

Standard Plans, PY2024*****		Platinum		Gold		Silver		Bronze Copay		Bronze HSA		NOTES ON CHANGES
Actuarial Value		89.92%		Over allowable AV		71.95%		65.00%		Over allowable AV		
Individual Overall Deductible		\$0		\$500		\$5,200		\$8,350		\$6,350		
Other individual deductibles for specific services												
Medical		\$0		\$500		\$4,850		\$7,500		\$6,350		
Prescription Drugs		\$0		\$0		\$350		\$850		Integrated with Medical		
Dental		\$0		\$0		\$0		\$0		\$0		
Individual Out-of-Pocket Maximum		\$2,000		\$5,900		\$9,100		\$9,100		\$6,900		
Common Medical Event	Service Type	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 or non-specialist practitioner visit to treat an injury or illness	\$20		\$25		\$40		\$45		20%	X	
	Specialist visit	\$40		\$50		\$80		\$105		20%	X	
	Preventive care/screening/immunization	\$0		\$0		\$0		\$0		\$0		
Tests	Laboratory tests**	\$20		\$30		\$60		\$55	X	20%	X	
	X-rays and diagnostic imaging	\$40		\$50		\$80		\$80	X	20%	X	
	Imaging (CT/PET scans, MRIs)	\$150		\$250		\$400		\$500	X	20%	X	
Drugs to treat Illness or Condition***	Generic	\$5		\$15		\$20		\$25		20%	X	
	Preferred brand	\$15		\$50		\$50	X	\$75	X	20%	X	
	Non-preferred Brand	\$25		\$70		\$70	X	\$100	X	20%	X	
	Specialty	\$100		\$150		\$150	X	\$150	X	20%	X	
Outpatient Surgery	Facility fee (e.g. hospital room)	\$250		\$250		20%	X	40%	X	20%	X	Platinum: Clarification, cell was merged, now split.
	Physician/Surgeon fee	\$0		\$75		20%	X	40%	X	20%	X	
Outpatient Non-surgical Clinic Visit****	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75		\$75		20%	X	40%	X	20%	X	
Need Immediate Attention	Emergency room services (waived if admitted)	\$150		\$300		\$400	X	40%	X	20%	X	
	Emergency medical transportation	\$150		\$300		\$400	X	40%	X	20%	X	
	Urgent Care	\$40		\$60		\$90		\$100		20%	X	
Hospital Stay	Facility fee (e.g. hospital room)	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X	Platinum and Gold: Clarification, cells were merged, now split
	Physician/surgeon fee	\$0		\$0		20%	X	40%	X	20%	X	
Mental/Behavioral Health	M/B office visits	\$20		\$25		\$40		\$45		20%	X	
	M/B outpatient services	\$20		\$25		\$0		\$0		20%	X	Error corrected: Grid in report shows \$40; had been changed in PY23 to \$0 [required to meet MHP]
	M/B inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
Professional		\$0		\$0		20%	X	40%	X	20%	X	
Substance Abuse needs	Substance abuse disorder office visits	\$20		\$25		\$40		\$45		20%	X	
	Substance abuse disorder outpatient services	\$20		\$25		\$0		\$0		20%	X	Error corrected: Grid in report shows \$40; had been changed in PY23 to \$0 [required to meet MHP]
	Substance abuse disorder inpatient	Hospital	\$250 per day up to 5 days	\$600 per day up to 5 days	X	20%	X	40%	X	20%	X	Clarification: Hospital/Professional cells were merged, now

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	services	Professional	\$0	\$0	20% X	40% X	20% X
Pregnancy	Prenatal care and preconception services		\$0	\$0	\$0	\$0	\$0 X
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days	\$600 per day up to 5 days	X	20% X	40% X
Professional		\$0	\$0	20% X	40% X	20% X	
Help recovering or other special health needs	Home health care		\$20	\$30	\$50	\$50 X	20% X
	Outpatient rehabilitation services		\$20	\$30	\$65	\$50 X	20% X
	Outpatient habilitation services		\$20	\$30	\$65	\$50 X	20% X
	Skilled nursing care		\$150 per day up to 5 days	\$300 per day up to 5 days	20% X	40% X	20% X
	Durable medical equipment		10%	20%	20%	40% X	20% X
	Hospice services		\$0	\$0	\$0	40% X	20% X
Child eye care	Eye exam		\$0	\$0	\$0	\$50	\$50
	1 pair of glasses per year (or contact lenses in lieu of glasses)		\$0	\$0	\$0	\$0	\$0
Child Dental Diagnostic and Preventive	Oral Exam		\$0	\$0	\$0	\$0	\$0
	Preventive – cleaning		\$0	\$0	\$0	\$0	\$0
	Preventive- x-ray		\$0	\$0	\$0	\$0	\$0
	Sealants per tooth		\$0	\$0	\$0	\$0	\$0
	Topical fluoride application		\$0	\$0	\$0	\$0	\$0
	Space Maintainers – Fixed		\$0	\$0	\$0	\$0	\$0
Child Dental Basic Services	Amalgam Fill – 1 surface		\$25	\$25	\$25	\$41	\$41
Child Dental Major Services	Root canal – molar		\$300	\$300	\$300	\$512	\$512
	Gingivectomy per Quad		\$150	\$150	\$150	\$279	\$279
	Extraction – single tooth exposed root		\$65	\$65	\$65	\$69	\$69
	Extraction – complete bony		\$160	\$160	\$160	\$241	\$241
	Porcelain with Metal Crown		\$300	\$300	\$300	\$523	\$523
Child Orthodontics	Medically necessary orthodontics		\$1,000	\$1,000	\$1,000	\$3,422	\$3,422

NOTES ON CHANGES
split
Clarification: Hospital/Professional cells were merged, now split Error corrected: Bronze copay showed no Xs, but Ded applies, added
Error corrected: In Nov 2022 report, Bronze HSA showed 2%. That was a typo, actuaries are using 20%.
Error corrected: Initially for PY2020, the Bronze Copay plan had a plan coinsurance of 30%. When CMS subsequently lowered the maximum OOP, this required raising the plan coinsurance to 40%. In 2021, the grid changed back to 30% without SPWG action. Actuaries have been using 40% in AV calculations and bronze plan is at the upper limit.
Error corrected: This row was missing in Bronze copay and Bronze HSA grids from SPWG report in November 2022.