



















Plan Benefits	HMO Silver Coinsurance Base Plan (\$3800)	HMO Silver* Coinsurance CSR (\$3500) FPL (201%-250%)	HMO Silver* Coinsurance CSR (\$1000) FPL (151%-200%)	HMO Silver* Coinsurance CSR (\$0) FPL (100%-150%)	HMO Silver Coinsurance (\$4500) [†]
Medical Deductible <i>Single/Family</i>	\$3,800 / \$7,600	\$3,500 / \$7,000	\$1,000 / \$2,000	\$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	\$5	\$25
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	\$0	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$60	\$60	\$30	\$30	\$50
Inpatient Copay	30% ¹	30% ¹	20% ¹	20%	20% ¹
Outpatient Copay	30% ¹	30% ¹	20% ¹	10%	20% ¹
Emergency Room Copay	\$500 ¹	\$500 ¹	\$500 ¹	\$500	\$500 ¹
Urgent Care Copay	\$50	\$50	\$50	\$10	\$50
Routine Lab/X-Ray Copay	30% ¹	30% ¹	20% ¹	10%	20% ¹
Imaging (MRI, CT, Scans) Copay	\$250 per test ¹	\$250 per test ¹	\$250 per test ¹	\$250 per test	\$250 per test ¹
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	No Cost	No Cost	No Cost	No Cost
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>	\$125	\$125	\$90	\$90	\$125
<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>	\$7,900 / \$15,800	\$6,300 / \$12,600	\$2,500 / \$5,000	\$1,250 / \$2,500	\$7,900 / \$15,800
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 Coinsurance (\$4500) plan is only offered off-exchange

Plan Benefits	HMO Silver HSA Base Plan (\$5400)	HMO Silver* HSA CSR (\$3750) FPL (201%-250%)	HMO Silver* CSR (\$1350) FPL (151%-200%)	HMO Silver* CSR (\$600) FPL (100%-150%)
Medical Deductible <i>Single/Family</i>	\$5,400 / \$10,800	\$3,750 / \$7,500	\$1,350 / \$2,700	\$600 / \$1,200
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	0% ¹	0% ¹	0% ¹	0% ¹
Imaging (MRI, CT, Scans) Copay	0% ¹	0% ¹	0% ¹	0% ¹
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	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>	\$5,400 / \$10,800	\$3,750 / \$7,500	\$1,350 / \$2,700	\$600 / \$1,200
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