

2024 Patient-Centered Benefit Plan Designs

10.0 EHB

Date: Approved May 18, 2023

Summary of Benefits and Coverage



Member Cost Share amounts describe the Enrollee's out of pocket costs.

		Silver 70 Off-Exchange Plan	
Actuarial Value - AV Calculator		71.8%	
Plan design includes a deductible?		Yes, Medical/Pharmacy	
Integrated Individual deductible		N/A	
Integrated Family deductible		N/A	
Individual deductible, NOT integrated: Medical / Pharmacy / Dental		\$5,400 / \$150 / \$0	
Family deductible, NOT integrated: Medical / Pharmacy / Dental		\$10,800 / \$300 / \$0	
Individual Out-of-pocket maximum		\$9,100	
Family Out-of-pocket maximum		\$18,200	
HSA plan: Self-only coverage deductible		N/A	
HSA family plan: Individual deductible		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Health care provider's office or clinic visit	Primary care visit to treat an injury, illness, or condition	\$50	
	Other practitioner office visit	\$50	
	Specialist visit	\$90	
	Preventive care/ screening/ immunization	No charge	
Tests	Laboratory Tests	\$50	
	X-rays and Diagnostic Imaging	\$95	
	Imaging (CT/PET scans, MRIs)	\$325	
Drugs to treat illness or condition	Tier 1	\$19	
	Tier 2	\$60	Pharmacy deductible
	Tier 3	\$90	Pharmacy deductible
	Tier 4	20% up to \$250 per script after pharmacy deductible	Pharmacy deductible
Outpatient services	Surgery facility fee (e.g., ASC)	30%	
	Physician/surgeon fees	30%	
	Outpatient visit	30%	
Need immediate attention	Emergency room facility fee (waived if admitted)	\$450	
	Emergency room physician fee (waived if admitted)	No charge	
	Medical transportation (including emergency and non-emergency)	\$255	
	Urgent care	\$50	
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	30%	X
	Physician/surgeon fee	30%	
Mental health, behavioral health, or substance abuse needs	Mental/behavioral health and substance use disorder outpatient office visits	\$50	
	Mental/behavioral health and substance use disorder other outpatient items and services	\$50	
Pregnancy	Prenatal care and preconception visits	No charge	
Help recovering or other special health needs	Home health care (cost share per visit)	\$45	
	Outpatient Rehabilitation and Habilitation services	\$50	
	Skilled nursing care	30%	X
	Durable medical equipment	20%	
	Hospice service	No charge	
Child eye care	Eye exam	No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
Child Dental Diagnostic and Preventive	Oral Exam		
	Preventive - Cleaning		
	Preventive - X-ray		
	Sealants per Tooth	No charge	
	Topical Fluoride Application		
Child Dental Basic Services	Space Maintainers - Fixed		
	Restorative Procedures	20%	
Child Dental Major Services	Periodontal Maintenance Services		
	Crowns and Casts		
	Endodontics		
	Periodontics (other than maintenance)	50%	
Child Orthodontics	Prosthodontics		
	Oral Surgery		
	Medically necessary orthodontics	50%	