

Metal Tiers: Platinum, Gold, Enhanced Silver 94, and Bronze

The four options displayed below detail the options that are the lowest cost and best value for you. You can compare the benefits provided at each plan level or “metal tier.”

The two best options for you are the Enhanced Silver 94 or the Bronze plans.

- Due to your income level, you qualify for the Enhanced Silver 94 plans, which provide assistance with out-of-pocket costs in addition to premium assistance. Enhanced Silver 94 plans will cover an average of 94% of costs, meaning that, on average, you will be responsible for 6% of your health care costs. Most common covered services under the Enhanced Silver 94 Plan do not have a deductible.
- You could also select a Bronze plan. Bronze plans cover an average of 60% of costs, meaning that, on average, you will be responsible for paying 40% of your health care costs. Also, most services covered by the Bronze plan are subject to a deductible, or amount you must pay out-of-pocket before the plan will cover costs.

You can compare the charts below to see what your costs would be under each plan. It is important to understand the benefits and risks, and determine how much health care you expect to use. While the Bronze plan has the cheapest monthly premium, the Enhanced Silver 94 Plan provides a lower risk of out-of-pocket costs, making it a better value for most people.

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60	Enhanced Silver 94	Gold 80	Platinum 90
	Benefits in Blue are Subject to Deductibles		Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Individual Deductible	\$5,000 deductible for medical & drugs	no deductible	no deductible	no deductible
Family Deductible	\$10,000 deductible	no deductible	no deductible	no deductible
Preventative Care Copay ¹	no cost	no cost	no cost	no cost
Primary Care Visit Copay	\$60 ²	\$3	\$30	\$20
Specialty Care Visit Copay	\$70	\$5	\$50	\$40
Urgent Care Visit Copay	\$120 ²	\$6	\$60	\$40
Generic Medication Copay	\$15	\$3	\$60	\$40
Lab Testing Copay	30%	\$3	\$30	\$20
X-Ray Copay	30%	\$5	\$50	\$40
Emergency Room Copay	\$300	\$25	\$250	\$150
High cost and infrequent services (e.g. Hospital Stay)	30% of your plan's negotiated rate	10%	HMO Outpatient Surgery - \$600 Hospital - \$600/day up to 5 days PPO - 20%	HMO Hospital - \$250/day up to 5 days PPO - 10%
Preferred brand copay after Drug Deductible (if any)	\$50	\$5	\$50	\$15
Maximum Out-of-Pocket For One	\$6,250	\$2,250	\$6,250	\$4,000
Maximum Out-of-Pocket For Family	\$12,500	\$4,500	\$12,500	\$8,000

¹ in-network only

² First 3 visits each year are not subject to the deductible