

## 2019 Proposed Standard Silver Options

Benefit	2018 Standard	Option #1
<b>2019 Federal AV</b>	<b>72.98%</b>	<b>71.96%</b>
Deductible	Medical: \$2,500    Drug: \$0	Medical: \$2,850    Drug: \$0
Maximum OOP	Combined Medical and Drug \$7,350	Combined Medical and Drug \$7,900
Family Multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Office Visit to Treat an Injury or Illness	\$40	\$40
Specialist Office Visit	\$80	\$80
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible	30% After Deductible
Outpatient Surgery Physician/Surgical Services	30% After Deductible	30% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible	30% After Deductible
Inpatient Rehabilitation Services	30% After Deductible	30% After Deductible
Inpatient Habilitation Services	30% After Deductible	30% After Deductible
Urgent Care Centers or Facilities	\$70	\$70
Emergency Room Services	30% After Deductible	30% After Deductible
Generic Drugs	\$15	\$15
Preferred Brand Drugs	\$60	\$60
Non-Preferred Brand Drugs	50%	50%
Specialty Drugs	50%	50%
Pediatric Vision	<p><i>Exams</i> at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. <i>Contact lenses</i> - Actuarial equivalent of \$150 per year. <i>Frames</i> - Actuarial equivalent of \$150 per year. <i>Lenses</i> at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.</p>	<p><i>Exams</i> at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. <i>Contact lenses</i> - Actuarial equivalent of \$150 per year. <i>Frames</i> - Actuarial equivalent of \$150 per year. <i>Lenses</i> at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.</p>
Outpatient Rehabilitation Services	\$40 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.	\$40 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.
Outpatient Habilitation Services	\$40 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.	\$40 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.
Biofeedback	\$40	\$40
Cardiac Rehabilitation	\$40	\$40
Imaging (CT/PET Scans, MRIs)	30% After Deductible	30% After Deductible
Preventive Benefits	\$0	\$0
Diabetes Education	\$0	\$0
Nutritional Counseling	\$0	\$0
Diabetic Supplies	\$0	\$0
Laboratory Outpatient and Professional Services	30% After Deductible	30% After Deductible
X-rays and Diagnostic Imaging	30% After Deductible	30% After Deductible