



**Board Approved 2025 Cascade Care Plans*:
Bronze, Silver, and Gold**

Benefits	Bronze	Silver	Gold
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$6,000	\$2,500	\$600
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,200	\$9,200	\$7,000
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$50***	\$30***	\$15
Specialist Visit	\$100	\$65	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$50***	\$30***	\$15
Emergency/Urgent Care Services			
Emergency Care Services	40%	\$800	\$450
Urgent Care	\$100	\$65	\$35
Ambulance	40%	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	\$600	\$350
Outpatient Surgery Physician/Surgical Services	40%	\$200	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	\$30	\$15
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	40%	\$40	\$20
X-rays and Diagnostic Imaging	40%	\$65	\$30
Advanced Imaging (CT/PET Scans, MRIs)	40%	30%	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	\$800*	\$525*
Skilled Nursing Facility	40%	\$800**	\$350**
Pharmacy			
Generics	\$32	\$25	\$10
Preferred Brand Drugs	40%	\$75	\$60
Non-Preferred Brand Drugs	40%	\$250	\$100
Specialty Drugs (i.e. high-cost)	40%	\$250	\$100
AV	63.64%	70.75%	81.39%

*AVs based on draft 2025 Federal AV calculator



Board Approved 2025 Cascade Care Plans*:
Silver Cost-Sharing Reduction Variants

Benefits	Silver CSR 73% AV	Silver CSR 87% AV	Silver CSR 94% AV
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$750	\$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,350	\$2,500	\$1,900
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30***	\$10***	\$5***
Specialist Visit	\$65	\$30	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$10***	\$5***
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$425	\$150
Urgent Care	\$65	\$30	\$15
Ambulance	\$325	\$175	\$75
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$325	\$100
Outpatient Surgery Physician/Surgical Services	\$200	\$120	\$25
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$10	\$5
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$40	\$20	\$5
X-rays and Diagnostic Imaging	\$65	\$40	\$15
Advanced Imaging (CT/PET Scans, MRIs)	30%	20%	15%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$425*	\$100*
Skilled Nursing Facility	\$800**	\$425**	\$100**
Pharmacy			
Generics	\$24	\$12	\$5
Preferred Brand Drugs	\$75	\$35	\$12
Non-Preferred Brand Drugs	\$250	\$160	\$35
Specialty Drugs (i.e. high-cost)	\$250	\$160	\$35
AV	73.14%	87.89%	94.73%

*AVs based on draft 2025 Federal AV calculator