

**2018 OUT-OF-POCKET COST DIFFERENCES PER METAL TIER (For Standard Plans ONLY)**

	Platinum	Gold	Silver (Standard)	Silver CSR 200-250% FPL	Bronze	HSA Compliant Bronze	Catastrophic
<b>Deductible</b>	\$0 – indiv \$0 – family	\$600 – indiv \$1,200 –family	\$2,000 – indiv. \$4,000 – family	\$1,650 – indiv \$3,300 – family	\$4,000 – indiv \$8,000 – family	\$5,500 – indiv \$11,000 – family	\$7,350 –indiv. \$14,700 – family
<b>Max Out of Pocket Limit</b>	\$2000 – indiv. \$4,000 - family	\$4,000 – indiv \$8,000 - family	\$6,750 – indiv. \$13,500 – family	\$5,550 – indiv \$11,100 - family	\$7,150 – individual \$14,300 – family	\$6,550 – indiv \$13,100 – family	\$7,350 –indiv. \$14,700 – family
<b>Inpatient Facility/SNF/ Hospice</b>	\$500 per admission	\$1000 per admission	\$1500 per admission	\$1500 per admission	50% cost sharing	50% cost sharing	Covered in full after deductible is met.
<b>Outpatient Facility- Surgery</b>	\$100	\$100	\$100	\$100	50% cost sharing	50% cost sharing	Covered in full after deductible is met.
<b>PCP</b>	\$15	\$25	\$30	\$30	50% cost sharing	50% cost sharing	3 visits per year covered in full. Additional visits covered after deductible is met
<b>Specialist</b>	\$35	\$40	\$50	\$50	50% cost sharing	50% cost sharing	Covered in full after deductible is met.
<b>ER</b>	\$100	\$150	\$250	\$250	50% cost sharing	50% cost sharing	Covered in full after deductible is met.
<b>Urgent Care</b>	\$55	\$60	\$70	\$70	50% cost sharing	50% cost sharing	Covered in full after deductible is met.
<b>Prescription Drugs Generic/Tier 1</b>	\$10 Not subject to deductible	\$10 Not subject to deductible	\$10 Not subject to deductible	\$10 Not subject to deductible	\$10	\$10	Covered in full after deductible is met.
<b>Prescription Drugs Formulary Brand/Tier 2</b>	\$30 Not subject to deductible	\$35	\$35	\$35	\$35	\$35	Covered in full after deductible is met.
<b>Prescription Drugs Non-Formulary Brand/Tier 3</b>	\$60 Not subject to deductible	\$70	\$70	\$70	\$70	\$70	Covered in full after deductible is met.

*Prices listed are the copay costs after the deductible has been met, unless otherwise specified.*