

# STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60	Enhanced Silver 73	Gold 80	Platinum 90
	Benefits in Blue are Subject to Deductibles		Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Individual Deductible	<b>\$6,000</b> medical deductible <b>\$500</b> pharmacy deductible	<b>\$1,900</b> medical deductible <b>\$250</b> pharmacy deductible	no deductible	no deductible
Family Deductible	<b>\$12,000</b> medical deductible <b>\$1,000</b> pharmacy deductible	<b>\$3,800</b> medical deductible <b>\$500</b> pharmacy deductible	no deductible	no deductible
Preventative Care Copay <sup>1</sup>	no cost	no cost	no cost	no cost
Primary Care Visit Copay	<b>\$70</b> <sup>2</sup>	\$40	\$35	\$20
Specialty Care Visit Copay	<b>\$90</b> <sup>2</sup>	\$55	\$55	\$40
Urgent Care Visit Copay	<b>\$120</b> <sup>2</sup>	\$80	\$60	\$40
Tier 1 (most generics) Drug Copay	<b>100%</b> up to <b>\$500</b> per script after deductible	\$15	\$15	\$5
Lab Testing Copay	\$40	\$35	\$35	\$20
X-Ray Copay	<b>100%</b> of your plan's negotiated rate	\$50	\$50	\$40
Emergency Room Facility Copay	100% of your plan's negotiated rate	<b>\$250</b>	\$250	\$150
High cost and infrequent services (e.g. Hospital Stay)	<b>100%</b> of your plan's negotiated rate	<b>20%</b> of your plan's negotiated rate	HMO Outpatient Surgery - \$600 Hospital - \$600/day up to 5 days PPO — 20%	HMO Hospital - \$250/day up to 5 days PPO — 10%
Hospital Stay Physician Fee	<b>100%</b>	<b>20%</b> of your plan's negotiated rate	<b>HMO — \$55</b> <b>PPO — 20%</b>	<b>HMO — \$40</b> <b>PPO — 10%</b>
Tier 2 (preferred brand) Drug Copay after Pharmacy Deductible (if any)	<b>100%</b> up to <b>\$500</b> per script after deductible	<b>\$45</b>	\$50	\$15
Tier 3 (non-preferred brand) Drug Copay after Pharmacy Deductible (if any)	<b>100%</b> up to <b>\$500</b> per script after deductible	<b>\$70</b>	\$70	\$25
Tier 4 (specialty drugs) cost-share after Pharmacy Deductible (if any)	<b>100%</b> up to <b>\$500</b> per script after deductible	<b>20%</b> up to <b>\$250</b> per script after deductible	20% up to \$250 per script after deductible	10% up to \$250 per script
Maximum Out-of-Pocket For One	\$6,500	\$5,450	\$6,200	\$4,000
Maximum Out-of-Pocket For Family	\$13,000	\$10,900	\$12,400	\$8,000

<sup>1</sup> in-network only

<sup>2</sup> First 3 visits each year are not subject to the deductible