

2019 Marketplace Standard Silver Plan Cost-Sharing Reductions

Deductible/OOP Max	Silver	201-250% FPL	151-200% FPL	133-150% FPL
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded <sup>1</sup>	\$2,850	\$2,850	\$850	\$100
Rx Ded	\$0	\$0	\$0	\$0
Integrated Ded	No	No	No	No
Medical MOOP	\$7,900	\$6,300	\$2,350	\$900
Rx MOOP	N/A	N/A	N/A	N/A
Integrated MOOP	Yes	Yes	Yes	Yes
Family Deductible/MOOP <sup>2</sup>	2x Individual	2x Individual	2x Individual	2x Individual
Rx Deductible Applies to Tiers	N/A	N/A	N/A	N/A
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>3</sup>	30%	30%	10%	10%
Outpatient <sup>4</sup>	30%	30%	10%	10%
ER <sup>5</sup>	30%	30%	10%	10%
Radiology (MRI, CT, PET)	30%	30%	10%	10%
Preventive (Prev)	\$0	\$0	\$0	\$0
PCP Office Visit (OV) <sup>6</sup>	\$40	\$40	\$15	\$10
Non-Specialist Visit <sup>6</sup>	\$40	\$40	\$15	\$10
Specialist Office Visit <sup>6</sup>	\$80	\$70	\$30	\$20
Urgent Care (UC)	\$70	\$70	\$40	\$30
Ambulance	30%	30%	10%	10%
Rx Generic	\$15	\$15	\$10	\$5
Rx Preferred Brand	\$60	\$55	\$25	\$10
Rx Non-Preferred Brand	50%	50%	50%	25%
Specialty Drug	50%	50%	50%	25%
Pediatric Vision <sup>7</sup>	\$0	\$0	\$0	\$0
Biofeedback	\$40	\$40	\$15	\$10
Cardiac Rehabilitation	\$40	\$40	\$15	\$10
Outpatient Rehabilitation <sup>8</sup>	\$40	\$40	\$15	\$10
Outpatient Habilitation <sup>8</sup>	\$40	\$40	\$15	\$10
Diabetes Education	\$0	\$0	\$0	\$0
Nutritional Counseling	\$0	\$0	\$0	\$0
Diabetic Supplies	\$0	\$0	\$0	\$0
<b>Actuarial Values</b>				
Federal AVC - Final Rounded	72%	74%	88%	95%
Federal AVC - Final Exact	71.96%	73.99%	87.93%	94.88%

\*\*Integrated Medical/Rx Deductible

<sup>1</sup>Deductible does not apply to Prev, OVs, Non-Specialist and Specialist Visits, UC

<sup>2</sup>For Deductible plans, the individual deductible applies to all members while the family deductible applies only if multiple family members incur claims.

<sup>3</sup>Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>4</sup>Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>5</sup>ER copay is waived if admitted.

<sup>6</sup>MH/SA may be covered as OV or specialist office visit.

<sup>7</sup>Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.

<sup>8</sup>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.