

**Standard Plans Advisory Working Group
Draft Bronze Plan 2016 Revised 1-20-2015**

Actuarial Value		<u>60.361.3%</u>		
Individual Overall Deductible		4,500		
Other individual deductibles for specific services				
Medical		4,500		
Prescription Drugs		<u>\$250</u>		
Dental		\$0		
Individual Out-of-Pocket Maximum		<u>\$6,3506,850</u>		
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	\$50		
	Specialist visit	\$50		
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests	\$50	x	
	X-rays and diagnostic imaging	\$50	x	
	Imaging (CT/PET scans, MRIs)	\$500	x	
Drugs to treat Illness or Condition	Generic	\$25		
	Preferred brand	50%	x	
	Non-preferred Brand	50%	x	
	Specialty	Applicable cost shares apply	x	
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	x	
	Physician/Surgeon fee	20%	x	
Need Immediate Attention	Emergency room services	20%	x	
	Emergency medical transportation	0		
	Urgent Care	\$50		
Hospital Stay	Facility fee (e.g. hospital room)	20%	x	
	Physician/surgeon fee	20%	x	
Mental/Behavioral Health	M/B outpatient services	\$50		
	M/B inpatient services	20%	x	
Health, Substance Abuse needs	Substance abuse disorder outpatient services	\$50		
	Substance abuse disorder inpatient services	20%	x	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	20%	x
		Professional		x
Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	\$0	x	
	Outpatient rehabilitation services	\$50	x	
	Outpatient habilitation services	\$50	x	
	Skilled nursing care	20%	x	
	Durable medical equipment	20%	x	
	Hospice services	20%	x	

Child eye care	Eye exam (OD)	\$50	
	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	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$41	
Child Dental Major Services	Root canal - molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
Child Orthodontics	Medically necessary orthodontics	\$3,422	