited Cost Sharing Plan Variation | \$0 After deductible | \$0 After deductible | \$0 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Bronze 11 Off Exchange | No Charge after deductible | No Charge after deductible | No Charge after deductible |
| HMO Bronze 11 | No Charge after deductible | No Charge after deductible | No Charge after deductible |
| HMO Bronze 11 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Bronze 11 Limited Cost Sharing Plan Variation | No Charge after deductible | No Charge after deductible | No Charge after deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Silver 12 Off Exchange | \$25 All Tier 1 bypass deductible | \$200 After deductible | \$300 After deductible |
| HMO Silver 12 | \$25 All Tier 1 bypass deductible | \$200 After deductible | \$300 After deductible |
| HMO Silver 12 Zero Cost Sharing Variance Plan | \$0 | \$0 | \$0 |

| Group | Tier 1 Copay Amount | Tier 2 Copay Amount | Tier 3 Copay Amount |
|---|---|----------------------------|----------------------------|
| HMO Silver 12 Limited Cost Sharing Variance Plan | \$25 All Tier 1 bypass deductible | \$200 After deductible | \$300 After deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Silver 12 73 | \$25 All Tier 1 bypass deductible | \$200 After deductible | \$300 After deductible |
| HMO Silver 12 87 | \$12.50 All Tier 1 bypass deductible | \$175 After deductible | \$250 After deductible |
| HMO Silver 12 94 | \$12.50 | \$50 | \$100 |
| HMO Silver 13 Off Exchange | \$25 All Tier 1 bypass deductible | No Charge after deductible | No Charge after deductible |
| HMO Silver 13 | \$25 All Tier 1 bypass deductible | No Charge after deductible | No Charge after deductible |
| HMO Silver 13 Zero Cost Sharing Variance Plan | \$0 | \$0 | \$0 |
| HMO Silver 13 Limited Cost Sharing Variance Plan | \$25 All Tier 1 bypass deductible | No Charge after deductible | No Charge after deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Silver 13 73 | \$12.50 All Tier 1 bypass deductible | No Charge after deductible | No Charge after deductible |
| HMO Silver 13 87 | \$12.50 All Tier 1 bypass deductible | No Charge after deductible | No Charge after deductible |
| HMO Silver 13 94 | \$12.50 All Tier 1 bypass deductible | No Charge after deductible | No Charge after deductible |
| HMO Silver 15 Off Exchange | \$25.00 All Tier 1 bypass deductible | \$200 After deductible | 25% After deductible |
| HMO Silver 15 | \$25.00 All Tier 1 bypass deductible | \$200 After deductible | 25% After deductible |
| HMO Silver 15 Zero Cost Sharing Plan Variation | \$0 | \$0 | \$0 |
| HMO Silver 15 Limited Cost Sharing Plan Variation | \$25.00 All Tier 1 bypass deductible | \$200 After deductible | 25% After deductible |
| | \$0 when filled through an Indian Health Service Provider | | |
| HMO Silver 15 73 | \$25.00 All Tier 1 bypass deductible | \$200 After deductible | 25% After deductible |
| HMO Silver 15 87 | \$25 | \$200 | 25% |
| HMO Silver 15 94 | \$12.50 | \$50 | 20% |

Mandatory Specialty, In-Network Pharmacy, 1-30 Days Supply

| Group | Coinsurance Amount |
|---|---|
| HMO Bronze 003 Off Exchange | 45% coinsurance after deductible |
| HMO Bronze 003 | 45% coinsurance after deductible |
| HMO Bronze 003 Zero Cost Sharing Plan Variation | \$0 |
| HMO Bronze 003 Limited Cost Sharing Plan Variation | 45% coinsurance after deductible \$0 when filled through a tribal facility |
| HMO Silver 004 Off Exchange | 50% coinsurance after deductible |
| HMO Silver 004 | 50% coinsurance after deductible |
| HMO Silver 004 Zero Cost Sharing Plan Variation | \$0 |
| HMO Silver 004 Limited Cost Sharing Plan Variation | 50% coinsurance after deductible \$0 when filled through a tribal facility |
| HMO Silver 004 73 | 40% coinsurance after deductible |
| HMO Silver 004 87 | 30% coinsurance |
| HMO Silver 004 94 | 20% coinsurance |
| HMO Gold 001 Off Exchange | 30% coinsurance |
| HMO Gold 005 Off Exchange | 35% coinsurance after deductible |
| HMO Gold 005 | 35% coinsurance after deductible |
| HMO Gold 005 Zero Cost Sharing Plan Variation | \$0 |
| HMO Gold 005 Limited Cost Sharing Plan Variation | 35% coinsurance after deductible \$0 when filled through a tribal facility |
| HMO Bronze 008 High Deductible Health Plan Off Exchange | \$0 after Deductible |
| HMO Bronze 008 High Deductible Health Plan | \$0 after Deductible |
| HMO Bronze 008 Zero Cost Sharing Plan Variation | \$0 |
| HMO Bronze 008 Limited Cost Sharing Plan Variation | \$0 after Deductible \$0 when filled through a tribal facility |
| HMO Bronze 10 Off Exchange Plan | \$0 after Deductible |
| HMO Bronze 10 | \$0 after Deductible |
| HMO Bronze 10 Zero Cost Sharing Variation Plan | \$0 |
| HMO Bronze 10 Limited Cost Sharing Variation Plan | \$0 after Deductible \$0 when filled through a tribal facility |
| HMO Bronze 11 Off Exchange Plan | \$0 after Deductible |
| HMO Bronze 11 | \$0 after Deductible |
| HMO Bronze 11 Zero Cost Sharing Variation Plan | \$0 |

| Group | Coinsurance Amount |
|---|---|
| HMO Bronze 11 Limited Cost Sharing Variation Plan | \$0 after Deductible \$0 when filled through a tribal facility |
| HMO Silver 12 Off Exchange | 50% coinsurance after deductible |
| HMO Silver 12 | 50% coinsurance after deductible |
| HMO Silver 12 Zero Cost Sharing Plan Variation | \$0 |
| HMO Silver 12 Limited Cost Sharing Plan Variation | 50% coinsurance after deductible \$0 when filled through a tribal facility |
| HMO Silver 12 73 | 50% coinsurance after deductible |
| HMO Silver 12 87 | 40% coinsurance after deductible |
| HMO Silver 12 94 | 20% |
| HMO Silver 13 Off Exchange | 0% coinsurance after deductible |
| HMO Silver 13 | 0% coinsurance after deductible |
| HMO Silver 13 Zero Cost Sharing Plan Variation | \$0 |
| HMO Silver 13 Limited Cost Sharing Plan Variation | 0% coinsurance after deductible \$0 when filled through a tribal facility |
| HMO Silver 13 73 | 0% coinsurance after deductible |
| HMO Silver 13 87 | 0% coinsurance after deductible |
| HMO Silver 13 94 | 0% coinsurance after deductible |
| HMO Silver 15 Off Exchange | 50% coinsurance after deductible |
| HMO Silver 15 | 50% coinsurance after deductible |
| HMO Silver 15 Zero Cost Sharing Plan Variation | \$0 |
| HMO Silver 15 Limited Cost Sharing Plan Variation | 50% coinsurance after deductible \$0 when filled through a tribal facility |
| HMO Silver 15 73 | 50% coinsurance after deductible |
| HMO Silver 15 87 | 40% coinsurance |
| HMO Silver 15 94 | 25% coinsurance |