2018 Marketplace Gold Plans

Plan Benefits	HMO Gold Coinsurance	HMO Gold Copay
Medical Deductible *Single/Family*	$1,950 / $3,900	$0 / $0
Medication Deductible *Single/Family*	$0 / $0	$0 / $0
Preventive Care Copay	No Cost	No Cost
Adult Primary Care Visit Copay	$30	$30
Pediatric Primary Care Visit Copay *(Ages 0-19)*	$0	$0
Specialty Care Visit Copay	$50	$50
Inpatient Copay	20%[1]	20%[1]
Outpatient Copay	20%[1]	$600
Emergency Room Copay	$500[1]	$500
Urgent Care Copay	$50	$50
Routine Lab/X-Ray Copay	No Cost	No Cost
Imaging (MRI, CT, Scans) Copay	$250 per test[1]	$250 per test[1]
Medication Copays:		
Tier I	$0	$0
Tier II	$20	$20
Tier III	$50	$50
Tier IV	$100	$100
Tier V	40%	40%
Formulary	Click here	Click here
Compare Medication Costs	Click here	Click here
Maximum Out-of-Pocket *Single/Family*	$6,600 / $13,200	$7,150 / $14,300
Plan ID	26539TX0140001-01	26539TX0140002-00
Summary of Benefits & Coverage (SBC)	PDF	PDF
Plan Documents	PDF	PDF

[1]*After Medical Deductible*

Click here to Find a Provider