Enter cost-sharing amounts as copays or coinsurance that describe the enrollee's out-of-pocket costs for each benefit category, including applicability of deductible. List any exclusions in the column on the right. Columns left blank will be interpreted as not offered.

	Bronze Alternate Plan/ Bronze HDHP Alternate		Bronze Alternate Plan 2/ Bronze HDHP Alternate Plan 2		Silver Alternate Plan/ Silver HDHP Alternate Plan		Silver Alternate Plan 2/ Silver Alternate HDHP Plan 2		Gold Alternate Plan		Gold Alternate Plan 2		Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)																
	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers
Estimated Actuarial Value	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Overall deductible - Individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Overall deductible - Family Other deductibles for specific	\$	\$	\$	\$	\$	\$	\$	\$	Φ	\$	\$	\$	\$	\$	<b></b>	\$
services	\$	Ś	Ś	Ś	Ś	s	Ś	Ś	Ś	Ś	Ś	Ś	Ś	Ś	Ś	Ś
Facility-related Services	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Brand Drugs - Indvidual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Brand Drugs - Family	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Dental Out-of-pocket limit on expenses -	\$	\$	\$ \$	\$	\$	\$	\$ \$	\$	\$ \$	\$	\$ \$	\$	\$	\$	\$	\$
Individual Out-of-pocket limit on expenses -																
Family	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
		Mb Ot								M	Marila and	M 1 0 1	March and			la de la contra
Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
Health care provider's office or clinic visit																
Primary care visit to treat an injury,																
illness, or condition																
Routine Foot Care																
Other practitioner office visit																
Acupunture																
Specialist visit																
Allergy Testing																
Preventive care/ screening/ immunization																
Tests																
Laboratory Tests  X-rays and Diagnostic Imaging																
Imaging (CT/PET scans, MRIs)																
Drugs to treat illness or condition																
Tier 1																
Tier 2																
Tier 3																
Tier 4																
Outpatient services																
Surgery facility fee (e.g., ASC)																
Abortion (non MSP)																
Bariatric Surgery Physician/surgeon fees																
Outpatient Services Office visit																
Dialysis																
Radiation																
Infusion Therapy Chemotherapy																
Need immediate attention																
Emergency room facility fee (waived if admitted)																
Emergency room physician fee (wavied if admitted)																
Emergency medical transportation																

	Bronze Alternate Plan/ Bronze HDHP Alternate		Bronze Alternate Plan 2/ Bronze HDHP Alternate Plan 2		Silver Alternate Plan/ Silver HDHP Alternate Plan		Silver Alternate Plan 2/ Silver Alternate HDHP Plan 2		Gold Alternate Plan		Gold Alternate Plan 2		Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)		Non-		Non-		Non-		Non-		Non-		Non-		Non-		Non-
	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers
Urgent care																
Hospital stay																
Facility fee (e.g., hospital room)																
Organ Transplant Reconstructive Surgery Treatment for TMJ																
Physician/surgeon fee Mental health, behavioral health, or																
substance abuse needs  Mental/Behavioral health outpatient office visit																
Mental/Behavioral health other outpatient items and services																
Mental/Behavioral health inpatient facility fee (e.g. hospital room)																
Mental/Behavioral health inpatient physician/surgeon fee Substance Use disorder outpatient																
office visits																
Substance Use disorder other outpatient items and services																
Substance Use inpatient facility fee (e.g. hospital room)																
Substance Use disorder inpatient physician/surgeon fee																
Pregnancy																
Prenatal care and preconception visits																
Delivery and all inpatient services - Hospital  Delivery and all inpatient services -																
Professional  Help recovering or other special																
health needs Home health care																
Outpatient Rehabilitation services																
Rehabilitative Speech Therapy																
Rehabilitative Occupational Therapy																
Rehabilitative Physical Therapy Outpatient Habilitation services																
Skilled nursing care  Durable medical equipment																
Prosthetic Device Hospice service																
Child eye care Eye exam																
1 pair of glasses per year (or contact lenses in lieu of glasses)																
Child Dental Diagnostic and Preventative																
Oral Exam Preventive - Cleaning																
Preventive - X-ray																

	Bronze Alternate Plan/ Bronze HDHP Alternate		Bronze Alternate Plan 2/ Bronze HDHP Alternate Plan 2		Silver Alternate Plan/ Silver HDHP Alternate Plan		Silver Alternate Plan 2/ Silver Alternate HDHP Plan 2		Gold Alternate Plan		Gold Alternate Plan 2		Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)	Participating	Non- Participating	Participating	Non- Participating	Participating	Non- Participating	Participating	Non- Participating	Participating	Non- Participating	Participating	Non- Participating	Participating	Non- Participating	Participating	Non- Participating
	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers
Sealants per Tooth													<u> </u>			
Topical Fluoride Application													<u> </u>			
Space Maintainers - Fixed																
Child Dental Basic Services																
Amalgam Fill - 1 Surface																
Child Dental Major Services																
Root Canal - Molar																
Gingivectomy per Quad																
Extraction - Single Tooth Exposed																
Root or Erupted																
Extraction - Complete Bony																
Porcelain with Metal Crown																
Child Orthodontics																
Medically necessary orthodontics																
Additional Benefits																
Chiropractic																
Infertility																
Adult Eye Exam																