

2024 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 ¹	\$5,500	\$5,500	\$1,325	\$150
Rx Ded	\$0	\$0	\$0	\$0
Integrated Ded	No	No	No	No
Medical MOOP	\$9,450	\$7,550	\$3,150	\$1,075
Rx MOOP	N/A	N/A	N/A	N/A
Integrated MOOP	Yes	Yes	Yes	Yes
Family Deductible/MOOP ²	2x Individual	2x Individual	2x Individual	2x Individual
Rx Deductible Applies to Tiers	N/A	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ³	30%	30%	10%	10%
Outpatient ⁴	30%	30%	10%	10%
ER ⁵	30%	30%	10%	10%
Radiology (MRI, CT, PET)	30%	30%	10%	10%
Preventive (Prev)	\$0	\$0	\$0	\$0
PCP Office Visit (OV) ⁶	\$40	\$40	\$15	\$10
Non-Specialist Visit ⁶	\$40	\$40	\$15	\$10
Specialist Office Visit	\$80	\$80	\$30	\$20
Urgent Care (UC)	\$70	\$70	\$40	\$30
Ambulance	30%	30%	10%	10%
Rx Generic	\$15	\$15	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$25	\$10
Rx Non-Preferred Brand	50%	50%	50%	25%
Specialty Drug	50%	50%	50%	25%
Pediatric Vision ⁷	\$0	\$0	\$0	\$0
Biofeedback	\$40	\$40	\$15	\$10
Cardiac Rehabilitation	\$40	\$40	\$15	\$10
Outpatient Rehabilitation ⁸	\$40	\$40	\$15	\$10
Outpatient Habilitation ⁸	\$40	\$40	\$15	\$10
Diabetes Education	\$0	\$0	\$0	\$0
Nutritional Counseling	\$0	\$0	\$0	\$0
Diabetic Supplies	\$0	\$0	\$0	\$0
Acupuncture - limit 12 visits	\$40	\$40	\$15	\$10
Chiropractic - limit 20 visits	\$40	\$40	\$15	\$10
Actuarial Values				
Federal AVC - Final Rounded	72%	74%	88%	95%
Federal AVC - Final Exact	71.88%	73.97%	87.95%	94.99%

¹Deductible does not apply to Prev, OVs, Non-Specialist and Specialist Visits, UC

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

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

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

⁵ER copay is waived if admitted.

⁶MH/SA covered as PCP office visit. **First three visits at \$5 (combined PCP, other practitioner, and mental/behavioral health office visits).**

⁷Exams 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.

⁸Applies 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.