

# 2024 QHP Standardized Plan Designs

Plan Feature/ Service <i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,850	<b>\$3,600</b>
		\$0	\$0	\$4,000	\$4,000	\$5,700	<b>\$7,200</b>
Annual Deductible – Medical		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	<b>\$6,000</b>	<b>\$9,450</b>	\$7,050	<b>\$9,450</b>	<b>\$8,000</b>
		\$6,000	<b>\$12,000</b>	<b>\$18,900</b>	\$14,100	<b>\$18,900</b>	<b>\$16,000</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$30	<b>\$25</b>	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room		\$150	\$350	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Durable Medical Equipment		20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services		\$0	\$25	Deductible then \$25	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging		\$150	\$250	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$30	<b>\$30</b>	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$60	<b>\$55</b>	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$90	<b>Deductible then \$75</b>	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$60	<b>\$60</b>	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$120	<b>\$110</b>	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$270	<b>Deductible then \$225</b>	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator		<b>90.35 percent</b>	<b>81.62%</b>	<b>71.82%</b>	<b>71.66 percent</b>	<b>64.74 percent</b>	<b>64.98 percent</b>