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)	pay negotiated carrier rate per script until out-of-pocket maximum is met	Full cost up to $500 after drug deductible is met	$15	$15	$5	$3	$15	$5
Tier 2 (Preferred Drugs)			$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 medical deductible is met.

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