



2016 Standard Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible

| Coverage Category | Minimum Coverage | Bronze | Silver | Enhanced Silver 73 | Enhanced Silver 87 | Enhanced Silver 94 | Gold | Platinum |
|--|--|--|--|--|--|---|---------------------------------------|---------------------------------------|
| Percent of cost coverage | Covers 0% until out-of-pocket maximum is met | Covers 60% average annual cost | Covers 70% average annual cost | Covers 73% average annual cost | Covers 87% average annual cost | Covers 94% average annual cost | Covers 80% average annual cost | Covers 90% average annual cost |
| Cost-sharing Reduction Single Income Range | N/A | N/A | N/A | \$23,451 to \$29,425 (>200% to ≤250% FPL) | \$17,656 to \$23,450 (>150% to ≤200% FPL) | up to \$17,655 (100% to ≤150% FPL) | N/A | N/A |
| Annual Wellness Exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care Vist | after first 3 non-preventive visits, pay negotiated carrier rate per instance until out-of-pocket maximum is met | \$70* | \$45 | \$40 | \$15 | \$5 | \$35 | \$20 |
| Specialist Visit | pay negotiated carrier rate per service until out-of-pocket maximum is met | \$90* | \$70 | \$55 | \$25 | \$8 | \$55 | \$40 |
| Urgent Care | | \$120* | \$90 | \$80 | \$30 | \$6 | \$60 | \$40 |
| Emergency Room | | Full cost until deductible is met | \$250 | \$250 | \$75 | \$30 | \$250 | \$150 |
| Laboratory Tests | | \$40 | \$35 | \$35 | \$15 | \$8 | \$35 | \$20 |
| X-Rays and Diagnostics | | Full cost until deductible is met | \$65 | \$50 | \$25 | \$8 | \$50 | \$40 |
| Imaging | | \$250 | \$250 | \$100 | \$50 | \$250 copay 20% coinsurance*** | \$150 copay 10% coinsurance*** | |
| Tier 1 (Generic Drugs) | | \$15 | \$15 | \$5 | \$3 | \$15 | \$5 | |
| Tier 2 (Preferred Drugs) | pay negotiated carrier rate per script until out-of-pocket maximum is met | Full cost up to \$500 after drug deductible is met | \$50** | \$45** | \$20** | \$10 | \$50 or less | \$15 or less |
| Tier 3 (Non-preferred Drugs) | | | \$70** | \$70** | \$35** | \$15 | \$70 or less | \$25 or less |
| Tier 4 (Specialty Drugs) | | | 20% up to \$250** per script | 20% up to \$250** per script | 15% up to \$150** per script | 10% up to \$150 per script | 20% up to \$250 per script | 10% up to \$250 per script |
| Medical Deductible | N/A | Individual: \$6,000 Family: \$12,000 | Individual: \$2,250 Family: \$4,500 | Individual: \$1,900 Family: \$3,800 | Individual: \$550 Family: \$1,100 | Individual: \$75 Family: \$150 | N/A | N/A |
| Pharmacy Deductible | N/A | Individual: \$500 Family: \$1,000 | Individual: \$250 Family: \$500 | Individual: \$250 Family: \$500 | Individual: \$50 Family: \$100 | N/A | N/A | N/A |
| Annual Out-of-Pocket Maximum | \$6,850 individual only | \$6500 individual \$13,000 family | \$6,250 individual \$12,500 family | \$5,450 individual \$10,900 family | \$2,250 individual \$4,500 family | \$2,250 individual \$4,500 family | \$6,200 individual \$12,400 family | \$4,000 individual \$8,000 family |

Drug prices are for a 30 day supply.

* Copay is for any combination of the first three visits. After three visits, future visits will be at full cost until the out-of-pocket maximum is met.

** Price is after pharmacy deductible amount is met. *** See plan Evidence of Coverage for imaging cost share.