

2018 OUT-OF-POCKET COST FOR ESSENTIAL PLAN

	Essential Plan 1 150% - 200%FPL Monthly Premium = \$20	Essential Plan 2 139% - 150%FPL Monthly Premium = \$0	Essential Plan 3 100% - 138% FPL Monthly Premium = \$0	Essential Plan 4 Below 100% FPL Monthly Premium = \$0
Deductible	\$0	\$0	\$0	\$0
Max Out of Pocket Limit	\$2,000	\$200	\$200	\$0
Inpatient Facility/SNF/ Hospice	\$150	\$0	\$0	\$0
Outpatient Facility- Surgery	\$50	\$0	\$0	\$0
PCP	\$15	\$0	\$0	\$0
Specialist	\$25	\$0	\$0	\$0
ER	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
Adult Dental <i>(Preventative Dental Care; Routine Dental Care; Major Dental Care)</i>	Not included*	Not included*	\$0	\$0
Vision Care – Exams	Not included*	Not included*	\$0	\$0
Vision Care – Lenses and Frames	Not included*	Not included*	\$0	\$0
Vision Care – Contact Lenses	Not included*	Not included*	\$0	\$0
Prescription Drugs Generic/Tier 1	\$6	\$1	\$1	\$0
Prescription Drugs Formulary Brand/Tier 2	\$15	\$3	\$3	\$0
Prescription Drugs Non-Formulary Brand/Tier 3	\$30	\$3	\$3	\$0

* Vision and dental are not included for Essential Plan 1 & 2, but can be purchased for an additional monthly premium cost.