



Indicate requests for deviations from the 2020 Patient-Centered Benefit Plan Designs by entering alternate cost sharing for the appropriate service type. Applicant must document rationale for each requested deviation, and rationale must include reference to regulatory compliance, administrative or operational barriers to implementing the 2020 Patient-Centered Benefit Plan Designs.

Common Medical Event	Service Type	Platinum Coinsurance Plan		Platinum Copay Plan		Gold Coinsurance Plan		Gold Copay Plan		Silver Plan		Bronze Plan		Silver Plan 100%-150% FPL		Silver Plan 150%-200% FPL		Silver Plan 200%-250% FPL		Bronze Plan		Bronze HDHP Plan		Catastrophic Plan		Rationale for benefit deviation (must reference regulatory compliance, administrative or operational barriers)	
		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies		
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																										
Tests	Laboratory Tests																										
	X-rays and Diagnostic Imaging (CT/PET scans, MRIs)																										
Drugs to treat illness or condition	Tier 1																										
	Tier 2																										
	Tier 3																										
	Tier 4																										
	Surveys facility fee (e.g., Abortion for Which Public Funding is Prohibited from MSP)																										
Outpatient services	Bariatric Surgery																										
	Physician/surgeon fees																										
	Outpatient visit																										
	Dialysis																										
Need immediate attention	Radiation																										
	Chemotherapy																										
	Infusion Therapy																										
Hospital stay	Emergency room combined facility and physician fee (waived if admitted)																										
	Emergency medical transportation																										
Mental health, behavioral health, or substance abuse needs	Urgent care																										
	Facility fee (e.g. hospital room)																										
	Transplant																										
	Reconstructive Surgery																										
Pregnancy	Treatment for TMJ																										
	Physician/surgeon fee																										
	Mental/Behavioral health outpatient office visits																										
	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																										
Help recovering or other special health needs	Substance Use disorder other outpatient items and services																										
	Substance Use inpatient facility fee (e.g. hospital room)																										
Child eye care	Substance use disorder inpatient physician/surgeon fee																										
	Prenatal care and preconception visits																										
	Delivery and all inpatient services																										
Child Dental Diagnostic and Preventive	Hospital Professional																										
	Well Baby Visits																										
	Home health care																										
	Outpatient Rehabilitation services																										
	Rehabilitative Speech Therapy																										
Child Dental Basic Services	Rehabilitative Occupational Therapy																										
	Rehabilitative Physical Therapy																										
Child Dental Major Services	Outpatient Habilitation services																										
	Skilled nursing care																										
	Durable medical equipment																										
Child Orthodontics	Prosthetic Device																										
	Hospice services																										
Child Dental Basic Services	Eye exam																										
	1 pair of glasses per year (or contact lenses in lieu of glasses)																										
	Oral Exam																										
	Preventive - Cleaning																										
Child Dental Major Services	Preventive - X-ray																										
	Sealants per Tooth																										
	Topical Fluoride Application																										
Child Dental Major Services	Space Maintainers - Fixed																										
	Amalgam Fill - 1 Surface																										
Child Dental Major Services	Root Canal- Molar																										
	Gingivectomy per Quad																										
	Extraction- Single Tooth Exposed Root or Erupted																										
Child Orthodontics	Extraction- Complete Bony																										
	Porcelain with Metal Crown																										
Child Orthodontics	Medically necessary orthodontics																										