2021 Standard Plans

Benefits	Standard Gold	Standard Silver	Standard Bronze
Deductible ($)	$500	$2,400	$5,700
MOOP ($)	$5,750	$7,900	$8,150
Emergency Room Services	$400	$800	40%
Urgent Care	$35	$65	$100
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	$500*	$800*	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	$15	$25	$45
Specialist Visit	$35	$65	$90
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	$15	$25	$45
Advanced Imaging (CT/PET Scans, MRIs)	$300	30%	40%
Speech Therapy	$20	$40	40%
Occupational and Physical Therapy	$20	$40	40%
Preventive Care/Screening/Immunization	$0	$0	$0
Laboratory Outpatient and Professional Services	$15	$35	40%
X-rays and Diagnostic Imaging	$25	$60	40%
Skilled Nursing Facility	$300**	$800**	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$300	$600	40%
Outpatient Surgery Physician/Surgical Services	$50	$200	40%
Generics	$10	$20	$30
Preferred Brand Drugs	$55	$70	40%
Non-Preferred Brand Drugs	$90	$200	40%
Specialty Drugs (i.e. high-cost)	$90	$200	40%
Ambulance	$375	$375	40%
Routine Eye Exam for Children	$0	$0	$0
All Other Benefits	20%	30%	40%
Federal AV	81.74%	71.29%	63.36%

***Per day copay, limit of 5 copays per stay; ** Per day copay**
Shaded items are not subject to the deductible

December 4, 2019

2021 Standard Plans – Cost Sharing Reduction Silver Variants

Benefits	Standard Silver 73% AV	Standard Silver 87% AV	Standard Silver 94% AV
Deductible ($)	$2,300	$1,000	$150
MOOP ($)	$6,500	$1,900	$900
Emergency Room Services	$750	$400	$150
Urgent Care	$65	$35	$15
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	$750*	$400*	$100*
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	$20	$10	$5
Specialist Visit	$65	$35	$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	$20	$10	$5
Advanced Imaging (CT/PET Scans, MRIs)	30%	20%	15%
Speech Therapy	$40	$20	$5
Occupational and Physical Therapy	$40	$20	$5
Preventive Care/Screening/Immunization	$0	$0	$0
Laboratory Outpatient and Professional Services	$35	$20	$5
X-rays and Diagnostic Imaging	$55	$30	$15
Skilled Nursing Facility	$750**	$400**	$100**
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$575	$300	$100
Outpatient Surgery Physician/Surgical Services	$175	$100	$25
Generics	$18	$10	$3
Preferred Brand Drugs	$70	$30	$15
Non-Preferred Brand Drugs	$200	$150	$35
Specialty Drugs (i.e. high-cost)	$200	$150	$35
Ambulance	$325	$175	$75
Routine Eye Exam for Children	$0	$0	$0
All Other Benefits	30%	20%	15%
Federal AV	73.90%	87.92%	94.71%

***Per day copay, limit of 5 copays per stay; ** Per day copay**
Shaded items are not subject to the deductible

2021 Standard Plans Designs Appendix

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services with the exception of those services required under state or federal law to have the in-network cost-share amount. For example, out of network emergency services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a co-pay that are not subject to the deductible, the co-pay amount does not accumulate toward the deductible, but the full co-pay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a co-pay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per WAC 284-43-5602, designating the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
    a. Chiropractic: 10 visits
    b. Acupuncture: 12 visits
    c. Home Health Care Services: 130 days
    d. Hospice respite services: 14 days per lifetime
    e. Outpatient rehabilitation services: 25 visits
    f. Habilitation services: 25 visits
    g. Rehabilitative occupational and physical therapy: 30 visits
    h. Rehabilitative speech therapy: 30 visits
6. Services with a co-pay should be charged with the following methodology: one co-pay per benefit, per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.
7. Co-payments may never exceed the actual cost for the service. For instance, if a co-pay is $45 and the service is $30, the cost-share responsibility of the consumer would be $30.
8. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).
9. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.
10. Office visits for the treatment of mental health, behavioral health, or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services, regardless of provider type. Outpatient services may be subclassified into office visits and all other outpatient items and services.
11. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, applied behavior analysis therapists, acupuncture practitioners, chiropractic practitioners, registered dieticians and other nutrition advisors. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services.

12. or outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.
13. Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be different but not more than those listed in the standard plan design, if necessary, for compliance with MHPAEA.
14. For instances where there is a co-pay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day co-pay (with a limit of five co-pays for an inpatient stay). For instance, a two-day stay would result in two co-pays for the consumer.
15. The co-pay for All Inpatient Hospital Services includes the facility fee and professional service charges. For instance, an individual with a one-day stay at a hospital in the Gold standard plan would pay only the $500 co-pay.
16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.