

2020 Individual Plans

Benefits Highlights

HEALTHY PREFERRED

HEALTHY PREMIER

	GOLD COPAY	SILVER COPAY	SILVER COPAY (OFF)	BRONZE 3 COPAY	BRONZE HSA	EXPANDED BRONZE HSA	EXPANDED BRONZE
FEATURES							
Annual Deductible (<i>individual/family</i>)	\$1,500/\$3,000	\$3,500/\$7,000	\$4,500/\$9,000	\$6,550/\$13,100	\$6,900/\$13,800	\$4,000/\$8,000	\$3,500/\$7,000
Prescription Drug Deductible (<i>individual/family</i>)	\$500/\$1,000	\$2,000/\$4,000	Included with MD	Included with MD	Included with MD	Included with MD	\$1,650/\$3,300
Annual Out-of-Pocket Maximum (<i>individual/family</i>)	\$7,000/\$14,000	\$8,000/\$16,000	\$8,150/\$16,300	\$8,150/\$16,300	\$6,900/\$13,800	\$6,900/\$13,800	\$8,150/\$16,300
BENEFITS							
Emergency and Urgent Care							
Emergency Room	\$200 copay/visit AD	\$500 copay/visit AD	\$500 copay/visit AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Urgent Care	\$25 copay/visit DW	\$30 copay/visit DW	\$30 copay/visit DW	\$45 copay/ first 3 visits then 40% AD	0% Co AD	\$25 copay AD	\$45 copay/visit DW
Office Visits							
Preventive Care/Screening/Immunizations	No Charge						
Primary Care	\$25 copay/visit DW	\$30 copay/visit DW	\$30 copay/visit DW	\$45 copay/ first 3 visits then 40% AD	0% Co AD	\$25 copay AD	\$45 copay/visit DW
Mental Health/Substance Abuse Services	\$25 copay/visit DW	\$30 copay/visit DW	\$30 copay/visit DW		0% Co AD	\$25 copay AD	\$45 copay/visit DW
Specialty Care	\$40 copay/visit DW	\$75 copay/visit DW	\$75 copay/visit DW	40% Co AD	0% Co AD	\$40 copay AD	\$75 copay AD
Other Practitioner Care	\$40 copay/visit DW	\$75 copay/visit DW	\$75 copay/visit DW	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Habilitative Care	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Rehabilitative Care	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Vision Services							
Adult Annual Routine Vision Exam	No Charge						
Pediatric Vision Exam & Corrective Lenses	No Charge						
Prescription Drugs							
Formulary Generic Drugs	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$35 copay DW	0% Co AD	30% Co AD	\$25 copay DW
Formulary Preferred Brand Drugs	25% Co AD	25% Co AD	25% Co AD	40% Co AD	0% Co AD	30% Co AD	25% Co AD
Formulary Non Preferred Brand Drugs	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	30% Co AD	50% Co AD
Specialty Drugs	25% Co AD	25% Co AD	25% Co AD	40% Co AD	0% Co AD	30% Co AD	25% Co AD
Outpatient Hospital / Facility Services							
Laboratory Services	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Radiology Services	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Specialized Scanning Services (CT, MRI, PET Scans)	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Medical / Surgical Services	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Inpatient Hospital Services							
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Hospice Care	20% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Transportation Assistance							
Emergency Transportation - Ambulance	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	40% Co AD	0% Co AD	30% Co AD	50% Co AD
Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments	Not Covered						
SUPPLEMENTAL BENEFITS							
MD Live 24/7 Telehealth	No Charge				0% Co AD		No Charge
Virtual Visits - Instant Online Care	No Charge				0% Co AD		No Charge
24-Hour Nurse Line	No Charge						
U Baby Care - Prenatal & Postnatal Care							
Tobacco Counseling, Smoking Cessation Program							

MD = Medical Deductible, AD = After Deductible, Co AD = Coinsurance After Deductible, DW = Deductible Waived

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2020 Individual Plans

HEALTHY PREFERRED

HEALTHY PREMIER

Cost Sharing Reduction (CSR) Plans

Plans available through Marketplace Only	SILVER COPAY 73% CSR	SILVER COPAY 87% CSR	SILVER COPAY 94% CSR
FEATURES			
Annual Deductible (<i>individual/family</i>)	\$3,000/\$6,000	\$400/\$800	\$0/\$0
Prescription Drug Deductible (<i>individual/family</i>)	\$500/\$1,000	\$150/\$300	\$0/\$0
Annual Out-of-Pocket Maximum (<i>individual/family</i>)	\$6,500/\$13,000	\$2,600/\$5,200	\$1,600/\$3,200
BENEFITS			
Emergency and Urgent Care			
Emergency Room	\$250 copay/visit AD	\$250 copay/visit AD	\$100 copay/visit AD
Urgent Care	\$30 copay/visit DW	\$10 copay/visit DW	\$10 copay/visit DW
Office Visits			
Preventive Care/Screening/Immunizations	No Charge		
Primary Care	\$30 copay/visit DW	\$10 copay/visit DW	\$10 copay/visit DW
Mental Health/Substance Abuse Services	\$30 copay/visit DW	\$10 copay/visit DW	\$10 copay/visit DW
Specialty Care	\$60 copay/visit DW	\$30 copay/visit DW	\$20 copay/visit DW
Other Practitioner Care	\$60 copay/visit DW	\$30 copay/visit DW	\$20 copay/visit DW
Habilitative Care	30% Co AD	25% Co AD	10% Co AD
Rehabilitative Care	30% Co AD	25% Co AD	10% Co AD
Vision Services			
Adult Annual Routine Vision Exam	No Charge		
Pediatric Vision Exam & Corrective Lenses	No Charge		
Prescription Drugs			
Formulary Generic Drugs	\$15 copay DW	\$10 copay DW	\$10 copay DW
Formulary Preferred Brand Drugs	25% Co AD	15% Co AD	10% Co AD
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Outpatient Hospital / Facility Services			
Laboratory Services	30% Co AD	25% Co AD	10% Co AD
Radiology Services	30% Co AD	25% Co AD	10% Co AD
Specialized Scanning Services (CT, MRI, PET Scans)	30% Co AD	25% Co AD	10% Co AD
Medical / Surgical Services	30% Co AD	25% Co AD	10% Co AD
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Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	30% Co AD	25% Co AD	10% Co AD
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Emergency Transportation - Ambulance	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD
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