



Metal Tier		Gold	Gold	Gold	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	
Plan Name		Gold 00-01	Gold 02	Gold 03	Bronze 00-01	Bronze 02	Bronze 03	Off Exchange Only Silver 00	Standard Silver 00	Standard Silver 02	Standard Silver 03	Standard Silver 04	Standard Silver 05	Standard Silver 06	Smart Silver 00-01	Smart Silver 02	Smart Silver 03
Full Plan Name		22 Health Gold 78% Tier 00-01	22 Health Gold 0% Tier 02-03	22 Health Gold 0% Tier 02-03	22 Health Bronze 64% Tier 00-01	22 Health Bronze 0% Tier 02-03	22 Health Bronze 0% Tier 02-03	New Off Exchange Silver Only Plan	22 Health Standard Silver 70% Tier 00-01	22 Health Standard Silver 0% Tier 02-03	22 Health Standard Silver 0% Tier 02-03	22 Health Standard Silver 73% Tier 04	22 Health Standard Silver 87% Tier 05	22 Health Standard Silver 94% Tier 06	22 Health Smart Silver 70% Tier 00-01	22 Health Smart Silver 0% Tier 02-03	22 Health Smart Silver 0% Tier 02-03
<b>Deductible</b>																	
Individual	In-network	\$ 2,000	\$ -	\$ 2,000	\$ 7,500	\$ -	\$ 7,500	\$ 6,000	\$ 6,000	\$ -	\$ 6,000	\$ 3,000	\$ 700	\$ -	\$ 5,000	\$ -	\$ 5,000
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	In-network	\$ 4,000	\$ -	\$ 4,000	\$ 15,000	\$ -	\$ 15,000	\$ 12,000	\$ 12,000	\$ -	\$ 12,000	\$ 6,000	\$ 1,400	\$ -	\$ 10,000	\$ -	\$ 10,000
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Maximum Out-of-Pocket (MOOP)</b>																	
Individual	In-network	\$ 8,200	\$ -	\$ 8,200	\$ 10,000	\$ -	\$ 10,000	\$ 8,900	\$ 8,900	\$ -	\$ 8,900	\$ 7,400	\$ 3,300	\$ 2,200	\$ 7,500	\$ -	\$ 7,500
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	In-network	\$ 16,400	\$ -	\$ 16,400	\$ 20,000	\$ -	\$ 20,000	\$ 17,800	\$ 17,800	\$ -	\$ 17,800	\$ 14,800	\$ 6,600	\$ 4,400	\$ 15,000	\$ -	\$ 15,000
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Coinsurance</b>																	
	In-network	25%	0%	25%	50%	0%	50%	40%	40%	0%	40%	40%	30%	25%	40%	0%	40%
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>PCP Office Visit</b>																	
	In-network	\$30.00	\$0.00	\$30.00	\$50.00	\$0.00	\$50.00	\$40.00	\$40.00	\$0.00	\$40.00	\$40.00	\$20.00	\$0.00	\$25.00	\$0.00	\$25.00
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Specialist Office Visit</b>																	
	In-network	\$60.00	\$0.00	\$60.00	\$100.00	\$0.00	\$100.00	\$80.00	\$80.00	\$0.00	\$80.00	\$80.00	\$40.00	\$10.00	\$70.00 Copay	\$0.00	\$70.00 Copay
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Urgent Care</b>																	
	In-network	\$45.00	\$0.00	\$45.00	\$75.00	\$0.00	\$75.00	\$60.00	\$60.00	\$0.00	\$60.00	\$60.00	\$30.00	\$5.00	\$60.00	\$0.00	\$60.00
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Outpatient Labs</b>																	
	In-network	25.00% Coinsurance after deductible	\$0.00	25.00% Coinsurance after deductible	50.00% Coinsurance after deductible	\$0.00	50.00% Coinsurance after deductible	40.00% Coinsurance after deductible	40.00% Coinsurance after deductible	\$0.00	40.00% Coinsurance after deductible	40.00% Coinsurance after deductible	30.00% Coinsurance after deductible	\$0.25	40.00% Coinsurance after deductible	\$0.00	40.00% Coinsurance after deductible
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>RX - Generic</b>																	
	In-network	\$15.00	\$0.00	\$15.00	\$25.00	\$0.00	\$25.00	\$20.00	\$20.00	\$0.00	\$20.00	\$20.00	\$10.00	\$0.00	\$40.00	\$0.00	\$40.00
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Rx - Non-Preferred</b>																	
	In-Network	\$60.00	\$0.00	\$60.00	\$100.00 Copay after deductible	\$0.00	\$100.00 Copay after deductible	\$80.00 Copay after deductible	\$80.00 Copay after deductible	\$0.00	\$80.00 Copay after deductible	\$80.00 Copay after deductible	\$60.00 Copay after deductible	\$50.00	50.00% Coinsurance after deductible	\$0.00	50.00% Coinsurance after deductible
	Out-of-Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Rx - Specialty</b>																	
	In-Network	\$250.00	\$0.00	\$250.00	\$500.00 Copay after deductible	\$0.00	\$500.00 Copay after deductible	\$350.00 Copay after deductible	\$350.00 Copay after deductible	\$0.00	\$350.00 Copay after deductible	\$350.00 Copay after deductible	\$250.00 Copay after deductible	\$150.00	50.00% Coinsurance after deductible	\$0.00	50.00% Coinsurance after deductible
	Out-of-Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



Metal Tier	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
Plan Name	Smart Silver 04	Smart Silver 05	Smart Silver 06	Focused Silver 00-01	Focused Silver 02	Focused Silver 03	Focused Silver 04	Focused Silver 05	Focused Silver 06	Focused Silver 06
Full Plan Name	22 Health Smart Silver 73% Tier 04	22 Health Smart Silver 87% Tier 05	22 Health Smart Silver 94% Tier 06	22 Health Focused Silver 70% Tier 00-01	22 Health Focused Silver 0% Tier 02-03	22 Health Focused Silver 0% Tier 02-03	22 Health Focused Silver 73% Tier 04	22 Health Focused Silver 87% Tier 05	22 Health Focused Silver 94% Tier 06	22 Health Focused Silver 94% Tier 06
<b>Deductible</b>										
Individual	In-network	\$ 4,500	\$ 1,000	\$ 150	\$ 4,000	\$ -	\$ 4,000	\$ 3,000	\$ 650	\$ 100
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	In-network	\$ 9,000	\$ 2,000	\$ 300	\$ 8,000	\$ -	\$ 8,000	\$ 6,000	\$ 1,300	\$ 200
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Maximum Out-of-Pocket (MOOP)</b>										
Individual	In-network	\$ 6,000	\$ 2,700	\$ 1,500	\$ 7,150	\$ -	\$ 7,150	\$ 6,300	\$ 3,000	\$ 2,500
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	In-network	\$ 12,000	\$ 5,400	\$ 3,000	\$ 14,300	\$ -	\$ 14,300	\$ 12,600	\$ 6,000	\$ 5,000
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Coinsurance</b>										
		1500								
	In-network	40%	40%	25%	30%	0%	30%	30%	30%	10%
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>PCP Office Visit</b>										
	In-network	\$15.00	\$5.00	\$0.00	10.00%	\$0.00	10.00%	10.00%	10.00%	\$0.00
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Specialist Office Visit</b>										
	In-network	\$50.00 Copay	\$20.00 Copay	\$10.00 Copay	30.00%	\$0.00	30.00%	30.00%	30.00%	10.00%
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Urgent Care</b>										
	In-network	\$50.00	\$40.00	\$10.00	30.00%	\$0.00	30.00%	30.00%	30.00%	10.00%
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Outpatient Labs</b>										
	In-network	40.00% Coinsurance after deductible	40.00% Coinsurance after deductible	25.00% Coinsurance after deductible	30.00% Coinsurance after deductible	\$0.00	30.00% Coinsurance after deductible	30.00% Coinsurance after deductible	30.00% Coinsurance after deductible	10.00% Coinsurance after deductible
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>RX - Generic</b>										
	In-network	\$30.00	\$10.00	\$0.00	10.00%	\$0.00	10.00%	10.00%	10.00%	\$0.00
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Rx - Non-Preferred</b>										
	In-Network	40.00% Coinsurance after deductible	40.00% Coinsurance after deductible	20.00% Coinsurance after deductible	25.00% Coinsurance after deductible	\$0.00	25.00% Coinsurance after deductible	25.00% Coinsurance after deductible	25.00% Coinsurance after deductible	10.00% Coinsurance after deductible
	Out-of-Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Rx - Specialty</b>										
	In-Network	40.00% Coinsurance after deductible	40.00% Coinsurance after deductible	20.00% Coinsurance after deductible	25.00% Coinsurance after deductible	\$0.00	25.00% Coinsurance after deductible	25.00% Coinsurance after deductible	25.00% Coinsurance after deductible	10.00% Coinsurance after deductible
	Out-of-Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A