

Benefit Design Updates – Platinum & Gold

BENEFIT DESCRIPTION	Platinum 90 ★ No Change		Gold 80	
	HMO (Copay)	PPO (Coins)	HMO (Copay)	PPO (Coins)
Medical deductible (single / family)	None	None	None	None
Out-of-pocket maximum (single / family)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$8,550 / \$17,100	\$8,550 / \$17,100
Doctor office visit	\$15	\$15	\$35	\$35
Specialist	\$30	\$30	\$65	\$65
Hospital Stay	\$250/day up to 5 days	10%	\$350/day up to 5 days	30%
Outpatient Surgery	Facility: \$100 Physician: \$25	10%	Facility: \$150 Physician: \$40	20%
Emergency Care Facility	\$150	\$150	\$350	\$350
Pharmacy Deductible (Single / Family)	None	None	None	None
Tier I, II, III	\$5 / \$15 / \$25	\$5 / \$15 / \$25	\$15 / \$60 / \$85	\$15 / \$60 / \$85

Benefit Design Updates – Silver, Bronze, Minimum Coverage

	Silver 70	Bronze ★ No Change	Bronze HDHP ★ No Change	Minimum Coverage
BENEFIT DESCRIPTION	HMO & PPO	HMO & PPO	PPO	HMO & PPO
Medical deductible (single / family)	\$4,750 / \$9,500	\$6,300 / \$12,600	\$7,000 / \$14,000	\$9,100 / \$18,200
Out-of-pocket maximum (single / family)	\$8,750 / \$17,500	\$8,200 / \$16,400	\$7,000 / \$14,000	\$9,100 / \$18,200
Doctor office visit	\$45	\$65	0%	0%
Specialist	\$85	\$95	0%	0%
Hospital Stay	Facility: 30% deductible applies Physician: 30%	40%	0%	0%
Outpatient Surgery	20%	40%	0%	0%
Emergency Care Facility	\$400	40%	0%	0%
Pharmacy Deductible (Single / Family)	\$85 / \$170	\$500 / \$1,000	Integrated with medical deductible 0%	Integrated with medical deductible 0%
Tier I , II, III	\$16 / \$60 / \$90	\$18 / 40% / 40%		

Benefit Design Updates – Silver Cost-Share Reductions

	Silver 94	Silver 87	Silver 73
	FPL 100% – 150%	FPL 150% - 200%	FPL 200% – 250%
	HMO & PPO	HMO & PPO	HMO & PPO
BENEFIT DESCRIPTION			
Medical deductible (single / family)	\$75 / \$150	\$800 / \$1,600	\$4,750 / \$9,500
Out-of-pocket maximum (single / family)	\$900 / \$1,800	\$3,000 / \$6,000	\$7,250 / \$14,500
Doctor office visit	\$5	\$15	\$45
Specialist	\$8	\$25	\$85
Hospital Stay	Facility: 10% deductible applies Physician: 10%	Facility: 25% deductible applies Physician: 25%	Facility: 30% deductible applies Physician: 30%
Outpatient Surgery	10%	15%	20%
Emergency Care Facility	\$50	\$150	\$400
Pharmacy Deductible (Single / Family)	None	\$25 / \$50	\$30 / \$60
Tier I, II, III	\$3 / \$10 / \$15	\$5 / \$25 / \$45	\$16 / \$55 / \$85