

Gold Plan	Current Plan Design		Alternative 1		Alternative 2		Alternative 3		CareFirst Option A	
	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes
Deductible - Medical	\$500		\$500		\$1,400		\$500		\$500	
Deductible - Rx	\$0		\$0		\$0		\$0		\$0	
Coinsurance - Medical	80%		80%		80%		80%		80%	
Coinsurance - Rx	100%		100%		100%		100%		100%	
MOOP	\$4,950		\$5,750		\$4,950		\$4,950		\$5,800	
Emergency Room	\$300		\$300		\$300	Ded applies	\$350		\$300	
Inpatient	\$600	Ded applies, copay is per day (5)	\$600	Ded applies, copay is per day (5)	\$600	Ded applies, copay is per day (5)	\$600	Ded applies, copay is per day (5)	\$600	Ded applies, copay is per day (5)
PCP	\$25		\$25		\$25		\$30		\$25	
Specialist	\$50		\$50		\$50		\$55		\$50	
MH/SA	\$25		\$25		\$25		\$30		\$25	
CT/PET/MRI	\$250		\$250		\$250		\$250		\$250	
Speech Therapy	\$30		\$30		\$30		\$30		\$30	
Occupational/Physical Therapy	\$30		\$30		\$30		\$30		\$30	
Preventive Care	\$0		\$0		\$0		\$0		\$0	
Laboratory	\$30		\$30		\$30		\$30		\$30	
X-Rays/Diagnostic Imaging	\$50		\$50		\$50		\$50		\$50	
Skilled Nursing Facility	\$300	Copay is per day (5)	\$300	Copay is per day (5)	\$300	Ded applies, Copay is per day (5)	\$300	Copay is per day (5)	\$300	Copay is per day (5)
OP Facility Fee	\$525		\$525		\$525	Ded applies	\$525		\$525	
OP Surgery Services	\$75		\$75		\$75	Ded applies	\$125		\$75	
Drugs - Generic	\$15		\$15		\$15		\$15		\$15	
Drugs - Preferred Brand	\$50		\$50		\$50		\$50		\$50	
Drugs - Non Preferred Brand	\$70		\$70		\$70		\$70		\$70	
Drugs - Specialty	\$150		\$150		\$150		\$150		\$150	
Actuarial value - \$0 Diabetes	82.96%	ERROR	81.98%	OK	81.99%	OK	81.91%	OK	81.92%	OK

Differs from Current Plan Design

\*D/C = deductible/coinsurance (these inputs will appear in blue if there are changes to the deductible and/or coinsurance amounts)

Silver Plan	Current Plan Design		Alternative 1		Alternative 2		Alternative 3		Alternative 4		Alternative 5		CareFirst Option A		CareFirst Option B		CareFirst Option C		CareFirst Option D		CareFirst Option E		CareFirst Option F		CareFirst Option G		CareFirst Option H		CareFirst Option I	
	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes
Deductible - Medical	\$4,000		\$6,250		\$4,000		\$4,200		\$4,150		\$4,900		\$5,000		\$4,800		\$5,000		\$4,250		\$4,450		\$4,500		\$4,950		\$4,850		\$4,850	
Deductible - Rx	\$250		\$250		\$250		\$475		\$350		\$500		\$550		\$500		\$550		\$350		\$350		\$350		\$350		\$350		\$350	
Coinsurance - Medical	80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%	
Coinsurance - Rx	100%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%	
MOP	\$8,250		\$8,250		\$8,250		\$9,100		\$8,450		\$9,100		\$8,250		\$8,450		\$8,550		\$8,350		\$9,100		\$9,100		\$8,800		\$9,100		\$8,850	
Emergency Room	\$350	Ded applies	\$350	Ded applies	\$550	Ded applies	\$350	Ded applies	\$425	Ded applies	\$400	Ded applies	\$350	Ded applies	\$350	Ded applies	\$350	Ded applies	\$350	Ded applies	\$400	Ded applies	\$400	Ded applies	\$400	Ded applies	\$400	Ded applies	\$400	Ded applies
Inpatient	D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C	
PCP	\$40		\$40		\$55		\$40		\$45		\$40		\$40		\$40		\$40		\$45		\$40		\$40		\$40		\$40		\$40	
Specialist	\$80		\$80		\$120		\$80		\$90		\$80		\$80		\$80		\$80		\$80		\$80		\$80		\$80		\$80		\$80	
MH/SA**	\$40/\$0		\$40/\$0		\$55/\$0		\$40/\$0		\$45/\$0		\$40/\$0		\$40/\$0		\$40/\$0		\$40/\$0		\$45/\$0		\$40/\$0		\$40/\$0		\$40/\$0		\$40/\$0		\$40/\$0	
CT/PET/MRI	\$300		\$300		\$550		\$300		\$375		\$350		\$300		\$300		\$300		\$400		\$400		\$400		\$400		\$400		\$400	
Speech Therapy	\$65		\$65		\$65		\$65		\$75		\$70		\$65		\$65		\$65		\$65		\$65		\$65		\$65		\$65		\$65	
Occupational/Physical Therapy	\$65		\$65		\$65		\$65		\$75		\$70		\$65		\$65		\$65		\$65		\$65		\$65		\$65		\$65		\$65	
Preventive Care	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Laboratory	\$60		\$60		\$60		\$60		\$70		\$65		\$60		\$60		\$60		\$60		\$60		\$60		\$60		\$60		\$60	
X-Ray/Diagnostic Imaging	\$80		\$80		\$80		\$80		\$95		\$80		\$80		\$80		\$80		\$80		\$80		\$80		\$80		\$80		\$80	
Skilled Nursing Facility	D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C	
OP Facility Fee	D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C	
OP Surgery Services	D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C		D/C	
Drugs - Generic	\$15		\$15		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20	
Drugs - Preferred Brand	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies
Drugs - Non Preferred Brand	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies	\$70	Ded applies
Drugs - Specialty	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies
\$0 Diabetes Actuarial Value	73.76%	ERROR	71.96%	OK	71.94%	OK	71.93%	OK	71.95%	OK	71.93%	OK	71.97%	OK	71.95%	OK	71.95%	OK	71.95%	OK	71.96%	OK	71.96%	OK	71.94%	OK	71.96%	OK	71.95%	OK

Differs from Current Plan Design  
 \*D/C = deductible/coinsurance (these inputs will appear in blue if there are changes to the deductible and/or coinsurance amounts)  
 \*\*The input is showing the office visit/outpatient copay values

Gold Plan	Current Plan Design		Alternative 1		CareFirst Option A		CareFirst Option B		CareFirst Option C		CareFirst Option D	
	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes	Coverage	Notes
Deductible - Medical	\$7,500		\$7,500		\$7,500		\$7,500		\$7,500		\$7,200	
Deductible - Rx	\$850		\$850		\$800		\$850		\$700		\$850	
Coinsurance - Medical	60%		60%		60%		60%		60%		60%	
Coinsurance - Rx	100%		100%		100%		100%		100%		100%	
MOOP	\$8,550		\$9,100		\$9,100		\$9,100		\$9,100		\$9,100	
Emergency Room	D/C		D/C		D/C		D/C		D/C		D/C	
Inpatient	D/C		D/C		D/C		D/C		D/C		D/C	
PCP	\$60		\$45		\$60		\$55		\$60		\$60	
Specialist	\$125		\$105		\$80		\$85		\$85		\$85	
MH/SA	\$60/\$0		\$45/\$0		\$60/\$0		\$55/\$0		\$60/\$0		\$60/\$0	
CT/PET/MRI	\$500	Ded applies	\$500	Ded applies	\$500	Ded applies	\$500	Ded applies	\$500	Ded applies	\$500	Ded applies
Speech Therapy	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies
Occupational/Physical Therapy	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies	\$50	Ded applies
Preventive Care	\$0		\$0		\$0		\$0		\$0		\$0	
Laboratory	\$55	Ded applies	\$55	Ded applies	\$55	Ded applies	\$55	Ded applies	\$55	Ded applies	\$55	Ded applies
X-Rays/Diagnostic Imaging	\$80	Ded applies	\$80	Ded applies	\$80	Ded applies	\$80	Ded applies	\$80	Ded applies	\$80	Ded applies
Skilled Nursing Facility	D/C		D/C		D/C		D/C		D/C		D/C	
OP Facility Fee	D/C		D/C		D/C		D/C		D/C		D/C	
OP Surgery Services	D/C		D/C		D/C		D/C		D/C		D/C	
Drugs - Generic	\$25		\$25		\$25		\$25		\$25		\$25	
Drugs - Preferred Brand	\$75	Ded applies	\$75	Ded applies	\$75	Ded applies	\$75	Ded applies	\$75	Ded applies	\$75	Ded applies
Drugs - Non Preferred Brand	\$100	Ded applies	\$100	Ded applies	\$100	Ded applies	\$100	Ded applies	\$100	Ded applies	\$100	Ded applies
Drugs - Specialty	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies	\$150	Ded applies
Actuarial value - \$0 Diabetes	64.88%	OK	64.91%	OK	64.93%	OK	64.95%	OK	64.95%	OK	64.94%	OK

**Differs from Current Plan Design**

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