















Plan Benefits	HMO Silver Copay 3800	HMO Silver* Copay 3800 FPL (201%-250%)	HMO Silver* Copay 3800 FPL (151%-200%)	HMO Silver* Copay 3800 FPL (100%-150%)	HMO Silver Copay 4500†
Medical Deductible <i>Single/Family</i>	\$3,800 / \$7,600	\$3,450 / \$6,900	\$800 / \$1,600	\$0 / \$0	\$4,500 / \$9,000
Medication Deductible <i>Single/Family</i>	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost	No Cost
Adult Primary Care Visit Copay	\$30	\$30	\$10	\$30	\$25
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	\$0	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$60	\$60	\$30	\$50	\$50
Inpatient Copay	30% ¹	30% ¹	20% ¹	20% ¹	20% ¹
Outpatient Copay	30% ¹	30% ¹	20% ¹	\$600	20% ¹
Emergency Room Copay	\$500 ¹	\$500 ¹	\$500 ¹	\$500	\$500 ¹
Urgent Care Copay	\$50	\$50	\$50	\$50	\$50
Routine Lab/X-Ray Copay	No Cost	No Cost	No Cost	No Cost	No Cost
Imaging (MRI, CT, Scans) Copay	\$250 per test ¹	\$250 per test ¹	\$250 per test ¹	\$250 per test ¹	\$250 per test ¹
Medication Copays:					
<i>Tier I</i>	\$0	\$0	\$0	\$0	\$0
<i>Tier II</i>	\$20	\$20	\$10	\$10	\$20
<i>Tier III</i>	\$50	\$50	\$30	\$30	\$50
<i>Tier IV</i>	\$100	\$100	\$70	\$70	\$100
<i>Tier V</i>	40%	40%	30%	30%	40%
Formulary	Click here	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$7,350 / \$14,700	\$5,850 / \$11,700	\$2,450 / \$4,900	\$1,000 / \$2,000	\$7,350 / \$14,700
Plan ID	26539TX0140003-00	26539TX0140003-04	26539TX0140003-05	26539TX0140003-06	26539TX0140010-00
Summary of Benefits & Coverage (SBC)					
Plan Documents					

*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 26539TX0140003-04 (201-250%), 26539TX0140003-05 (151-200%), 26539TX0140003-06 (100-150%), 26539TX0140008-04 (201-250%), 26539TX0140008-05 (151-200%), 26539TX0140008-06 (100-150%)

¹After Medical Deductible

†Silver HMO Copay 4500 plan is only offered off-exchange

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Plan Benefits	HMO Silver HSA 100%	HMO Silver* HSA 100% FPL (201%-250%)	HMO Silver* HSA 100% FPL (151%-200%)	HMO Silver* HSA 100% FPL (100%-150%)
Medical Deductible <i>Single/Family</i>	\$5,000 / \$10,000	\$3,350 / \$6,700	\$1,250 / \$2,500	\$550 / \$1,100
Medication Deductible <i>Single/Family</i>	<i>Integrated with Medical</i>	<i>Integrated with Medical</i>	<i>Integrated with Medical</i>	<i>Integrated with Medical</i>
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
Adult Primary Care Visit Copay	0% ¹	0% ¹	0% ¹	0% ¹
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	0% ¹	0% ¹	0% ¹	0% ¹
Specialty Care Visit Copay	0% ¹	0% ¹	0% ¹	0% ¹
Inpatient Copay	0% ¹	0% ¹	0% ¹	0% ¹
Outpatient Copay	0% ¹	0% ¹	0% ¹	0% ¹
Emergency Room Copay	0% ¹	0% ¹	0% ¹	0% ¹
Urgent Care Copay	0% ¹	0% ¹	0% ¹	0% ¹
Routine Lab/X-Ray Copay	No Cost	No Cost	No Cost	No Cost
Imaging (MRI, CT, Scans) Copay	0% ¹	0% ¹	0% ¹	0% ¹
Medication Copays:				
<i>Tier I</i>	0% ¹	0% ¹	0% ¹	0% ¹
<i>Tier II</i>	0% ¹	0% ¹	0% ¹	0% ¹
<i>Tier III</i>	0% ¹	0% ¹	0% ¹	0% ¹
<i>Tier IV</i>	0% ¹	0% ¹	0% ¹	0% ¹
<i>Tier V</i>	0% ¹	0% ¹	0% ¹	0% ¹
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$5,000 / \$10,000	\$3,350 / \$6,700	\$1,250 / \$2,500	\$550 / \$1,100
Plan ID	26539TX0140008-00	26539TX0140008-04	26539TX0140008-05	26539TX0140008-06
Summary of Benefits & Coverage (SBC)				
Plan Documents				

*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) –
26539TX0140003-04 (201-250%), 26539TX0140003-05 (151-200%), 26539TX0140003-06 (100-150%),
26539TX0140008-04 (201-250%), 26539TX0140008-05 (151-200%), 26539TX0140008-06 (100-150%)
¹After Medical Deductible

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