



Indicate requests for deviations from the 2018 Patient-Centered Benefit Plan Designs by entering alternate cost sharing for the appropriate service type. Applicant must document rationale for each requested deviation, and rationale must include reference to regulatory compliance, administrative or operational barriers to implementing the 2018 Patient-Centered Benefit Plan Designs.

Common Med. Co. Even	Service Type	Platinum Coinsurance Plan		Platinum Copay Plan		Gold Coinsurance Plan		Gold Copay Plan		Silver Plan		Bronze Plan		Silver Plan 100%-150% FPL		Silver Plan 150%-200% FPL		Silver Plan 200%-250% FPL		Bronze Plan		Bronze HDHP Plan		Catastrophic Plan		Rationale for benefit deviation (must reference regulatory compliance, administrative or operational barriers)
		Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	Member Cos. Share	O.d. b. App	
Health care provider's office or clinic visit	Primary care visit to treat an injury, illness, or condition																									
	Routine Foot Care																									
	Other practitioner office visit																									
	Acupuncture																									
	Diabetes Education																									
Tests	Specialist visit																									
	Allergy Testing																									
	Preventive care/ screening/ immunization																									
Drugs to treat illness or condition	Laboratory Tests																									
	X-rays and Diagnostic Imaging																									
	Imaging (CT/PET scans, MRIs)																									
	Tier 1																									
Outpatient services	Tier 2																									
	Tier 3																									
	Tier 4																									
	Surgery facility fee (e.g., Abortion for Which Public Funding is Prohibited (non MSP))																									
	Bariatric Surgery																									
Need immediate attention	Physician/surgeon fees																									
	Outpatient visit																									
	Dialysis																									
	Radiation																									
	Chemotherapy																									
Hospital stay	Infusion Therapy																									
	Emergency room combined facility and physician fee (waived if admitted)																									
	Emergency medical transportation																									
Mental health, behavioral health, or substance abuse needs	Urgent care																									
	Facility fee (e.g. hospital room)																									
	Transplant																									
	Reconstructive Surgery																									
	Treatment for TMI																									
Pregnancy	Physician/surgeon fee																									
	Mental/Behavioral health outpatient office visits																									
	Mental/Behavioral health other outpatient items and services																									
	Mental/Behavioral health inpatient facility fee (e.g. hospital room)																									
	Mental/Behavioral health inpatient physician/surgeon fee																									
	Substance Use disorder outpatient office visits																									
	Substance Use disorder other outpatient items and services																									
Help recovering or other special health needs	Substance Use inpatient facility fee (e.g. hospital room)																									
	Substance use disorder inpatient physician/surgeon fee																									
	Prenatal care and preconception visits																									
	Delivery and all inpatient services																									
	Hospital Professional																									
Child eye care	Well Baby Visits																									
	Home health care																									
	Outpatient Rehabilitation services																									
	Rehabilitative Speech Therapy																									
	Rehabilitative Occupational Therapy																									
Child Dental Diagnostic and Preventive	Rehabilitative Physical Therapy																									
	Outpatient habilitation services																									
	Skilled nursing care																									
	Durable medical equipment																									
	Prosthetic Device																									
Child Dental Basic Services	Hospice service																									
	Eye exam																									
	1 pair of glasses per year (or contact lenses in lieu of glasses)																									
	Oral Exam																									
	Preventive - Cleaning																									
Child Dental Major Services	Preventive - X-ray																									
	Sealants per Tooth																									
	Topical Fluoride Application																									
	Space Maintenance - Fixed																									
	Amalgam Fill - 1 Surface																									
Child Orthodontics	Root Canal- Molar																									
	Gingivectomy per Quad																									
	Extraction- Single Tooth Exposed Root or Erupted																									
	Extraction- Complete Bony																									
	Partial with Metal Crown																									
	Medically necessary orthodontics																									