

It is hard to show in TRK changes, but the federal layout is 2 columns

Formatted: Font color: Red

Standard Plans Advisory Working Group
Platinum Plan 2017

| | | | |
|--|--|-----------------------------|---------------------------|
| Actuarial Value | | 90.99% | |
| Individual Overall Deductible | | \$0 | |
| Other individual deductibles for specific services | | | |
| Medical | | \$0 | |
| Prescription Drugs | | \$0 | |
| Dental | | \$0 | |
| Individual Out-of-Pocket Maximum | | \$2,000 | |
| Common Medical Event | Service Type | Member Cost Share | Deductible Applies |
| Health Care Provider's Office or Clinic visit | Primary care visit or non-specialist practitioner visit to treat an injury or illness | \$20* | |
| | Specialist visit | \$40* | |
| | Preventive care/screening/immunization | \$0* | |
| Tests X-rays and diagnostic imaging** | Laboratory tests | \$20* | |
| | X-rays and diagnostic imaging | \$40* | |
| | Imaging (CT/PET scans, MRIs) | \$150* | |
| Imaging (CT/PET scans, MRIs) | | * | |
| Speech Therapy | | * | |
| Occupational Therapy/Physical Therapy | | * | |
| Speech Therapy | | * | |
| Occupational Therapy/Physical Therapy | | * | |
| Drugs to treat illness or Condition | Generic Drugs | \$5* | |
| | Preferred brand Brand Drugs | \$15* | |
| | Non-preferred Preferred Brand Drugs | \$25* | |
| | Specialty Drugs | \$100* | |
| Outpatient Surgery Physician/Surgical Services | Facility fee (e.g. hospital room) | \$250* | |
| | Physician/Surgeon fee | | |
| Outpatient Non-surgical Clinic Visit* | Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic | \$75* | |
| Need Immediate Attention | Emergency room services (waived if admitted) | \$150* | |
| | Emergency medical transportation | \$150* | |
| | Urgent Care | \$40* | |
| Inpatient Hospital Stay Services | Facility fee (e.g. hospital room) | \$250 per day up to 5 days* | |
| | Physician/surgeon fee | | |
| Mental/Behavioral Health Substance Use Disorder Outpatient Office | M/B office visits | \$20* | |
| | M/B outpatient services | \$20* | |
| | M/B inpatient services | \$250 per day up to 5 days* | |

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

It is hard to show in TRK changes, but the federal layout is 2 columns

Formatted: Font color: Red

| | | | |
|--------------------------------------|--|-----------------------|-----------------------------|
| Visit | | | |
| Health, Substance Abuse needs | Substance abuse disorder outpatient services | | \$20* |
| | Substance abuse disorder inpatient services | | \$250 per day up to 5 days* |
| Pregnancy | Prenatal care and preconception services | | \$0 |
| | Delivery and all inpatient services | Hospital Professional | \$250 per day up to 5 days |

*Copay may not apply in a staff model HMO setting.

| | | | |
|--|---|--|----------------------------|
| Help recovering or other special health needs | Home health care | | \$20 |
| | Outpatient rehabilitation services | | \$20 |
| | Outpatient habilitation services | | \$20 |
| | Skilled nursing care | | \$150 per day up to 5 days |
| | Durable medical equipment | | 10% |
| | Hospice services | | \$0 |
| Child eye care | Eye exam | | \$0 |
| | 1 pair of glasses per year (or contact lenses in lieu of glasses) | | \$0 |
| Child Dental Diagnostic and Preventive | Oral Exam | | \$0 |
| | Preventive—cleaning | | \$0 |
| | Preventive—x ray | | \$0 |
| | Sealants per tooth | | \$0 |
| | Topical fluoride application | | \$0 |
| | Space Maintainers—Fixed | | \$0 |
| Child Dental Basic Services | Amalgam Fill—1 surface | | \$25 |
| Child Dental Major Services | Root canal—molar | | \$300 |
| | Gingivectomy per Quad | | \$150 |
| | Extraction—single tooth exposed root or | | \$65 |
| | Extraction—complete bony | | \$160 |
| | Porcelain with Metal Crown | | \$300 |
| Child Orthodontics | Medically necessary orthodontics | | \$1,000 |

*not subject to deductible

** Note: Excludes x-rays and diagnostic imaging associated with office visits