



















Plan Benefits	IND Silver HMO 4800	IND Silver HMO 4500 – CSR* FPL (201%-250%)	IND Silver HMO 1500 – CSR* FPL (151%-200%)	IND Silver HMO 0 – CSR* FPL (100%-150%)	IND Silver HMO 4950†
<b>Medical Deductible</b> <i>Single/Family</i>	\$4,800 / \$9,600	\$4,500 / \$9,000	\$1,500 / \$3,000	\$0 / \$0	\$4,950 / \$9,900
<b>Medication Deductible</b> <i>Single/Family</i>	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
<b>Preventive Care Copay</b>	No Cost	No Cost	No Cost	No Cost	No Cost
<b>Adult Primary Care Visit Copay</b>	\$20	\$20	\$10	\$10	\$30
<b>Pediatric Primary Care Visit Copay (Ages 0-18)</b>	\$0	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$60	\$20	\$20	\$60
<b>Inpatient Copay</b>	30% <sup>1</sup>	30% <sup>1</sup>	20% <sup>1</sup>	10%	20% <sup>1</sup>
<b>Outpatient Copay</b>	30% <sup>1</sup>	30% <sup>1</sup>	20% <sup>1</sup>	10%	20% <sup>1</sup>
<b>Emergency Room Copay</b>	\$750 <sup>1</sup>	\$750 <sup>1</sup>	\$500 <sup>1</sup>	\$500	\$750 <sup>1</sup>
<b>Urgent Care Copay</b>	\$60	\$60	\$20	\$10	\$60
<b>Routine Lab/X-Ray Copay</b>	30% <sup>1</sup>	30% <sup>1</sup>	20% <sup>1</sup>	10%	20% <sup>1</sup>
<b>Imaging (MRI, CT, Scans) Copay</b>	30% <sup>1</sup>	30% <sup>1</sup>	20% <sup>1</sup>	10%	20% <sup>1</sup>
<b>Telehealth</b> <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	No Cost	No Cost	No Cost	No Cost
<b>Medication Copays:</b>					
<i>ACA Preventative Drugs</i>	\$0	\$0	\$0	\$0	\$0
<i>Tier I</i>	\$15	\$15	\$10	\$10	\$15
<i>Tier II</i>	\$55	\$55	\$20	\$20	\$55
<i>Tier III</i>	\$150	\$150	\$75	\$75	\$150
<i>Tier IV</i>	\$500	\$500	\$250	\$250	\$500
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	Link available soon	Link available soon	Link available soon	Link available soon	Link available soon
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$8,150 / \$16,300	\$6,500 / \$13,000	\$2,400 / \$4,800	\$1,500 / \$3,000	\$8,150 / \$16,300
<b>Plan ID</b>	26539TX0140003-00	26539TX0140003-04	26539TX0140003-05	26539TX0140003-06	26539TX0140010-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>					
<b>Plan Documents</b>					

\*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%)

<sup>1</sup>After Medical Deductible

† IND Silver HMO 4950 plan is only offered off-exchange

Plan Benefits	IND Silver HMO 7800	IND Silver HMO 5500 – CSR* FPL (201%-250%)	IND Silver HMO 1800 – CSR* FPL (151%-200%)	IND Silver HMO 750 – CSR* FPL (100%-150%)
<b>Medical Deductible</b> <i>Single/Family</i>	\$7,800 / \$15,600	\$5,500 / \$11,000	\$1,800 / \$3,600	\$750 / \$1,500
<b>Medication Deductible</b> <i>Single/Family</i>	\$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical	\$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical	\$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical	\$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical
<b>Preventive Care Copay</b>	No Cost	No Cost	No Cost	No Cost
<b>Adult Primary Care Visit Copay</b>	\$25	\$15	\$10	\$10
<b>Pediatric Primary Care Visit Copay (Ages 0-18)</b>	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$50	\$50	\$50
<b>Inpatient Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Copay</b>	\$25	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care Copay</b>	\$60	\$50	\$50	\$50
<b>Routine Lab/X-Ray Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Imaging (MRI, CT, Scans) Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Telehealth</b> <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Medication Copays:</b>				
<i>ACA Preventative Drugs</i>	\$0	\$0	\$0	\$0
<i>Tier I</i>	\$15	\$15	\$10	\$10
<i>Tier II</i>	\$55	\$55	\$55	\$55
<i>Tier III</i>	\$150	\$150	\$150	\$150
<i>Tier IV</i>	\$500	\$500	\$500	\$500
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	Link available soon	Link available soon	Link available soon	Link available soon
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$7,800 / \$15,600	\$5,500 / \$11,000	\$1,800 / \$3,600	\$750 / \$1,500
<b>Plan ID</b>	26539TX0140008-00	26539TX0140008-04	26539TX0140008-05	26539TX0140008-06
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				

\*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%)  
<sup>1</sup>After Medical Deductible