



2014 Standard Benefits for Individuals

KEY BENEFITS	Bronze	Silver (Lower Cost Sharing Available on Sliding Scale)	Gold	Platinum
	Benefits In Blue are Subject to Deductibles		Copays In the Yellow Sections are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Deductible (if any)	\$5,000 Deductible for Medical and Drugs	\$2,000 Medical Deductible	No Deductible	No Deductible
Preventative Care Copay	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit
Primary Care Visit Copay	\$60 – 3 visits per year	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Generic Medication Copay	\$19	\$19	\$19	\$5
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
High cost and infrequent services like Hospital Care and Outpatient Surgery	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery – \$600 Hospital – \$600/day up to 5 days PPO – 20%	HMO Outpatient Surgery – \$250 Hospital – \$250/day up to 5 days PPO – 10%
Imaging (MRI, CT, PET Scans)	30%	\$250	\$250	\$150
Brand medications may be subject to Annual Drug Deductible before you pay the copay	\$50-\$75 after meeting deductible	meet \$250 deductible then pay the copay amount	No Deductible	No Deductible
Preferred brand copay after Drug Deductible (if any)	\$50	\$50	\$50	\$15
MAXIMUM OUT-OF-POCKET FOR ONE	\$6,350	\$6,350	\$6,350	\$4,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$12,700	\$12,700	\$12,700	\$8,000

For the Bronze and Catastrophic plans, the deductible is waived for three (3) office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.