



## Gold Proposed Plans

Benefits	Gold 1 (77% AV)	Gold 2 (81% AV)
Integrated	Yes	Yes
Deductible (\$)	\$2,000	\$0
Coinsurance	30%	20%
MOOP (\$)	\$6,500	\$5,000
Emergency Room Services	30%	\$375
Urgent Care	\$65	\$65
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	\$600 **
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$30
Specialist Visit	\$65	\$50
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$30
Imaging (CT/PET Scans, MRIs)	30%	\$275
Speech Therapy	\$45	\$45
Occupational and Physical Therapy	\$45	\$45
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$55
X-rays and Diagnostic Imaging	\$45	\$55
Skilled Nursing Facility	30%	\$300
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$300
Outpatient Surgery Physician/Surgical Services	30%	\$55
Generics	\$10	\$15
Preferred Brand Drugs	\$50	\$55
Non-Preferred Brand Drugs	\$75	\$75
Specialty Drugs (i.e. high-cost)	50% *	\$250
Ambulance	30%	\$375
All Other Benefits	30%	20%
<b>Federal AV</b>	<b>77.13%</b>	<b>80.91%</b>
<b>Pricing Model AV</b>	<b>78.03%</b>	<b>83.07%</b>

\* Specialty RX Max: \$250

\*\* Maximum Number of Days for Charging IP Copay: 5

\*\*\* Blue Highlight Indicates Benefit Not Subject to Deductible



## Silver Proposed Plans

Benefits	Silver 1 (70% AV)	Silver 2 (71% AV)
Integrated	Yes	Yes
Deductible (\$)	\$4,500	\$5,000
Coinsurance	30%	20%
MOOP (\$)	\$7,500	\$7,500
Emergency Room Services	30%	20%
Urgent Care	\$75	\$60
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	\$650 *
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30
Specialist Visit	\$75	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30
Imaging (CT/PET Scans, MRIs)	30%	20%
Speech Therapy	\$60	\$30
Occupational and Physical Therapy	\$60	\$30
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$65
X-rays and Diagnostic Imaging	30%	\$65
Skilled Nursing Facility	30%	\$650
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$250
Outpatient Surgery Physician/Surgical Services	30%	20%
Generics	\$20	\$20
Preferred Brand Drugs	\$65	\$60
Non-Preferred Brand Drugs	30%	\$80
Specialty Drugs (i.e. high-cost)	40%	50%
Ambulance	30%	20%
All Other Benefits	30%	20%
<b>Federal AV</b>	<b>70.33%</b>	<b>71.39%</b>
<b>Pricing Model AV</b>	<b>72.42%</b>	<b>72.70%</b>

\* Maximum Number of Days for Charging IP Copay: 5

\*\* Blue Highlight Indicates Benefit Not Subject to Deductible



## Bronze Proposed Plans

Benefits	Bronze 1 HSA (62% AV)	Bronze 2 (64% AV)
Integrated	Yes	No
Deductible (\$)	\$6,350	Med = \$7000 RX = \$500
Coinsurance	40%	Med = 40% RX = 50%
MOOP (\$)	\$6,900	\$8,150
Emergency Room Services	40%	40%
Urgent Care	\$100	\$90
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$75	\$70
Specialist Visit	\$100	\$90
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$75	\$70
Imaging (CT/PET Scans, MRIs)	40%	40%
Speech Therapy	\$75	40%
Occupational and Physical Therapy	\$75	40%
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	40%	40%
X-rays and Diagnostic Imaging	40%	40%
Skilled Nursing Facility	40%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%
Generics	\$25	\$45
Preferred Brand Drugs	40%	\$85
Non-Preferred Brand Drugs	40%	50%
Specialty Drugs (i.e. high-cost)	40%	50%
Ambulance	40%	40%
All Other Benefits	40%	Med = 40% RX = 50%
<b>Federal AV</b>	<b>62.25%</b>	<b>64.89%</b>
<b>Pricing Model AV</b>	<b>66.68%</b>	<b>70.42%</b>

\*\*Blue Highlight Indicates Benefit Not Subject to Deductible