

## STANDARD BENEFIT DESIGNS BY METAL TIER

Coverage Category	Bronze	Silver	Gold	Platinum
	Covers <b>60%</b> average Annual Cost	Covers <b>70%</b> average Annual Cost	Covers <b>80%</b> average Annual Cost	Covers <b>90%</b> average Annual Cost
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
Primary Care Visit Copay	\$60 for 3 visits	\$45	\$30	\$20
Speciality Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Generic Medicine Copay	\$19 or less	\$19 or less	\$19 or less	\$5 or less
Annual Out-of-pocket Maximum Individual and Family	\$6,350 indiv and \$12,700 family	\$6,350 indiv and \$12,700 family	\$6,350 indiv and \$12,700 family	\$4,000 indiv and \$8,000 family

## STANDARD BENEFIT DEIGNS BY INCOME

Coverage Category	94% SILVER	87% SILVER	73% SILVER
Eligibility Based On Income and Premium Assistance	Covers 94% average Annual Cost	Covers 87% average Annual Cost	Covers 73% average Annual Cost
Single Income Ranges	up to \$17,235	\$17,236 to \$22,980	\$22,980 to \$28,725
Annual Wellness Exam	\$0	\$45	\$30
Primary Care Visit	\$3	\$15	\$40

Specialist Visit	\$5	\$20	\$50	
Laboratory Tests	\$3	\$15	\$40	
X-Rays and Diagnostics	\$5	\$20	\$50	
Imaging	10%	15%	20%	
Generic Drugs	\$3	\$5	\$19	
Annual Out-of-pocket Maximum Individual and Family	\$2,250 indiv and \$4,500 family	\$2,250 indiv and \$4,500 family	\$5,200 indiv and \$10,400 family	