



Indicate requests for deviations from the 2019 Patient-Centered Benefit Plan Designs be 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 2019 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																										
Specialist visit	Acupuncture																										
	Diabetes Education																										
Preventive care/ screening/ immunization	Allergy Testing																										
	Laboratory Tests																										
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	Surveys facility fee (e.g., Abortion for Which Public Funding is Prohibited (non MSB))																										
	Bariatric Surgery																										
	Physician/surgeon fees																										
	Outpatient visit																										
	Dialysis																										
Need immediate attention	Radiation																										
	Chemotherapy																										
	Intensive 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)																										
	Therapist																										
	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)																										
	Substance Use disorder inpatient physician/surgeon fee																										
Child eye care	Prenatal care and preconception visits																										
	Delivery and all inpatient services																										
Child Dental Diagnostic and Preventive	Hospital Professional																										
	Well Baby Visits																										
Child Dental Basic Services	Home health care																										
	Outpatient Rehabilitation services																										
Child Dental Major Services	Rehabilitative Speech Therapy																										
	Rehabilitative Occupational Therapy																										
Child Orthodontics	Rehabilitative Physical Therapy																										
	Outpatient Habilitation services																										
Child Dental Preventive	Skilled nursing care																										
	Durable medical equipment																										
Child Dental Basic Services	Prosthetic Device																										
	Hospice service																										
Child Dental Major Services	Eye exam																										
	1 pair of glasses per year (or contact lenses in lieu of glasses)																										
Child Dental Preventive	Oral Exam																										
	Preventive - Cleaning																										
Child Dental Major Services	Preventive - X-ray																										
	Sealants per Tooth																										
Child Dental Basic Services	Topical Fluoride Application																										
	Space Maintainers - Fixed																										
Child Dental Major Services	Amalgam Fill - 1 Surface																										
	Root Canal - Metal																										
Child Dental Major Services	Gingivectomy per Quad																										
	Extraction- Single Tooth Exposed Root or Erupted																										
Child Orthodontics	Extraction- Complete Bony																										
	Porcelain with Metal Crown																										
Child Orthodontics	Medically necessary orthodontics																										





APPLICANT NAME																									
OE5 2018-2019 Media Plan																									
Media Plan	Costs (rounded)	2018 Q4												2019 Q1											
		3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	31-Dec	7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb
Television	\$																								
Radio	\$																								
Out-of-Home	\$																								
Print (Newsprint, Magazine, Freestanding)	\$																								
Direct Mail	\$																								
Shared Mail	\$																								
Search Engine Marketing	\$																								
Digital (display, video, mobile, radio)	\$																								
Social media	\$																								
E-mail marketing	\$																								
Other - Community Events	\$																								
Other - Lead Purchasing	\$																								

\*Please add weeks, if needed  
 \*Use darker color to indicate media heavy up

SAMPLE - COMPANY NAME																										
OE5 2018-2019 Media Plan																										
Media Plan	Costs (rounded)	2018 Q4												2019 Q1												
		3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	31-Dec	7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb	18-Feb
Television	\$20M																									
Radio	\$1.5M																									
Out-of-Home	\$1M																									
Print (Newsprint, Magazine, Freestanding)	\$1M																									
Direct Mail	\$1M																									
Shared Mail	\$0																									
Search Engine Marketing	\$250k																									
Digital (display, video, mobile, radio)	\$300k																									
Social media	\$500k																									
E-mail marketing	\$250k																									
Other - Community Events	\$200k																									
Other - Lead Purchasing	\$50k																									

\*Please add weeks, if needed  
 \*Use darker color to indicate media heavy up

