

OPTIONS AT A GLANCE

For plans effective Jan. 1, 2026



HeartlandBlue

	BRONZE				SILVER				GOLD		
Plan Name	Bronze Standard 7500	Bronze 6000 w/ Adult Vision	Bronze 0% Coinsurance after Deductible	Bronze HSA 6500	Silver Standard 6000	Silver 4200*	Silver HSA 5500 w/ Adult Vision	Silver \$0 PCP Visit 4500	Gold Standard 2000	Gold 1000 w/ Adult Vision	Gold \$0 PCP Visit 1500
Sales Area	Statewide	Only in 1, 2, 3A	Only in 3B, 3C, 4	Statewide	Statewide	Only in 1, 2, 3A	Statewide	Statewide	Statewide	Statewide	Statewide
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual/Family Deductible (Embedded)	\$7,500 / \$15,000	\$6,000 / \$12,000	\$10,500 / \$21,000	\$6,500 / \$13,000	\$6,000 / \$12,000	\$4,200 / \$8,400	\$5,500 / \$11,000	\$4,500 / \$9,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$1,500 / \$3,000
Coinsurance	50%	50%	0%	20%	40%	80%	50%	50%	25%	35%	30%
Individual/Family Out-of-Pocket Maximum (includes Deductible)	\$10,000 / \$20,000	\$10,600 / \$21,200	\$10,500 / \$21,000	\$8,050 / \$16,100	\$8,900 / \$17,800	\$10,000 / \$20,000	\$8,000 / \$16,000	\$9,500 / \$19,000	\$8,200 / \$16,400	\$5,500 / \$11,000	\$7,500 / \$15,000
Preventive Care Services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Telehealth	\$0	\$0	\$0	Deductible & Coinsurance	\$0	\$0	Deductible & Coinsurance	\$0	\$0	\$0	\$0
Primary Care Office Visit	\$50	\$50	Deductible	Deductible & Coinsurance	\$40	\$30	Deductible & Coinsurance	\$0	\$30	\$30	\$0
Specialist Office Visit	\$100	\$120	Deductible	Deductible & Coinsurance	\$80	\$100	Deductible & Coinsurance	\$100	\$60	\$100	Deductible & Coinsurance
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	\$50	\$0	Deductible	Deductible & Coinsurance	\$40	Deductible & Coinsurance	Deductible & Coinsurance	\$0	\$30	Deductible & Coinsurance	\$0
Urgent Care	\$75	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	\$60	\$50	Deductible & Coinsurance	\$50	\$45	\$50	\$50
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
HSA-Eligible	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
Preferred Generic	\$25	\$15	\$10	Deductible & 20%	\$20	\$5	Deductible & 20%	\$5	\$15	\$5	\$3
Non-Preferred Generic	N/A	Deductible & Coinsurance	Deductible	Deductible & 30%	N/A	\$25	Deductible & 30%	\$20	N/A	\$10	\$10
Preferred Brand	\$50 after Deductible	Deductible & Coinsurance	Deductible	Deductible & 50%	\$40	\$50	Deductible & 50%	\$150	\$30	\$100	\$100
Non-Preferred Brand	\$100 after Deductible	Deductible & Coinsurance	Deductible	Deductible & 55%	\$80 after Deductible	\$150 after Deductible	Deductible & 55%	Deductible & 55%	\$60	Deductible & 55%	Deductible & 55%
Preferred Specialty	\$500 after Deductible	Deductible & Coinsurance	Deductible	Deductible & 60%	\$350 after Deductible	\$500 after Deductible	Deductible & 60%	Deductible & 60%	\$250	Deductible & 60%	Deductible & 60%
Non-Preferred Specialty	N/A	Deductible & 70%	Deductible	Deductible & 70%	N/A	Deductible & 70%	Deductible & 70%	Deductible & 70%	N/A	Deductible & 70%	Deductible & 70%

*The Silver 4200 plan does not include pediatric dental coverage.

Plan Name	Silver \$0 PCP Visit 4500	CSR 73% Silver \$0 PCP Visit 4000	CSR 87% Silver \$0 PCP Visit 800	CSR 94% Silver \$0 PCP Visit \$0 Deductible	Silver HSA 5500 w/ Adult Vision	CSR 73% Silver 3000 w/ Adult Vision	CSR 87% Silver 1750 w/ Adult Vision	CSR 94% Silver \$0 Deductible w/ Adult Vision	Silver 4200	CSR 73% Silver 3000	CSR 87% Silver 1000	CSR 94% Silver \$0 Deductible	Silver Standard 6000	CSR 73% Silver Standard 3000	CSR 87% Silver Standard 700	CSR 94% Silver Standard \$0 Deductible
Sales Area	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Only in 1, 2, 3A	Only in 1, 2, 3A	Only in 1, 2, 3A	Only in 1, 2, 3A	Statewide	Statewide	Statewide	Statewide
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual/Family Deductible (Embedded)	\$4,500 / \$9,000	\$4,000 / \$8,000	\$800 / \$1,600	\$0 / \$0	\$5,500 / \$11,000	\$3,000 / \$6,000	\$1,750 / \$3,500	\$0 / \$0	\$4,200 / \$8,400	\$3,000 / \$6,000	\$1,000 / \$2,000	\$0 / \$0	\$6,000 / \$12,000	\$3,000 / \$6,000	\$700 / \$1,400	\$0 / \$0
Coinsurance	50%	40%	30%	20%	50%	50%	30%	20%	80%	40%	30%	30%	40%	40%	30%	25%
Individual/Family Out-of-Pocket Maximum (includes Deductible)	\$9,500 / \$19,000	\$8,100 / \$16,200	\$2,700 / \$5,400	\$1,500 / \$3,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$1,900 / \$3,800	\$1,200 / \$2,400	\$10,000 / \$20,000	\$8,000 / \$16,000	\$3,200 / \$6,400	\$1,500 / \$3,000	\$8,900 / \$17,800	\$7,400 / \$14,800	\$3,300 / \$6,600	\$2,200 / \$4,400
Preventive Care Services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Telehealth	\$0	\$0	\$0	\$0	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visit	\$0	\$0	\$0	\$0	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	\$30	\$30	\$25	\$20	\$40	\$40	\$20	\$0
Specialist Office Visit	\$100	\$100	\$75	\$25	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	\$100	\$75	\$50	\$40	\$80	\$80	\$40	\$10
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	\$0	\$0	\$0	\$0	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	\$40	\$40	\$20	\$0
Urgent Care	\$50	\$50	\$50	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	\$50	\$50	\$50	\$50	\$60	\$60	\$30	\$5
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance
Inpatient Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance
HSA-Eligible	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No
Preferred Generic	\$5	\$5	\$5	\$5	Deductible & 20%	Deductible & 20%	Deductible & 20%	Coinsurance	\$5	\$5	\$5	\$5	\$20	\$20	\$10	\$0
Non-Preferred Generic	\$20	\$20	\$20	\$20	Deductible & 30%	Deductible & 30%	Deductible & Coinsurance	Coinsurance	\$25	\$20	\$20	\$20	N/A	N/A	N/A	N/A
Preferred Brand	\$150	\$100	\$80	\$50	Deductible & 50%	Deductible & 50%	Deductible & Coinsurance	Coinsurance	\$50	\$50	\$50	\$30	\$40	\$40	\$20	\$15
Non-Preferred Brand	Deductible & 55%	50% after Deductible	40% after Deductible	40% Coinsurance	Deductible & 55%	Deductible & 55%	Deductible & Coinsurance	Coinsurance	\$150 after Deductible	\$100 after Deductible	\$50 after Deductible	\$50	\$80 after Deductible	\$80 after Deductible	\$60 after Deductible	\$50
Preferred Specialty	Deductible & 60%	60% after Deductible	50% after Deductible	50% Coinsurance	Deductible & 60%	Deductible & 60%	Deductible & Coinsurance	Coinsurance	\$500 after Deductible	\$200 after Deductible	\$100 after Deductible	\$100	\$350 after Deductible	\$350 after Deductible	\$250 after Deductible	\$150
Non-Preferred Specialty	Deductible & 70%	70% after Deductible	70% after Deductible	70% Coinsurance	Deductible & 70%	Deductible & 70%	Deductible & Coinsurance	Coinsurance	Deductible & 70%	Deductible & 70%	Deductible & 70%	70% Coinsurance	N/A	N/A	N/A	N/A