

**2023 Patient-Centered Benefit Plan Designs**

**10.0 EHB**

**Date: Approved June 16, 2022**

**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	71.6%
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	\$4,750 / \$85 / \$0
Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$9,500 / \$170 / \$0
Individual Out-of-pocket maximum	\$8,750
Family Out-of-pocket maximum	\$17,500
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
<b>Health care provider's office or clinic visit</b>	Primary care visit to treat an injury, illness, or condition	\$45	
	Other practitioner office visit	\$45	
	Specialist visit	\$85	
	Preventive care/ screening/ immunization	No charge	
<b>Tests</b>	Laboratory Tests	\$50	
	X-rays and Diagnostic Imaging	\$95	
	Imaging (CT/PET scans, MRIs)	\$325	
<b>Drugs to treat illness or condition</b>	Tier 1	\$16	Pharmacy deductible
	Tier 2	\$60	Pharmacy deductible
	Tier 3	\$90	Pharmacy deductible
	Tier 4	20% up to \$250 per script after pharmacy deductible	Pharmacy deductible
<b>Outpatient services</b>	Surgery facility fee (e.g., ASC)	20%	
	Physician/surgeon fees	20%	
	Outpatient visit	20%	
<b>Need immediate attention</b>	Emergency room facility fee (waived if admitted)	\$400	
	Emergency room physician fee (waived if admitted)	No charge	
	Medical transportation (including emergency and non-emergency)	\$255	
	Urgent care	\$45	
<b>Hospital stay</b>	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	30%	X
	Physician/surgeon fee	30%	
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/behavioral health and substance use disorder outpatient office visits	\$45	
	Mental/behavioral health and substance use disorder other outpatient items and services	\$45	
<b>Pregnancy</b>	Prenatal care and preconception visits	No charge	
<b>Help recovering or other special health needs</b>	Home health care (cost share per visit)	\$45	
	Outpatient Rehabilitation and Habilitation services	\$45	
	Skilled nursing care	30%	X
	Durable medical equipment	20%	
	Hospice service	No charge	
<b>Child eye care</b>	Eye exam	No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam		
	Preventive - Cleaning		
	Preventive - X-ray		
	Sealants per Tooth	No charge	
	Topical Fluoride Application		
	Space Maintainers - Fixed		
<b>Child Dental Basic Services</b>	Restorative Procedures	20%	
	Periodontal Maintenance Services		
<b>Child Dental Major Services</b>	Crowns and Casts		
	Endodontics		
	Periodontics (other than maintenance)	50%	
	Prosthodontics		
<b>Child Orthodontics</b>	Oral Surgery		
	Medically necessary orthodontics	50%	