Covered California 2025 Patient-Centered Benefit Plan Designs¹

Proposed

January 18, 2024

¹ These are the Standard Benefit Plan Designs pursuant to Government Code Section 100504(c).

2024 2025 Patient-Centered Benefit Plan Designs 10.0 EHB Date: July 20, 2023 January 18, 2024



Summary of Benefits and Coverage		TM				
=	amounts describe the Enrollee's out of pocket costs.	Individual-only F Coinsurance		Individual-only Platinum Copay Plan		
tuarial Value - A\	/ Calculator	91.9%		90.7% <u>91.6</u>	20%	
ituariai value - A					<u>,</u> 70	
	Plan design includes a deductible?	No		No		
	Integrated Individual deductible	\$0		\$0		
	Integrated Family deductible	\$0		\$0		
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$	0	\$0 / \$0 / \$	0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$	0	\$0 / \$0 / \$	0	
	Individual Out-of-pocket maximum	\$4,500		\$4,500		
	Family Out-of-pocket maximum	\$9,000		\$9,000		
	HSA plan: Self-only coverage deductible	N/A		N/A		
	HSA family plan: Individual deductible	N/A		N/A		
Common Medical	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductil Applie	
Event	Primary care visit to treat an injury, illness, or condition	\$15		\$15		
Health care provider's	Other practitioner office visit	\$15		\$15		
office or clinic visit	Specialist visit	\$30		\$30		
	Preventive care/ screening/ immunization	No charge		No charge		
	Laboratory Tests	\$15		\$15		
Toeto	·					
Tests	X-rays and Diagnostic Imaging	\$30		\$30		
	Imaging (CT/PET scans, MRIs)	10%		\$75		
	Tier 1	\$7		\$7		
Drugs to treat	Tier 2	\$16		\$16		
illness or	T. 0					
condition	Tier 3	\$25		\$25		
	Tier 4	10% up to \$250 per script		10% up to \$250 per script		
	Surgery facility fee (e.g., ASC)	10%		\$75		
Outpatient						
services	Physician/surgeon fees	10%		\$20		
	Outpatient visit	10%		10%		
	Emergency room facility fee (waived if admitted)	\$150		\$150		
Need immediate	Emergency room physician fee (waived if admitted)	No charge		No charge		
	Medical transportation (including emergency and non-emergency)	\$150		\$150		
attention	Urgent care	\$15		\$15		
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	10%		\$225 per day up to		
Hospital stay	delivery, mental health, and substance use) Physician/surgeon fee	10%		5 days No charge		
Mental health,	Mental/behavioral health and substance use disorder outpatient office visits	\$15		\$15		
behavioral health, or substance	Mental/behavioral health and substance use disorder other outpatient items and services	\$15		\$15		
abuse needs Pregnancy	Prenatal care and preconception visits	No charge		No charge		
	Home health care (cost share per visit)	10%		_		
				\$20		
Help	Outpatient Rehabilitation and Habilitation services	\$15		\$15		
recovering or other special	Skilled nursing care	10%		\$125 per day up to 5 days		
health needs	Durable medical equipment	10%		10%		
	Hospice service	No charge		No charge		
		_		-		
Child eye care	Eye exam	No charge		No charge		
oui o	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge		
	Oral Exam					
	Preventive - Cleaning					
Child Dental Diagnostic	Preventive - X-ray					
and	Sealants per Tooth	No charge		No charge		
Preventive						
	Topical Fluoride Application					
	Space Maintainers - Fixed					
Child Dental Basic	Restorative Procedures	20%		See 2024 <u>2025</u> Dental Copay		
Basic Services	Periodontal Maintenance Services	2070		Schedule		
	Crowns and Casts					
	Endodontics					
Child Dental		5001		See 2024 2025		
Major	Periodontics (other than maintenance)	50%		Dental Copay Schedule		
Services	Prosthodontics			Concount		
Services	Frostriodoritics					
Services	Oral Surgery					

2024 2025 Patient-Centered Benefit Plan Designs 10.0 EHB Date: July 20, 2023 January 18, 2024

	=	refits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-onl Platinum Coinsurance	ĺ	CCSB-only Platinum Copay Plan	
Indicated Indi	ctuarial Value - A\	/ Calculator	91.2% 91.3%		89.4% 90.5%	
		Plan design includes a deductible?	No		No	
Principation Security Secu		Integrated Individual deductible	\$0			
Formish deductible. NOT reingoated: Medical Phomosory Denatal \$1,500 50,160,000 54,500		Integrated Family deductible	\$0		\$0	
Individual Out-of-pooted mastroum		Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$	0	\$0 / \$0 / \$	0
Mathematical Math		Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$	0	\$0 / \$0 / \$	0
Common		Individual Out-of-pocket maximum	\$4,500		\$4,500	
Member Cost						
Service Type						
Medical contents of the conten	Common	Tio Claimy plan. marriada doddollolo				
Meath care of the provider's office or office or office or of specialist visit Preventive care screening immunization No charge No charge Laboratory Tests Appendix visit Preventive care in screening immunization No charge No charge Laboratory Tests Appendix visit Preventive care immunization No charge No charge No charge Appendix visit Appendix		Service Type				Deductib Applies
providers of clinic visit Scott prostititioner diffice visit Scott Specialist visit Specialist visit Specialist visit Specialist visit Specialist visit Scott Scott Scott Scott Specialist visit Scott Scott Scott Scott Specialist visit Scott Scott Scott Scott Scott Specialist visit Scott Scott Scott Scott Scott Scott Specialist visit Scott Scott	Health care	Primary care visit to treat an injury, illness, or condition	\$15		\$20	
Preventive caref screening immunication No charge 1515 20 20 21 20 20 21	provider's	Other practitioner office visit	\$15		\$20	
Tests Laboratory Tests X-rays and Diagnostic Imaging \$30 \$30 \$30 Imaging (CITPET scars, MRIs) 10% \$100 Tier 1		Specialist visit	\$30		\$30	
X-rays and Diagnostic Imaging \$30 \$30 \$30		Preventive care/ screening/ immunization	No charge		No charge	
Imaging (CTPET acans, MRIs) Ter 1 Ter 1 S10 S5 Ter 2 S25 S20 Imaging to treat Illines of Ter 2 Ter 2 Ter 3 Ter 4 Stroom Water Script Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient services Outpatient services Outpatient visit Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) Emergency room physician fee (walved if admitted) Emergency room physician fee (walved if admitted) No charge Modical transportation (including emergency and non-emergency) Urgent care Urgent care Facility fee (e.g., hospital norm) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient office walds waldshare with the starts and services Whental health. District Surgeon fee Mental health. Mental health. Mental health. Mental health. Mental health. Mental health. Mental health and substance use disorder outpatient office walds waldstance with the substance was disorder outpatient office walds. Mental health. Mental health care (cost share per visit) Outpatient Rehabilitation and Healtitation services S15 S20 Volpatient Rehabilitation and Healtitation services S15 S20 Outpatient Rehabilitation and Healtitation services No charge Preventive - Cleaning Prevent		Laboratory Tests	\$15		\$20	
Titler 1 Titler 2 S25 S20 Titler 3 Titler 3 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient Nod Nod Nod Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) Wedical transportation (including emergency and non-emergency) Urgert care Urgert care Finality fee (e.g., hospital room) for inpatient stay (including labor and etellivery, mental health, and substance used disorder outpatient office values including emergency to the substance used disorder outpatient office values including emergency to the substance used disorder outpatient office values endeds Physican/surger fee Mentall-behavioral health and substance used disorder outpatient office values endeds Pregnancy Prematic care (cost tharse per visit) Outpatient Rehabilitation and Hebititation services Stilled nursing care Outpatient Rehabilitation and Hebititation services Spec aximal preventive - Cleaning Preventiv	Tests	X-rays and Diagnostic Imaging	\$30		\$30	
Illness of Tier 2 Tier 2 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 4 Tier 5 Tier 5 Tier 4 Tier 5 Tier 4 Tier 6 Tier 5 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 8 Tier 9 Tier		Imaging (CT/PET scans, MRIs)	10%		\$100	
Tier 3 Tier 4 Tier 5 Tier 4 Tier 5 Tier 5 Tier 5 Tier 6 Tier 5 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 8 Tier 9 Tier 10 Tier 9 Tier 10 Tier 9 Tier 10 Tier 9 Tier 10 Tier 9 Tier		Tier 1	\$10		\$5	
Tier 3 Tier 4 Ti		Tier 2	\$25		\$20	
Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient Emergency room facility fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Veryent care Facility fee (e.g., hospital room) for impatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health and substance use disorder outpatient office visits Mental/Penavioral health and substance use disorder outpatient office visits Mental/Penavioral health and substance use disorder outpatient items and services Pregnancy Prenatal care and preconception visits No charge Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Outpatient Rehabilitation and Habilitation services Skilled nursing care Outpatient Rehabilitation and Habilitation services No charge No char	illness or	Tier 3	\$40		\$30	
Outpatient services Outpatient visit Emergency room facility fee (walved if admitted) Emergency room facility fee (walved if admitted) Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) No charge Medical transportation (including emergency and non-emergency) Facility fee (e.g. hospital foom) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, or behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder other outpatient lams and services Pregnancy Home health care (cost share per visit) Frequency Prenatal care and preconception visits Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Sidied nursing care Outpatient Rehabilitation and Habilitation services No charge No charge No charge Freventive - Cleaning Preventive - Clean		Tier 4				
Outpatient visit abubation balabuse needs Programary Pregarance Programary Pregarance Programary Child Dental Diagnostic American Child Dental Diagnostic and Preventive - Cleaning Periodontics Periodontics Child Dental Basic Services Periodontics Corvors and Casts Enclodentics Periodontics Per		Surgery facility fee (e.g., ASC)	10%		\$100	
Outpatient visit Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) Emergency room physician fee (walved if admitted) No charge No charge No charge No charge No charge S150 S20 S150 S20 Hospital stay Physician/surgeon fee Montal health, and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services No charge No charge No charge No charge Silled nursing care 10% Sisting per day up to 5 days Silled nursing care 10% Sisting per day up to 5 days No charge Preventive - Cleaning Preventive -		Physician/surgeon fees	10%		\$25	
Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient lems and services Mental/behavioral health and substance use disorder outpatient lems and services Mental/behavioral health and substance use disorder outpatient lems and services Mental/behavioral health and substance use disorder outpatient lems and services Mental/behavioral health and substance use disorder outpatient lems and services Mental/behavioral health and substance use disorder outpatient lems and services No charge Pregnancy Prenatal care and preconception visits No charge No charge No charge No charge No charge Cuttle particular despitation and Habilitation services Stillid pursing care 10% Stillid pursing care 10% Stillid pursing care 10% Stillid pursing care 10% No charge No charge No charge Child bental Preventive - Cleaning Preventive - C		Outpatient visit	10%		10%	
Need immediate attention Wedical transportation (including emergency and non-emergency) Facility fee (e.g. hospital room) for impatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child over a percent of the pair of glasses per year (or contact lenses in lieu of glasses) No charge And preventive - Cleaning Preventive - V-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Periodontial Maintenance Services Crowns and Casts Endodontics Periodontics Previous devices Previous devices Previous devices Previous devices No charge Preventive - V-ray Sealants per Tooth Preventive - V-ray Preventive - V-ray Sealants per Tooth Preventive - V-ray Sealants per Tooth Preventive - V-ray Preventive - V-ray Sealants per Tooth Preventive - V-ray Preventive		Emergency room facility fee (waived if admitted)	\$200		\$150	
immediate attention Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Pregnancy Prenatal care and preconception visits No charge No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Stilled nursing care Durable medical equipment Hospics service No charge Oral Exam Preventive - Cleaning Preventive - Vicaning Preventive -	immediate	Emergency room physician fee (waived if admitted)	No charge		No charge	
Hospital stay Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Montal health, vists Mental/behavioral health and substance use disorder outpatient office vists Wherealth, or substance Mental/behavioral health and substance use disorder outpatient office vists Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services No charge No ch		Medical transportation (including emergency and non-emergency)	\$150		\$150	
delivery, mental health, and substance use) Physician/surgeon fee Mental health, and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient ltems and services Mental/behavioral health and substance use disorder other outpatient ltems and services Mental/behavioral health and substance use disorder other outpatient ltems and services Mental/behavioral health and substance use disorder other outpatient ltems and services Mental/behavioral health and substance use disorder other outpatient ltems and services Mental/behavioral health and substance use disorder other outpatient ltems and services No charge Child Dental Diagnostic and Preventive - Cleaning No charge No		Urgent care	\$15		\$20	
health, bebath, obehavioral health and substance use disorder other outpatient substance distance dist	Hospital stay	delivery, mental health, and substance use)			5 days	
Mental/behavioral health and substance use disorder other outpatient items and services items and substance used items and substance used items and substance used items and services items and services items and services items and substance used items and services items and substance used items and substance used items and services items and substance used items and substance used items and services items and substance used items and substa	health,		\$15		\$20	
Help recovering or other special health care (cost share per visit) No charge Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental Basic Services Child Dental Basic Services Child Dental Major Services Child Dental Major Services Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services \$15 \$20 \$20 \$150 per day up to 5 days 10% No charge See 2024 Dental Copay Schedule Periodontics Endodontics Periodontics (other than maintenance) Prosthodontics	substance		\$15		\$20	
Help recovering or other special health needs Skilled nursing care Skilled nursing care Skilled nursing care Durable medical equipment Hospice service Child eye care Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental Basic	Pregnancy	Prenatal care and preconception visits	No charge		No charge	
Skilled nursing care other special health needs Durable medical equipment Hospice service Durable medical equipment Hospice service No charge No charge Eye exam I pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - A-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Child Dental Major Services Skilled nursing care 10% Stilled nursing care 10% No charge See 2024 Dental Copay Schedule		Home health care (cost share per visit)	10%		\$20	
Skilled nursing care other special health needs Durable medical equipment Hospice service Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services Crowns and Casts Endodontics Endodontics Periodontics (other than maintenance) Fresthodontics	Help	Outpatient Rehabilitation and Habilitation services	\$15		\$20	
Durable medical equipment Hospice service Child eye care 1 pair of glasses per year (or contact lenses in lieu of glasses) Child Dental Diagnostic and Preventive Child Dental Preventive Child Dental Basic Services Child Dental Basic Services Crowns and Casts Child Dental Major Services Child Dental Preventive Child Dental Preventive Procedures Besided Copay Schedule Child Dental Preventive Procedures Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Prosthodontics	recovering or				\$150 per day up to	
Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Proventive Eye exam No charge	•				·	
Child Dental Diagnostic Services Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics No charge						
1 pair of glasses per year (or contact lenses in lieu of glasses) No charge Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics No charge			-		_	
Child Dental Diagnostic and Preventive - Cleaning Preventive - Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Child Dental Crowns and Casts Child Dental Basic Services Child Dental Periodontics Periodontics Periodontics (other than maintenance) Prosthodontics Prosthodontics Prosthodontics Prosthodontics No charge			_			
Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Major Services Child Dental Major Services Prosthodontics Prosthodontics Prosthodontics			No cnarge		No charge	
Child Dental Diagnostic and Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics						
Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics No charge See 2024 Dental Copay Schedule	Child Dental	·				
Preventive Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Copay Schedule Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Prosthodontics Sea 2024 Dental Copay Schedule See 2024 Dental Copay Schedule	Diagnostic and		No charge		No charge	
Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Prosthodontics Space Maintainers - Fixed 20% See 2024 Dental Copay Schedule See 2024 Dental Copay Schedule		·				
Child Dental Basic Periodontal Maintenance Services Child Dental Major Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Prosthodontics						
Basic Services Periodontal Maintenance Services 20% See 2024 Dental Copay Schedule Crowns and Casts Endodontics Periodontics (other than maintenance) 50% See 2024 Dental Copay Schedule Prosthodontics	Child Door	•				
Child Dental Major Services Child Dental Major Services Prosthodontics Prosthodontics Prosthodontics Child Dental Major Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics			20%			
Child Dental Major Services Endodontics Periodontics (other than maintenance) Prosthodontics Endodontics See 2024 Dental Copay Schedule	Services				Oopay Scriedule	
Child Dental Major Periodontics (other than maintenance) Services Prosthodontics See 2024 Dental Copay Schedule						
Major Periodontics (other than maintenance) 50% Copay Schedule Prosthodontics	Child Dental	Endodontics			See 2024 Dental	
Prosthodontics		Periodontics (other than maintenance)	50%			
Oral Guigery						
Child Medically necessary orthodontics 50% \$1,000	Child					

2024 2025 Patient-Centered Benefit Plan Designs 10.0 EHB Date: July 20, 2023 January 18, 2024

nber Cost Share a	amounts describe the Enrollee's out of pocket costs.	Individual-only Coinsurance I		Individual-only Gold Copay Plan	
uarial Value - AV	/ Calculator	81.9% 81.59	%	81.5% <u>81.6</u>	i%
	Plan design includes a deductible?	No	_	No	_
	Integrated Individual deductible	\$0		\$0	
	Integrated Family deductible	\$0		\$0	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$0		\$0 / \$0 / \$	0
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$0	1	\$0 / \$0 / \$	0
	Individual Out-of-pocket maximum	\$8,700		\$8,700	
	Family Out-of-pocket maximum	\$17,400		\$17,400	
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible	N/A N/A		N/A N/A	
Common	TIOA family plan. Individual deduction	N/A			
Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deduct Applie
	Primary care visit to treat an injury, illness, or condition	\$35		\$35	
lealth care provider's	Other practitioner office visit	\$35		\$35	
office or clinic visit	Specialist visit	\$65		\$65	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$40		\$40	
ests	X-rays and Diagnostic Imaging	\$75		\$75	
	Imaging (CT/PET scans, MRIs)	25%		\$75	
	Tier 1	\$15		\$15	
Orugs to treat	Tier 2	\$60		\$60	
condition	Tier 3	\$85		\$85	
	Tier 4	20% up to \$250 per script		20% up to \$250 per script	
	Surgery facility fee (e.g., ASC)	30%		\$130	
Outpatient services	Physician/surgeon fees	30%		\$40 <u>\$60</u>	
	Outpatient visit	20%		20%	
	Emergency room facility fee (waived if admitted)	\$350 \$330		\$ 350 \$330	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
leed	Medical transportation (including emergency and non-emergency)	\$250		\$250	
mmediate ttention		,		,	
itterition	Urgent care	\$35		\$35	
	organic care	ΨΟΟ		Ψοσ	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	30%		\$330 \$350 per day	
lospital stay	delivery, mental health, and substance use)			up to 5 days	
Montal .	Physician/surgeon fee	30%		No charge	
Mental nealth,	Mental/behavioral health and substance use disorder outpatient office visits	\$35		\$35	
ehavioral lealth, or					
substance buse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$35		\$35	
regnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	20%		\$30	
lelp	Outpatient Rehabilitation and Habilitation services	\$35		\$35	
ecovering or other special	Skilled nursing care	30%		\$150 per day up to	
nealth needs	Durable medical equipment	20%		5 days 20%	
	Hospice service	No charge		No charge	
N. 11.4	Eye exam	No charge		No charge	
child eye are	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam	NO charge		No charge	
Child Dental	Preventive - Cleaning				
Diagnostic and	Preventive - X-ray	No charge		No charge	
Preventive	Sealants per Tooth				
	Topical Fluoride Application				
Child Dental	Space Maintainers - Fixed			See 2024 2025	
Basic	Restorative Procedures	20%		Dental Copay	
Services	Periodontal Maintenance Services			Schedule	
	Crowns and Casts				
	Endodontics			See 2024 2025	
Child Dental	Periodontics (other than maintenance)	50%		Dental Copay	
Major Services				Schedule	
-	Prosthodontics Oral Surgery			Schedule	

Summary of Ber	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-only Gold		CCSB-only Gold	
Member Cost Share	amounts describe the Enrollee's out of pocket costs.	Coinsurance Pla	n	Copay Plan	
Actuarial Value - A\	V Calculator	78.8% 79.1%		80.7% 80.5%	
	Plan design includes a deductible?	Yes, Medical/Pharm	acy	Yes, Medical/Pharr	macy
	Integrated Individual deductible	N/A		N/A	
	Integrated Family deductible Individual deductible, NOT integrated: Medical / Pharmacy / Dental	N/A \$350 / \$0 / \$0		N/A \$250 / \$0 / \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$700 / \$0 / \$0		\$500 / \$0 / \$0	
	Individual Out-of-pocket maximum	\$7,800		\$7,800	
	Family Out-of-pocket maximum			\$15,600	
	HSA plan: Self-only coverage deductible	N/A		N/A	
	HSA family plan: Individual deductible	N/A		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$25		\$35	
Health care	Other practitioner office visit	\$25		\$35	
provider's office or				Ψ00	
clinic visit	Specialist visit	\$50		\$55	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$25		\$35	
Tests	X-rays and Diagnostic Imaging	\$65		\$55	
	Imaging (CT/PET scans, MRIs)	20%		\$250	X
	Tier 1	\$15		\$15	
	Tier 2	\$50		\$40	
Drugs to treat illness or	101 2	φ50		ΨΨΟ	
condition	Tier 3	\$80		\$70	
	Tier 4	20% up to \$250 per script		20% up to \$250 per script	
Outustions	Surgery facility fee (e.g., ASC)	20%		\$300	Х
Outpatient services	Physician/surgeon fees	20%		\$35	
	Outpatient visit	20%		20%	
	Emergency room facility fee (waived if admitted)	20%	X	\$250	Х
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	20%	x	\$250	Х
attention					
	Urgent care	\$25		\$35	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	20%	×	\$600 per day up to 5 days	X
Hospital stay	delivery, mental health, and substance use)	20%			,
Mental	Physician/surgeon fee	20%	X	No charge	
health,	Mental/behavioral health and substance use disorder outpatient office visits	\$25		\$35	
behavioral health, or					
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$25		\$35	
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	20%		\$30	
Help	Outpatient Rehabilitation and Habilitation services	\$25		\$35	
recovering or other special	Skilled nursing care	20%	×	\$300 per day up to 5 days	Х
health needs	Durable medical equipment	20%		20%	
	Hospice service	No charge		No charge	
Child eye	Eye exam	No charge		No charge	
care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam				
	Preventive - Cleaning				
Child Dental Diagnostic	Preventive - X-ray				
and	Sealants per Tooth	No charge		No charge	
Preventive	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures			Son 2024 Dt-1 C	
Basic Services	Periodontal Maintenance Services	20%		See 2024 Dental Copay Schedule	
00/1/063	Crowns and Casts				
	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	50%		See 2024 Dental Copay	
Services	Prosthodontics	3370		Schedule	
	Oral Surgery				
Child	• •	F001		M4 000	
Orthodontics	Medically necessary orthodontics	50%		\$1,000	

Cummon		Donofito	and	Cayaraaa
Summarv	OT	Benefits	and	Coverage

Member Cost Share amounts describe the Enrollee's out of pocket costs. Actuarial Value - AV Calculator Plan design includes a deductible? Plan design includes a deductible? Integrated Family deductible Integrated Individual deductible Integrated Individual deductible Individual Cut-of-pocket maximum Family Out-of-pocket maximum Family Out-of-pocket maximum HSA plan: Self-only coverage deductible N/A HSA family plan: Individual deductible N/A Common Medical Event Primary care visit to treat an injury, illness, or condition Cother practitioner office visit Force clinic visit Preventive cares' screening/ immunization Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 3 Tier 4 Drugs to treat; illness or condition Surpery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) Urgent care Hospital stay Mental behavioral health and substance use disorder outpatient office visits wits substance abuse needs Mental behavioral health and substance use disorder outpatient office visits fems and services abuse needs Processaries of the control of the control of the control outpatient office visits fems and services abuse needs Mental/behavioral health and substance use disorder outpatient office visits fems and services abuse needs Processaries of the control office outpatient office visits fems and services abuse needs Mental/behavioral health and substance use disorder outpatient office visits fems and services abuse needs
Plan design includes a deductible? Integrated Individual deductible integrated Family deductible integrated Family deductible integrated Family deductible integrated Family deductible individual deductible, NOT integrated. Medical / Pharmacy / Dental Family deductible, NOT integrated. Medical / Pharmacy / Dental Family deductible, NOT integrated. Medical / Pharmacy / Dental Individual Out-of-pocket maximum Family Out-opcoket maximum Family Out-opcoket maximum HSA plan: Self-only coverage deductible HSA family plan: Individual deductible N/A
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Individual deductible, NOT integrated: Medical / Pharmacy / Dental Family deductible, NOT integrated: Medical / Pharmacy / Dental Individual Out-of-pocket maximum Family Out-of-pocket maximum HSA plan: Self-only coverage deductible HSA family plan: Individual deductible Outher practitioner office visit Specialist visit Frimary care visit to treat an injury, illness, or condition Specialist visit Specialist visit Specialist visit Specialist visit Specialist visit Freventive care/ screening/ immunization No charge Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scars, MRIs) Tier 1 Tier 2 Tier 2 Specialist visit Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Need immediate attention Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) Mental health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient litems and services Mental/behavioral health and substance use disorder outpatient litems and services Mental/behavioral health and substance use disorder outpatient litems and services Individual Out-of-pocket maximum Self-200 (Self-200 (Self-20
Family deductible, NOT integrated: Medical / Pharmacy / Dental Individual Out-of-pocket maximum Family Out-of-pocket maximum HSA plan: Self-only coverage deductible HSA family plan: Individual deductible HSA politics or Common Medical Event Primary care visit to treat an injury, Illness, or condition Spo Other practitioner office visit Spocialist visit Preventive care/ screening/ immunization No charge Laboratory Tests Spocialist visit Preventive care/ screening/ immunization No charge Laboratory Tests Spocialist visit Spo Spocialist visit Spociali
Individual Out-of-pocket maximum Family Out-of-pocket maximum HSA plan: Self-only coverage deductible HSA family plan: Individual deductible NIA Common Medical Event Primary care visit to treat an injury, illness, or condition Other practitioner office visit Other practitioner office visit Other practitioner office visit Other practitioner office visit Specialist visit Preventive care/ screening/ immunization Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 3 Tier 4 Seno Outpatient Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient services No charge Pharmac deductible Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient office visits Mental health, or substance substance Best Company of the properties of the p
Family Out-of-pocket maximum HSA plan: Self-only coverage deductible HSA family plan: Individual deductible Fevent Primary care visit to treat an injury, liness, or condition Other practitioner office visit Other practitioner office visit Specialist visit Preventive care/ screening/ immunization No charge Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) S325 Tier 1 Fier 2 Fier 3 Fier 3 Fier 3 Fier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient services Need Immediate attention Urgent care Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, or substance use disorder outpatient litems and services Mental health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient litems and services Primary care visit to treat an injury, liness, or condition Soon Soon Mental health, or substance use disorder outpatient litems and services Mental/behavioral health and substance use disorder outpatient litems and services
HSA plan: Self-only coverage deductible HSA family plan: Individual deductible NIA Common Medical Event Primary care visit to treat an injury, illness, or condition Other practitioner office visit Office or Specialist visit Preventive care/ screening/ immunization Laboratory sets X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 3 Tier 4 Se0 Outpatient Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient visit Emergency room physician fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient flores of the substance and substance use disorder outpatient flems and services Mental health, or substance subsex pieces and services and services are subsex pieces and services and substance use disorder outpatient filems and services and services and services and substance use disorder outpatient filems and services and services and services and selected filems and services and substance use disorder outpatient filems and services and selected filems and services and substance use disorder outpatient filems and services and selected filems and services and selected filems and services and substance use disorder outpatient filems and services and selected filems and selected filems and services and selected filems and services and selected filems and selected filems and services and selected filems and selected filems and selected filems and selected filems and selected fil
HSA family plan: Individual deductible NI/A
Medical Event Primary care visit to treat an injury, illness, or condition \$50
Health care provider's office or clinic visit Preventive care / specialist visit Preventive care / screening / immunization No charge Laboratory Tests X-rays and Diagnostic Imaging sp5 sp5 Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 2 Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient visit Need immediate attention Need immediate attention Need immediate attention Need immediate attention Hospital stay Physician/surgeon fee (waived if admitted) Laboratory Tests X-rays and Diagnostic Imaging sp5 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Surgery facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, or substance well and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient litems and services Nental/behavioral health and substance use disorder outpatient litems and services
provider's office or clinic visit Preventive care/ screening/ immunization Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient services Need immediate attention Need immediate attention Hospital stay Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use disorder other outpatient laters) and services Outpatient survices Nend immediate attention Mental health, or substance abuse needs Mental/behavioral health and substance use disorder other outpatient liters and services Other special visit Spo No charge Pharmac deductible 20% up to \$250 per script after pharmacy deductible after pharmacy dedu
office or clinic visit Specialist visit \$90 Preventive care/ screening/ immunization No charge Laboratory Tests \$50 X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) \$325 Drugs to treat illness or condition Tier 1 \$60 Pharmac deductible Tier 2 \$60 Pharmac deductible Pharmac deductible 20% up to \$250 per script after pharmacy deductible 20% up to \$250 per script after pharmacy deductible Pharmac deductible 20 Utpatient services 30% 30% 90 Outpatient services 30% up to \$250 per script after pharmacy deductible Pharmac deductible Need immediate attention Surgery facility fee (e.g., ASC) 30% 30% Physician/surgeon fees 30% No charge No charge Need immediate attention Medical transportation (including emergency and non-emergency) \$250 Hospital stay Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) 30% X Mental behavioral health, or substance 30% Mental/behavioral health and substance use disorder outpatient office visits \$50 </td
Preventive care/ screening/ immunization Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) S195 Tier 1 Tier 2 Tier 2 Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Need immediate attention Need Immediate attention Hospital stay Facility fee (e.g. hospital room) for impatient stay (including labor and delivery, mental health, and substance use disorder outpatient office visits Mental/health, behavioral health and substance use disorder other outpatient items and services Nental/heavioral health and substance use disorder other outpatient items and services Nental/heavioral health and substance use disorder other outpatient items and services
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Tests X-rays and Diagnostic Imaging S95 Imaging (CT/PET scans, MRIs) S325
Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 2 Tier 3 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Medical transportation (including emergency and non-emergency) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, behavioral health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient litems and services Tier 1 Sugery facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient filems and services Mental/behavioral health and substance use disorder outpatient litems and services
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Drugs to treat illness or condition
Tier 3
Tier 3
Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient services Outpatient services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services Sy0 20% up to \$250 per script addeductible 30% Surgery facility fee (e.g., ASC) 30% No charge \$250 No charge \$250 \$250 X X Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services Sy0 Endoutible Advectory Associated and the substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services
Outpatient services Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient items and services after pharmacy deductible deductible deductible along 30% Substance after pharmacy deductible deductible deductible along 30% Substance after pharmacy deductible deductible along 30% No charge \$50 \$50 X Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services
Outpatient services Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient items and services Associated admitted) No charge \$50 X Associated admitted) No charge \$50 X Associated admitted) No charge \$50 X S50 X Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services
Outpatient services Physician/surgeon fees Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient items and services 30% No charge \$50 X Amental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services
Need immediate attention Projection/surgeon fees
Emergency room facility fee (waived if admitted) S450 \$400
Emergency room physician fee (waived if admitted) No charge
Need immediate attention Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office \$50
immediate attention Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health, or substance usedisorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services
Hospital stay Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services S50
Hospital stay Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services S50
Hospital stay delivery, mental health, and substance use) Physician/surgeon fee Mental/health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services ### Sto
Hospital stay delivery, mental health, and substance use) Physician/surgeon fee Mental/health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services ### Sto
Hospital stay Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services \$50
Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services \$50
health, behavioral health, or substance abuse needs Mental/behavioral health and substance use disorder outpatient onice visits \$50 Mental/behavioral health and substance use disorder other outpatient items and services
health, or substance abuse needs Mental/behavioral health and substance use disorder other outpatient items and services \$50
substance abuse needs Mental/behavioral health and substance use disorder other outpatient items and services \$50
abuse needs
Pregnancy Prenatal care and preconception visits No charge
Home health care (cost share per visit) \$45
Help Outpatient Rehabilitation and Habilitation services \$50 recovering or
other special Skilled nursing care 30% X
health needs Durable medical equipment 20%
Hospice service No charge
Child eye Eye exam No charge
1 pair of glasses per year (or contact lenses in lieu of glasses) No charge
Oral Exam
Preventive - Cleaning
Child Dental Diagnostic Preventive - X-ray
and Sealants per Tooth
Preventive Topical Fluoride Application
Space Maintainers - Fixed
Child Dental Restorative Procedures
Basic 20% Services Periodontal Maintenance Services
Crowns and Casts
Endodontics
Child Dental
Major Periodontics (other than maintenance) 50% Services
Prosthodontics Oral Sussanu
Oral Surgery
Child Medically necessary orthodontics 50%

Summary of Ben	efits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-only Silver		CCSB-only Silver	
		Coinsurance Plar		Copay Plan	
Actuarial Value - A\	/ Calculator	70% 69.2%		69.7% 68.8%	
	Plan design includes a deductible?	Yes, Medical/Pharma	асу	Yes, Medical/Pharm	acy
	Integrated Individual deductible Integrated Family deductible	N/A N/A		N/A N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$2,500 / \$300 / \$0)	\$2,500 / \$300 / \$	0
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,000 / \$600 / \$0		\$5,000 / \$600 / \$	
	Individual Out-of-pocket maximum	\$8,600		\$8,750	
	Family Out-of-pocket maximum	\$17,200		\$17,500	
	HSA plan: Self-only coverage deductible	N/A		N/A	
	HSA family plan: Individual deductible	N/A		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$55		\$55	
Health care provider's	Other practitioner office visit	\$55		\$55	
office or clinic visit	Specialist visit	\$90		\$90	
CIIIIC VISIL	•	·			
	Preventive care/ screening/ immunization	No charge		No charge	
Tests	Laboratory Tests X-rays and Diagnostic Imaging	\$55 \$90		\$55 \$90	
16313	X-rays and Diagnostic Imaging	\$90 35%	V	\$90	V
	Imaging (CT/PET scans, MRIs)	35%	X	\$300	Х
	Tier 1	\$20		\$19	
Drugs to treat	Tier 2	\$75	Pharmacy deductible	\$85	Pharmacy deductible
illness or condition	Tier 3	\$105	Pharmacy	\$110	Pharmacy
condition	riei 3	\$105	deductible	\$110	deductible
	Tier 4	30% up to \$250 per script after pharmacy deductible	Pharmacy deductible	30% up to \$250 per script after pharmacy deductible	Pharmacy deductible
Outpatient	Surgery facility fee (e.g., ASC)	35%	X	35%	Х
services	Physician/surgeon fees	35%		35%	
	Outpatient visit	35%		35%	
	Emergency room facility fee (waived if admitted)	35%	Х	35%	Х
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need immediate attention	Medical transportation (including emergency and non-emergency)	35%	Х	35%	X
	Urgent care	\$55		\$55	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	35%	X	35%	Х
Hospital stay	Physician/surgeon fee	35%	х	35%	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$55		\$55	
health, or substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$55		\$55	
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	35%		\$45	
Help	Outpatient Rehabilitation and Habilitation services	\$55		\$55	
recovering or other special	Skilled nursing care	35%	X	35%	Х
health needs	Durable medical equipment	35%		35%	
	Hospice service	No charge		No charge	
Child ava	Eye exam	No charge		No charge	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam	<u> </u>		<u> </u>	
	Preventive - Cleaning				
Child Dental	Preventive - X-ray				
Diagnostic and	Sealants per Tooth	No charge		No charge	
Preventive	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures			0 00015	
Basic	Periodontal Maintenance Services	20%		See 2024 Dental Copay Schedule	
Services	Periodonial Maintenance Services Crowns and Casts				
Child Dental	Endodontics Periodontics (other than maintanance)	E09/		See 2024 Dental Copay	
Major Services	Periodontics (other than maintenance)	50%		Schedule	
	Prosthodontics				
Child	Oral Surgery				
Orthodontics	Medically necessary orthodontics	50%		\$1,000	

2024 2025 Patient-Centered Benefit Plan Designs 10.0 EHB Date: July 20, 2023 January 18, 2024

	2023 January 18, 2024		
-	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-o Silver HDHP P	•
Actuarial Value - A	√ Calculator	71.7% 71	.2%
	Plan design includes a deductible?	Yes, integ	rated
	Integrated Individual deductible	\$2,850 integ	grated
	Integrated Family deductible	\$5,700 integ	grated
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	N/A	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	N/A	
	Individual Out–of–pocket maximum	\$7,500)
	Family Out-of-pocket maximum		
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible	\$2,850 See endr	
Common Medical	Service Type	Member Cost Share	
Event	Primary care visit to treat an injury, illness, or condition	25%	X
Health care	Other practitioner office visit	25%	×
provider's office or	Other practitioner office visit	25%	^
clinic visit	Specialist visit	25%	X
	Preventive care/ screening/ immunization	No charge	
	Laboratory Tests	25%	X
Tests	X-rays and Diagnostic Imaging	25%	X
	Imaging (CT/PET scans, MRIs)	25%	X
	Tier 1	25% up to \$250 per	x
	Tion 2	script 25% up to \$250 per	
Drugs to treat illness or	Tier 2	script 25% up to \$250 per	X
condition	Tier 3	script 25% up to \$250 per	X
	Tier 4	script	X
Outpatient	Surgery facility fee (e.g., ASC)	25%	X
services	Physician/surgeon fees	25%	X
	Outpatient visit	25%	X
	Emergency room facility fee (waived if admitted)	25%	X
Need immediate attention	Emergency room physician fee (waived if admitted)	0%	x
	Medical transportation (including emergency and non-emergency)	25%	x
	Urgent care	25%	X
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	25%	x
oop.iaoia,	Physician/surgeon fee	25%	X
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	25%	x
health, or substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	25%	x
Pregnancy	Prenatal care and preconception visits	No charge	
	Home health care (cost share per visit)	25%	x
Help	Outpatient Rehabilitation and Habilitation services	25%	X
recovering or other special	Skilled nursing care	25%	x
health needs	Durable medical equipment	25%	x
	Hospice service	0%	x
Ohita	Eye exam	No charge	^
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
	Oral Exam	No charge	
Child Dental	Preventive - Cleaning		
Diagnostic and	Preventive - X-ray	No charge	
Preventive	Sealants per Tooth		
	Topical Fluoride Application		
Obilita	Space Maintainers - Fixed		
Child Dental Basic	Restorative Procedures	20%	
Services	Periodontal Maintenance Services		
	Crowns and Casts		
Child Dental	Endodontics		
Major Services	Periodontics (other than maintenance)	50%	
36141662	Prosthodontics		
	Oral Surgery		
Child Orthodontics	Medically necessary orthodontics	50%	

Date: July 20	i, 202 3 <u>January 18, 2024</u>				
Summary of Be	enefits and Coverage				
Member Cost Share	e amounts describe the Enrollee's out of pocket costs.	Silver Plan 100%-150% FPL		Silver Plan 150%-200% FPL	
Actuarial Value - A	AV Calculator	94.9% <u>94.7%</u>		87.9% <u>88.0%</u>	
	Yes, Medical/Pharmacy		Yes, Medical/Pharmacy		
Integrated Individual deductible		N/A		N/A	
	Integrated Family deductible	N/A		N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$75 <u>\$0</u> / \$	0 / \$0	\$800 <u>\$1,400</u> / \$50 <u>\$3</u>	<u>50</u> / \$0
Family deductible, NOT integrated: Medical / Pharmacy / Dental		\$150 <u>\$0</u> / \$0 / \$0		\$ 1,600 \$ <u>2,800</u> / \$ 100 \$ <u>700</u> / \$0	
	Individual Out-of-pocket maximum	\$1,150 <u>\$1</u>	,300	\$3,150 <u>\$3,050</u>	
	Family Out-of-pocket maximum		<u>2.600</u>	\$ 6,300 <u>\$6,100</u>	
	HSA plan: Self-only coverage deductible	N/A		N/A	
	HSA family plan: Individual deductible	N/A		N/A	
Common	Service Type	Member Cost	Deductible	Member Cost Share	Deductible

Family Out-of-pocket maximum		\$ 2,300 \$2,600		\$ 6,300 \$6,100		
	HSA plan: Self-only coverage deductible	N/A		N/A		
	HSA family plan: Individual deductible			N/A		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductil Applies	
LVOIN	Primary care visit to treat an injury, illness, or condition	\$5		\$15		
Health care provider's	Other practitioner office visit	\$5		\$15		
office or						
clinic visit	Specialist visit	\$8		\$25		
	Preventive care/ screening/ immunization	No charge		No charge		
_ ,	Laboratory Tests	\$8		\$20		
Tests	X-rays and Diagnostic Imaging	\$8		\$40		
	Imaging (CT/PET scans, MRIs)	\$50		\$100		
	Tier 1	\$3		\$6 \$8	Db	
Drugs to treat	Tier 2	\$10		\$25	Pharma deducti	
illness or condition	Tier 3	\$15		\$45	Pharma deducti	
	Tier 4	10% up to \$150 per script		15% up to \$150 per script	Pharma deducti	
	Surgery facility fee (e.g., ASC)	10%		20%		
Outpatient services	Physician/surgeon fees	10%		20%		
	Outpatient visit	10%		20%		
	Emergency room facility fee (waived if admitted)	\$50		\$150		
	Emergency room physician fee (waived if admitted)	No charge		No charge		
Need mmediate attention	Medical transportation (including emergency and non-emergency)	\$30		\$75		
attention	Urgent care	\$5		\$15		
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	10%	Х	20%	x	
nospital stay	Physician/surgeon fee	10%		20%		
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$5		\$15		
health, or substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$5		\$15		
Pregnancy	Prenatal care and preconception visits	No charge		No charge		
	Home health care (cost share per visit)	\$3		\$15		
Help	Outpatient Rehabilitation and Habilitation services	\$5		\$15		
recovering or	Skilled nursing care	10%	X	20%	x	
other special nealth needs	Durable medical equipment	10%		15%		
	Hospice service	No charge		No charge		
Child eye	Eye exam	No charge		No charge		
care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge		
	Oral Exam					
	Preventive - Cleaning					
Child Dental Diagnostic	Preventive - X-ray					
and	Sealants per Tooth	No charge		No charge		
Preventive	Topical Fluoride Application					
	Space Maintainers - Fixed					
Child Dental	Restorative Procedures	000/		000/		
Basic Services	Periodontal Maintenance Services	20%		20%		
	Crowns and Casts					
Child Dental	Endodontics					
Major	Periodontics (other than maintenance)	50%		50%		
Services	Prosthodontics					
	Oral Surgery					
Child	Medically necessary orthodontics	50%		50%		

Internal Variate - AV Calculation Plan design includes a deductable in Proceedings and internal Variate - AV Calculation Plan design includes a deductable integrated individual doubt deductable integrated individual deductable integrated integrated individual deductable integrated integrated individual deductable integrated integrated integrated individual deductable integrated integrated integrated integr	animaly of Bon	nefits and Coverage	Cilves Dis-	
Plan design includes a deductable integrated individual soluction individual described Family deduction integrated individual soluction individual described. Family deductible individual described Family deductible individual described. Planmary Dental Family deductible individual column Planting Dental Family deductible Planting Dental Planting P	ember Cost Share	amounts describe the Enrollee's out of pocket costs.		-
Integrated Individual deductible Integrated Family deductible Individual Individual deductible Individual deductible Individual Individual deductible Individual Indi	ctuarial Value - A\	/ Calculator	74.0% 73.9%	
Integrated Family deductible, NOT integrated Medical Pillurary Dental Family deductible, NOT integrated Pillurary Dental Family deduction of Pillurary Care Vall to the state of Pillura		Plan design includes a deductible?	Yes, Medical/Pharm	асу
Individual deductible, NOT integrated. Medical / Pharmacy / Dental Panny Seductible, NOT integrated. Medical / Pharmacy / Dental Individual (Sed. Epscelar randium Panny) Seductible, NOT integrated. Medical / Pharmacy / Dental Individual (Sed. Epscelar randium Panny) Seductible, NOT Panny Seductible, NOT Pan		Integrated Individual deductible		·
Femily deductible, NOT integrated: Medical / Pharmacy / Dorted Individual Out-of-pocket maximum Family Octo-Spocket Family Spocket maximum Family Octo-Spocket Family Spocket Maximum Family Octo-Spocket Family Spocket Family Spoc		Integrated Family deductible	N/A	
Individual Out-of-pocket maximum Parelly Out-of-pocket maximum Par		Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,400 / \$150 <u>\$350</u>	/ \$0
Pacific Common PISA plant Self-orly coverage deductible NA NA PISA plant Self-orly coverage deductible NA NA NA PISA plant Self-orly coverage deductible NA NA NA PISA plant Self-orly coverage deductible NA NA NA PISA plant Self-orly plant Individual deductible NA NA NA PISA plant Self-orly plant Individual deductible NA NA PISA plant Self-orly plant Individual deductible NA PISA plant Self-orly plant Self-o		Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$10,800 / <mark>\$300</mark> <u>\$700</u>	/ \$0
Machine Mach		Individual Out–of–pocket maximum	\$7,550 <u>\$7,350</u>	
Common Medical Service Type Member Cost Share Primary care visit to breat an injury, lineas, or condition Service Type Proventive and Service Type Proventive Care Service Service Proventive Care Service Service Proventive Care Service Service Service Service Proventive Care Service		·	· · · · · · · · · · · · · · · · · · ·	<u>)</u>
Primary care visit to treat an injury, litness, or condition Services Type Primary care visit to treat an injury, litness, or condition Septiment				
Medical Service Type Event Pormary care vielt to treat an injury, illness, or condition Pormary care vielt to treat an injury, illness, or condition Preventive and the services of the prediction of clinic visit Preventive carely acreeing immunization Laboratory Tests X-reys and Diagnostic Imaging Imaging (CT/PET scares, MRIs) Tests Tests Tests Test 3 Tier 2 Sugary facility fee (e.g., ASC) Physicianhaurgen fees Outpatient visit Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Medical transportation (including emergency and non-emergency) Urgent care Wheat transportation (including emergency and non-emergency) The facility fee (e.g., hospital room) for inpatient stay (including labor and devices with the habit), and abobtance used isorder outpatient office visits in the habit, and abobtance used disorder outpatient office visits in the health, and abobtance used disorder outpatient office visits in the health, and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and substance used disorder outpatient office visits in the health and	Common	HSA family plan: Individual deductible	IN/A	
Health care provider's office or of special control	Medical	Service Type	Member Cost Share	
provider's office or clinic visit Tests Reposition of control of the protein of streening immunization Laboratory Tests X-ays and Diagnostic Imaging Imaging S95 Imaging (CTIPET acans, MRIs) Ter 1 S18 \$20 Ter 2 Tier 2 Tier 3 Tier 3 Surgery facility fee (e.g., ASC) Physician issurgeon fees Outpatient services Outpatient visit Regionary room facility fee (e.g., ASC) Physician issurgeon fees Outpatient services Outpatient visit Regionary room facility fee (e.g., ASC) Physician issurgeon fees Outpatient visit Emergency room facility fee (wieved if admitted) Emergency room facility fee (wieved if admitted) Emergency room facility fee (wieved if admitted) Emergency room physician fee (waived if admitted) Medical transportation (including emergency) Wight fee (e.g., ASC) Physician issurgeon fees Outpatient visit Facility fee (e.g., hospital room) for incasion stay (including labor and delivery, mental health, and substance use) Physician issurgeon fee Westal Mentalty fee (e.g., hospital room) for incasion stay (including labor and delivery, mental health and substance use disorder outpatient office visits and substance substanc	Health care	Primary care visit to treat an injury, illness, or condition	\$50 <u>\$35</u>	
Clinic visit Specialist S	provider's	Other practitioner office visit	\$50 <u>\$35</u>	
Preventive care/ screening/ immunization No. charge		Specialist visit	\$90 \$85	
Tests Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scars, MRIs) Ter 1 S10 S20 Ter 2 Ter 2 Ter 2 Ter 3 Ter 3 Ter 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Urgent care Redical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and alikever, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Emergency room facility fee (e.g. hospital room) for inpatient stay (including labor and alikever, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Emergency room facility fee (e.g. hospital room) for inpatient stay (including labor and 30% X Wental visits Mental research and substance use disorder outpatient office visits Emergency room facility fee (e.g. hospital room) for inpatient stay (including labor and 30% X Wental visits Child Dental Redical Redica		Preventive care/ screening/ immunization	No charge	
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Tier 1 Tier 2 Tier 3 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 5 Tier 3 Tier 4 Tier 5 Tier 5 Tier 5 Tier 5 Tier 6 Tier 7 Tier 6 Tier 7 Tier 6 Tier 7 Tier 7 Tier 6 Tier 8 Tier 9 Tier 10 Tier 10 Tier 9 Tier 10 Tier 10 Tier 2 Tier 3 Tier 4 Tier 2 Tier 3 Tier 4 Tier 2 Tier 3 Tier 4 Tier 2 Tier 3 Tier 10 Tier 2 Tier 10 Tier 2 Tier 10 Tier 2 Tier 2 Tier 2 Tier 3 Tier 4 Tier 2 Tier 3 Tier 4 Tier 4 Tier 2 Tier 3 Tier 4 Tier 10 Tier 3 Tier 10 Tier 2 Tier 10 Tier 2 Tier 2 Tier 3 Tier 2 Tier 2 Tier 3 Tier 4 Tier 4 Tier 4 Tier 2 Tier 4 Tier 2 Tier 4 Tier 10 Tier 2 Tier 2 Tier 3 Tier 4 Tier 2 Tier 4 Tier				
Tier 2 Tier 3 Tier 4 Tier 4 Tier 4 Tier 4 Tier 4 Tier 5 Tier 4 Tier 4 Tier 5 Tier 5 Tier 4 Tier 4 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 8 Tier 9 Ti				
Drugs to treat imines or condition Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Surgery facility fee (e.g., ASC) Outpatient services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Noc darge Medical transportation (including emergency and non-emergency) Tacility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgen fee Montal hoshavioral health and substance use disorder outpatient office visits behavioral health and substance use disorder outpatient attention Mental/behavioral health and substance use disorder other outpatient attens and services Pregnancy Prenatal care and preconception visits No charge Prenatal care and preconception visits Holp recovering or other special health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Scalants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Child Dental Major Services Child Denta		lier 1	\$19 <u>\$20</u>	
Tier 3 Tier 4 Tier 5 Ti		Tier 2	\$55	
Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Cutpatient visit Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Surgery facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use) Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Pregnancy Prenatal care and preconception visits No charge Help recovering or other special health needs Child eye Care Child eye Care Child Dental Basic Reventive Procedures Perventive - Cleaning Preventive - Cleaning		Tier 3	\$85	
Outpatient services Physician/surgeon fees Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient items and services Mental/behavioral health and substance use disorder outpatient items and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Add Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child eye Care Child Dental Diagnostic And Preventive - Cleaning Preventive - Cleaning Preventive - Vray Sealants per Tooth Topical Fluoride Application Space Maintaliners - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontal Maintenance Services Periodontal Maintenance Services Periodontics (other than maintenance) Sources Source		Tier 4		
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Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Need immediate attention Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient itlems and services Mental/behavioral health and substance use disorder outpatient itlems and services Mental/behavioral health and substance use disorder outpatient itlems and services Mental/behavioral health and substance use disorder outpatient itlems and services Mental/behavioral health and substance use disorder other outpatient itlems and services Mental/behavioral health and substance use disorder other outpatient itlems and services Mental/behavioral health and substance use disorder other outpatient itlems and services Mental/behavioral health and substance use disorder other outpatient stems and services Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Seo \$335 Demetal/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Seo \$335 Demetal/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Seo \$335 Demetal/behavioral		Physician/surgeon fees	30%	
Emergency room physicial fee (waived if admitted) No charge	00111000	Outpatient visit	30%	
Medical transportation (including emergency and non-emergency) \$250		Emergency room facility fee (waived if admitted)	\$450 \$350	
Medical transportation (including emergency and non-emergency) \$250		Emergency room physician fee (waived if admitted)	No charge	
Immediate attention Urgent care S50 \$35	Need		_	
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health, behavioral health and substance use disorder other outpatient bline visits Mental/behavioral health and substance use disorder other outpatient ltems and services Mental/behavioral health and substance use disorder other outpatient ltems and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Skilled nursing care Ourable medical equipment Hospice service No charge Child eye care 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Services Periodontics (other than maintenance) Source disorder other outpatient \$50 \$35\$ No charge X X X X X X X X X X X X X	Hospital stay	delivery, mental health, and substance use)		X
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Abuse needs abuse needs abuse needs items and services Pregnancy Prenatal care and preconception visits No charge Help Coutpatient Rehabilitation and Habilitation services Skilled nursing care Skilled nursing care Durable medical equipment Hospice service Child eye Care Child Dental Diagnostic and Preventive Child Dental Preventive Child Dental Basic Services Crowns and Casts Endodontics Child Dental Major Periodontics (other than maintenance) Preventive (sot share per visit) No charge 30% X X X X X X X X X X X X X	behavioral	visits	\$50 <u>\$35</u>	
Help recovering or other special health needs Skilled nursing care Durable medical equipment Hospice service Child eye care Oral Exam Preventive Child Dental Preventive Child Dental Basic Services Child Dental Basic Services Child Dental Child Dental Basic Services Child Dental Basic Services Child Dental Child Dental Basic Services Child Dental Basic Services Child Dental Child Dental Basic Services Child Dental Basic Services Child Dental Child Dental Services Child Dental Child Dental Preventive Procedures Periodontics (other than maintenance) Child Dental Basic Services Child Dental Preventive Procedures Periodontics (other than maintenance) Child Dental Basic Services			\$50	
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other special health needs Durable medical equipment Hospice service No charge Child eye care 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Periodontal Maintenance Services Child Dental Endodontics Endodontics Periodontics (other than maintenance) Skilled nursing care 30% X X 20% No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge No charge	Help	Outpatient Rehabilitation and Habilitation services	\$50 <u>\$35</u>	
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Hospice service Child eye care 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) No charge		Durable medical equipment	20%	
Child eye care Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Periodontal Maintenance Services Child Dental Maintenance Services Child Dental Major Services Eye exam No charge		Hospice service	No charge	
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Child Dental Diagnostic and Preventive Preventive - X-ray No charge Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed 20% Child Dental Basic Services Periodontal Maintenance Services 20% Child Dental Maintenance Services Endodontics Child Dental Major Services Periodontics (other than maintenance) 50%				
Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Services No charge No charge No charge No charge No charge Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed 20% Services 20% Services 50%		-		
Preventive Topical Fluoride Application	and	·	No charge	
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Crowns and Casts Endodontics Major Periodontics (other than maintenance) 50% Services	Basic		20%	
Child Dental Major Periodontics (other than maintenance) Services Endodontics 50%	Services			
Child Dental Major Periodontics (other than maintenance) 50% Services 50%				
Services				
Prosthodontics		· ·	50%	
		Prosthodontics		
		Oral Surgery		

Medically necessary orthodontics

50%

Summar	v of	Benefits	and	Coverage
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Member Cost Share amounts describe the Enrollee's out of pocket costs.		Bronze Plan	Bronze HDHP Plan		
ctuarial Value - A\	/ Calculator	64.4% <u>63.7%</u>		64.9%	
	Plan design includes a deductible?	Yes, Medical/Pharn	nacy	Yes, integrat	ted
	Integrated Individual deductible	N/A	•	\$7,050 \$6,650 integrated	
	Integrated Family deductible	N/A		\$14,100 <u>\$13,300</u> ir	-
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$6,300 <u>\$5,400</u> / \$50	0 / \$0	N/A	J
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$12,600 \$10,800 / \$1,000 \$1,00		N/A	
	Individual Out-of-pocket maximum	\$ 9,100 \$8,850		\$ 7,050 \$6,6	50
	·	\$18,200 \$17,70		\$14,100 \$13,	
	Family Out-of-pocket maximum		0	\$7,050 \$6,6	
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible	N/A N/A		\$7,050 \$6,6	
Common Medical	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible
Event	Primary care visit to treat an injury, illness, or condition	\$60	After 1st three non-	0%	Applies X
Health care	, , , ,	400	preventive visits After 1st three non-	0,0	
provider's	Other practitioner office visit	\$60	preventive visits	0%	Х
office or clinic visit	Specialist visit	\$95	After 1st three non-	0%	x
	·		preventive visits		
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$40		0%	X
Tests	X-rays and Diagnostic Imaging	40%	X	0%	Х
	Imaging (CT/PET scans, MRIs)	40%	X	0%	x
	Tier 1	\$17 \$19	Pharmacy Deductible	0%	х
	Ties 2	40% up to \$500 per script after	Pharmacy	25'	
Drugs to treat	Tier 2	pharmacy deductible	Deductible	0%	X
illness or condition	Tier 3	40% up to \$500 per script after	Pharmacy	0%	×
00.10.10.11	·	pharmacy deductible	Deductible		
	Tier 4	40% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	0%	X
	Surgery facility fee (e.g., ASC)	40%	X	0%	Х
Outpatient	Physician/surgeon fees	40%	×	0%	x
services	Outpatient visit				
	•	40%	X	0%	X
	Emergency room facility fee (waived if admitted)	40%	X	0%	X
	Emergency room physician fee (waived if admitted)	No charge		0%	х
Need mmediate attention	Medical transportation (including emergency and non-emergency)	40%	X	0%	x
	Urgent care	\$60	After 1st three non- preventive visits	0%	x
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	40%	X	0%	X
Hospital stay	delivery, mental health, and substance use)				
	Physician/surgeon fee	40%	X	0%	Х
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$60		0%	x
health, or substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$60		0%	x
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	40%	x	0%	х
Ualm	Outpatient Rehabilitation and Habilitation services	\$60		0%	×
Help recovering or	·				
other special	Skilled nursing care	40%	X	0%	X
health needs	Durable medical equipment	40%	×	0%	x
	Hospice service	No charge		0%	x
Child ovo	Eye exam	No charge		No charge	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	_		-	
		No charge		No charge	
	Oral Exam				
Obild Door	Preventive - Cleaning				
Child Dental Diagnostic	Preventive - X-ray	A 1 1			
and	Sealants per Tooth	No charge		No charge	
Preventive	Topical Fluoride Application				
	·				
Ohill D	Space Maintainers - Fixed				
Child Dental Basic	Restorative Procedures	20%		20%	
Services	Periodontal Maintenance Services				
	Crowns and Casts				
Child Dental	Endodontics				
Major	Periodontics (other than maintenance)	50%		50%	
Services	Prosthodontics				
	Oral Surgery				
Child					

2024 2025 Patient-Centered Benefit Plan Designs 10.0 EHB Date: July 20, 2023 January 18, 2024

Summary	, of	Renefits	and	Coverage
Julillial	, 0.	Denenia	anu	COVERAGE

ummary of Benefits and Coverage						
lember Cost Share	amounts describe the Enrollee's out of pocket costs.	Catast	rophic Plan			
ctuarial Value - A	V Calculator					
iotaariai vaido 71	Plan design includes a deductible?	Yes,	integrated			
	Integrated Individual deductible		9,200 integrated			
	Integrated Family deductible	\$18,900 <u>\$1</u>	8,400 integrated			
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental		N/A			
	Family deductible, NOT integrated: Medical / Pharmacy / Dental		N/A			
	Individual Out-of-pocket maximum	\$9, 4	50 <u>\$9,200</u>			
	Family Out-of-pocket maximum	\$18,9	00 <u>\$18,400</u>			
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible		N/A N/A			
Common	non name production	Marrier Octob				
Medical Event	Service Type	Member Cost Share	Deductible Applies			
	Primary care visit to treat an injury, illness, or condition	0%	After 1st three non- preventive visits			
Health care provider's office or	Other practitioner office visit	0%	After 1st three non- preventive visits			
clinic visit	Specialist visit	0%	x			
	Preventive care/ screening/ immunization	No charge				
	Laboratory Tests	0%	х			
Tests	X-rays and Diagnostic Imaging	0%	x			
	Imaging (CT/PET scans, MRIs)	0%	x			
	Tier 1	0%	X			
Drugs to treat illness or	Tier 2	0%	X			
condition	Tier 3	0%	X			
	Tier 4	0%	×			
Outpatient	Surgery facility fee (e.g., ASC)	0%	X			
services	Physician/surgeon fees	0%	X			
	Outpatient visit	0%	X			
	Emergency room facility fee (waived if admitted)	0%	X			
Need	Emergency room physician fee (waived if admitted)	No charge				
Need immediate	Medical transportation (including emergency and non-emergency)	0%	X			
attention	Herent con-	00/	After 1st three non-			
	Urgent care	0%	preventive visits			
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	0%	X			
Hospital stay	delivery, mental health, and substance use)					
Mandal	Physician/surgeon fee	0%	X			
Mental health,	Mental/behavioral health and substance use disorder outpatient office visits	0%	After 1st three non- preventive visits			
behavioral health, or			,			
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	0%	х			
Pregnancy	Prenatal care and preconception visits	No charge				
	Home health care (cost share per visit)	0%	x			
Help	Outpatient Rehabilitation and Habilitation services	0%	x			
recovering or	Skilled nursing care	0%	X			
other special health needs	Durable medical equipment	0%	X			
	Hospice service	0%	X			
Chird	Eye exam	No charge	· ·			
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	0%	X			
	Oral Exam	070	,			
	Preventive - Cleaning					
Child Dental	Preventive - X-ray					
Diagnostic and	Sealants per Tooth	No charge				
Preventive	Topical Fluoride Application					
	Space Maintainers - Fixed					
Child Dental	Restorative Procedures					
Basic Services	Periodontal Maintenance Services	0%	X			
50, 11063	Crowns and Casts					
Child Dental Major	Endodontics					
	Periodontics (other than maintenance)	0%	Х			
Services	Prosthodontics					
	Oral Surgery					
Child	Medically necessary orthodontics	0%	Х			
Orthodontics		U /U	^			

10.0 EHB

Date: July 20, 2023 January 18, 2024

Summary of Benefits and Coverage

Member Cost Share amounts describe the Enrollee's out of pocket costs.

	V Calculator
	Plan design includes a deductible
	Integrated Individual deductible
	Integrated Family deductible
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental
	Family deductible, NOT integrated: Medical / Pharmacy / Dental
	Individual Out-of-pocket maximur Family Out-of-pocket maximur
	HSA plan: Self-only coverage deductible
	HSA family plan: Individual deductible
Common Medical Event	Service Type
Event	Primary care visit to treat an injury, illness, or condition
Health care provider's	Other practitioner office visit
office or clinic visit	Specialist visit
	Preventive care/ screening/ immunization
	Laboratory Tests
Tests	X-rays and Diagnostic Imaging
	Imaging (CT/PET scans, MRIs)
	Tier 1
	INT I
Drugs to treat	Tier 2
illness or condition	Tier 3
	Tier 4
	Surgery facility fee (e.g., ASC)
Outpatient services	Physician/surgeon fees
	Outpatient visit
	Emergency room facility fee (waived if admitted)
	Emergency room physician fee (waived if admitted)
Need	Medical transportation (including emergency and non-emergency)
immediate attention	
	Urgent care
	Facility fee (e.g. hospital room) for inpatient stay (including labor and
Hospital stay	delivery, mental health, and substance use) Physician/surgeon fee
Mental	
health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits
health, or	Mental/behavioral health and substance use disorder other outpatient
substance abuse needs	items and services
Pregnancy	Prenatal care and preconception visits
	Home health care (cost share per visit)
Help	Outpatient Rehabilitation and Habilitation services
Help recovering or	Skilled nursing care
other special health needs	•
	Durable medical equipment
	Hospice service
Child eye care	Eye exam
	1 pair of glasses per year (or contact lenses in lieu of glasses)
	Oral Exam
Child Dental	Preventive - Cleaning
Diagnostic and	Preventive - X-ray
Preventive	Sealants per Tooth
	Topical Fluoride Application
Ohitto	Space Maintainers - Fixed
Child Dental Basic	Restorative Procedures
Services	Periodontal Maintenance Services
	Crowns and Casts
	Endodontics
Child Dental	
Child Dental Major Services	Periodontics (other than maintenance)
Major	Periodontics (other than maintenance) Prosthodontics
Major	

9.5 EHB

Date: July 20, 2023 January 18, 2024

Summary of Benefits and Coverage



Member Cost	Summary of Be	nefits and Coverage	TA	A		
Actional Notes - AV Concents Plan coopy includes a deductable of 19.3% 10.0% 1	- -		Individual-only F	Platinum	Individual-only F	Platinum
Pince description of the Common	wember Cost Share	amounts describe the Enrollee's out of pocket costs.	Coinsurance	Plan	Copay Pla	ın
Pince description of the Common						
Integrated Individual Control (1997) 150 1	Actuarial Value - A	AV Calculator	91.9%		90.7% <u>91.6</u>	<u>i%</u>
International Common		Plan design includes a deductible?	No		No	
Interior and admittation NOT recognised. Medical Pharmacry Chested \$0.0 10.1 50 \$0.0 10.0 10.0 10 \$0.0 10.0 10 \$0.0 10.0 10 \$0.0 10.0 10 \$0.0 10.0 10.0 10 \$0.0 10.0 10.0 10 \$0.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0		Integrated Individual deductible	\$0		\$0	
Interior and admittation NOT recognised. Medical Pharmacry Chested \$0.0 10.1 50 \$0.0 10.0 10.0 10 \$0.0 10.0 10 \$0.0 10.0 10 \$0.0 10.0 10 \$0.0 10.0 10.0 10 \$0.0 10.0 10.0 10 \$0.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0		Integrated Family deductible	\$0		\$0	
Family column Pamily Pam				n		0
Part Control Part Part Control Part P						
Marchael				0		0
PIRAS PIRAS PIRAS PIRAS PIRAS PIRAS PIRAS PIRAS		Individual Out–of–pocket maximum	\$4,500		\$4,500	
Marchant		Family Out-of-pocket maximum	\$9,000		\$9,000	
Service Type Primary care visit to froat an injury, ifness, or candidon Sister Primary care visit to froat an injury, ifness, or candidon Sister		HSA plan: Self-only coverage deductible	N/A		N/A	
Medical Sentine Type Delicity Delici		HSA family plan: Individual deductible	N/A		N/A	
Present Services Share Approx Share Approx Share Approx Share Approx Approx Share	Common		Mambar Coat	D. desertation	Mambar Coat	D. destile
Meath care perolder's office or clinic visit or broat an injury, lineas, or condition Sit 6 Sit		Service Type				Applies
Pacific data Common of the precisioner office vial coffice of common of the precision of the coffice vial coffice of coffice of coffice vial coffice via coff	Event					
Child permitted so office or clinic visit of files or clinic visit or visit		Primary care visit to treat an injury, illness, or condition	\$15		\$15	
Control of the contro		Other practitioner office visit	¢15		¢15	
Preventive care of second primorphisms S30 S30 No clurge	•	Other production of the viole	Ψίδ		Ψίδ	
Tests Laboratory Tests X-rays and Disgractic Imaging \$30		Specialist visit	\$30		\$30	
Tests Laboratory Tests X-rays and Disgractic Imaging \$30		Preventive care/ screening/ immunization	No charge		No charge	
Tests X-rays and Disgressic Imaging Imaging (CTPET scare, MRIs) Ter 1 Ter 1 Ter 2 S16 S16 S16 S16 S16 S16 S16 Ter 2 Ter 3 S25 S25 Ter 3 Surgery facility fee (e.g. ASC) Displaint reservices Outpatient services Outpatient visit Emergency room facily fee (e.g. ASC) Physician/surgens fees Outpatient services Outpatient visit Emergency room facily fee (waved if admitted) No charge No charge No charge No charge No charge No charge Medical transportation (including emergency and non-emergency) S150 S150 Westernative facility services S15 S15 S15 Westernative facility services states facility fee (e.g. hospital most) for inpatient stay (including labor and dishery, mentul health, and substance use disorder outpatient office visits substance states facility fee (e.g. hospital most) for inpatient stay (including labor and dishery mentul health, and substance use disorder outpatient office visits substance states facility fee (e.g. hospital most) for inpatient stay (including labor and dishery mentul health, and substance use disorder outpatient office visits substance states facility fee (e.g. hospital mentul health, and substance use disorder outpatient office visits states and services S15 S15 S16 Westerdam Remainstance and resonance private states and services and services outpatient office visits states and services S15 S16 S17 S18 Westerdam Remainstance services S16 No charge No charge No charge No charge No charge No charge Preventive - Cleaning Preventive - Cleanin		· ·	-		-	
Ter 1		Laboratory Tests	\$15		\$15	
Tier 1 Tier 2 Tier 2 Tier 3 Tier 4 Tier 5 Tier 4 Tier 5 Tier 4 Tier 5 Tier 4 Tier 5 Tier 4 Tier 6 Tier 3 Tier 4 Tier 6 Tier 3 Tier 4 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 4 Tier 8 Tier 9 Tier 9 Tier 9 Tier 4 Tier 9 Tier 9 Tier 1 Tier 9 Tier 4 Tier 9 Tier 1 Tier 9 Tier 9 Tier 9 Tier 1 Tier 9 Ti	Tests	X-rays and Diagnostic Imaging	\$30		\$30	
Drugs to treat siliness or condition Tier 2 Tier 3 Tier 4 Tier 5 Tier 4 Tier 5 Tier 4 Tier 5 Tier 4 Tier 5 Tier 4 Tier 6 Surgery facility foe (e.g., ASC) Tier 6 Drupatient services Outpatient visit Emergency mon facility fee (waived if admitted) Emergency mon facility fee (waived if admitted) Emergency mon facility fee (waived if admitted) Tier 6 Emergency room flow fee (waived if admitted) Tier 7 Need Immediate attention Urgent care Tier 8 Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Phylician inclusions health and substance use disorder outpatient office visits Phylician inclusions health and substance use disorder outpatient office visits Phylician inclusions health and substance use disorder outpatient office visits Pregnancy Pregnancy Pregnancy Pregnancy Prematal care and preconception visits No charge Prematal care and preconception visits No charge Preventive - Cleaning Preventive -		Imaging (CT/PET scans, MRIs)	10%		\$75	
Times and records of Torical Times and records of Torical Tori						
Tree 3 \$25 \$25 Tier 4 \$250 per script Tier 3 \$25 \$25 Tier 4 \$250 per script Tier 4 \$250 per script Tier 4 \$250 per script Tier 5 \$250 per script Tier 6 \$250 per script Tier 6 \$250 per script Tier 6 \$250 per script Tier 7 \$250 per script Tier 8 \$250 per script Tier 9 \$250 per script Tier 10 \$250 per script Tier		Tier 1	\$7		\$7	
Titer 3 S25 S26 Titer 4 Surgery facility fee (e.g., ASC) Dutpatient survices Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergeony room facility fee (valved if admitted) Emergeony room physician fee (valved if admitted) Urgert care Value distinction Urgert care Facility fee (e.g., hospital room) for inpatient stay (including labor and deliver), mental health, and substance use) Facility fee (e.g., hospital room) for inpatient stay (including labor and deliver), mental health, and substance use) Facility fee (e.g., hospital room) for inpatient stay (including labor and deliver), mental health, and substance use) Facility fee (e.g., hospital room) for inpatient stay (including labor and deliver), mental health, and substance use disorder outpatient office values models Facility fee (e.g., hospital room) for inpatient stay (including labor and deliver), mental health, and substance use disorder outpatient office values models Facility fee (e.g., hospital room) for inpatient stay (including labor and deliver), mental health, and substance use disorder outpatient office values models Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery), mental health, and substance use disorder outpatient office values models Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery), mental health and substance use disorder outpatient office values for the root and substance use disorder outpatient office values for the root and substance values models Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery), mental health and substance use disorder outpatient office values for the root and substance values for the root and substance values for the r		Tier 2	640		640	
Tier 3	_	TIGI Z	৯ 16		\$1b	
Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and labor and labor and labor and		Tier 3	\$25		\$25	
Cutpatient services Physicianinsurgeon fees Physicianinsurgeon fees Outpatient visit 10% \$20 10% \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$350						
Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and autotrance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and autotrance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and autotrance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and delivery, mental health, and substance use) Facility fee (e.g., hespital room) for impatient stay (including labor and toffice use) Facility fee (e.g., hespital room)		Tier 4				
Outpatient visit Emergency room facility fee (walved if admitted) Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) Emergency room physician fee (walved if admitted) Medical transportation (including emergency and non-emergency) We deficial transportation (including emergency and non-emergency) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use) Frograms of the facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use) Frograms of the facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use) Frograms of the facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use) Frograms of the facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use disorder outpatient office visits Frograms of the facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, menial health, and substance use disorder outpatient fee (e.g. facility fee (e.g. hospital stay) Mental/behavioral health and substance use disorder outpatient fee (e.g. facility fee (e.g. facility fee (e.g. hospital stay) Mental/behavioral health and substance use disorder outpatient fee (e.g. facility fee (e.g. facility fee (e.g. hospital stay) Mental/behavioral health and substance use disorder outpatient fee (e.g. facility fee (e.g. f			Script		Script	
Outpatient Visit Emergency room facility fee (walved if admitted) Need immediate attention Urgent care Hospital stay Hospital stay Proposition for impatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits Mental behavioral health and substance use disorder outpatient office visits No charge No charge No charge Visits Visits No charge N		Surgery facility fee (e.g., ASC)	10%		\$75	
Outpatient visit Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) S150 S150 Wedical transportation (including emergency and non-emergency) Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physicianshurgeon fee Mental beharvioral health, or substance substance abuse needs Pregnancy Prenatal care and preconception visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits Mental/beharvioral health and substance use disorder outpatient office visits No charge No charge No charge No charge No charge Child pental pe	•	Physician/surgeon fees	10%		\$20	
Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Immediate attention Urgent care Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient diems and services Mental/behavioral health and substance use disorder other outpatient diems and services Mental/behavioral health and substance use disorder other outpatient diems and services Mental/behavioral health and substance use disorder other outpatient diems and services No charge No charge No charge Help Presental care and preconception visits No charge No charge Stille duraing care 10% Stille duraing care 10% Stille duraing care 10% Stille duraing care No charge Child Detail Diagnostic and Preventive - Cleaning	services	Outpatient visit	10%		10%	
Emergency room physician fee (walved if admitted) No charge S150 S150 S150		·	1076		10 76	
Medical transportation (including emergency and non-emergency) \$150		Emergency room facility fee (waived if admitted)	\$150		\$150	
Interestitate attention Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Montal health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Pregnancy Pregnancy Pregnancy Pregnancy Pregnancy Pregnancy Uutpatient care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care 10% 5 days No charge		Emergency room physician fee (waived if admitted)	No charge		No charge	
Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits No charge	Need	Medical transportation (including emergency and non-emergency)	\$150		\$150	
Urgent care Urgent care Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient terms and services Mental/behavioral health and substance use disorder other outpatient terms and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Stilled nursing care Outpatient Rehabilitation and Habilitation services Skilled nursing care Urbe medical equipment Hospice service No charge Preventive Child dey care 1 pair of glasses per year (or contact lenses in lieu of glasses) Not charge No charge Oral Exam Preventive - Cleaning Preventive - Space Maintainers - Fixed Child Dantal Basic Child Dantal Basic Services Periodontal Maintenance Services Crowns and Casts Endodontics Prosthodontics Prosthodontics Prosthodontics Prosthodontics Prosthodontics Prosthodontics Prosthodontics Not Covered Prosthodontics Prosthodontics Prosthodontics Prosthodontics Prosthodontics Not Surgery Not Covered Not Covered Not Covered Not Covered Not Covered			Ų.00		Ų.00	
Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) 10% No charge	attention					
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Not Covered	Mental				, and the second	
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substance abuse needs Pregnancy Prenatal care and preconception visits Holp recovering or other special health and substance use disorder other outpatient items and services Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental Basic Services Crowns and Casts Endodontics Oral Surgery Child Dental Major Services Crowns and Casts Endodontics Oral Surgery Child Dental Major Services Crowns and Casts Endodontics Oral Surgery Child Dental Major Services Crowns and Casts Endodontics Oral Surgery Child Medically precessary orthodontics Oral Surgery Child Medically precessary orthodontics Not Covered		VISIO				
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other special health needs Durable medical equipment Hospice service Child eye care I pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive Preventive Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental Major Services Coral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Major Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Child Medically necessary orthodontics Oral Surgery Not Covered	recovering or	Skilled nursing care	100/		\$125 per day up to	
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Child Dental Diagnostic and Preventive Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Child Dental Major Serv		Preventive - Cleaning				
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Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered Not Covered Not Covered		Restorative Procedures	Not Covered		Not Covered	
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Prosthodontics Oral Surgery Child Medically necessary orthodontics Not Covered Not Covered	•	Periodontics (other than maintenance)	Not Covered		Not Covered	
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	Child					
Orthodonics	Child Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

- -	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-onl Platinum Coinsurance	ĺ	CCSB-onl Platinum Copay Pla	
ctuarial Value - A'	√ Calculator	91.2% 91.3	%	89.4% 90.5	%
	Plan design includes a deductible?	No		No	
	Integrated Individual deductible	\$0		\$0	
	Integrated Family deductible	\$0		\$0	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$	0	\$0 / \$0 / \$6	0
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$	0	\$0 / \$0 / \$6	0
	Individual Out-of-pocket maximum	\$4,500		\$4,500	
	Family Out-of-pocket maximum	\$9,000		\$9,000	
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible			N/A N/A	
Common			5		5
Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductib Applies
Health care	Primary care visit to treat an injury, illness, or condition	\$15		\$20	
Health care provider's office or clinic visit	Other practitioner office visit	\$15		\$20	
	Specialist visit	\$30		\$30	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$15		\$20	
Tests	X-rays and Diagnostic Imaging	\$30		\$30	
	Imaging (CT/PET scans, MRIs)	10%		\$100	
Drugs to treat illness or condition	Tier 1	\$10		\$5	
	Tier 2	\$25		\$20	
	Tier 3	\$40		\$30	
	Tier 4	10% up to \$250 per script		10% up to \$250 per script	
	Surgery facility fee (e.g., ASC)	10%		\$100	
Outpatient services	Physician/surgeon fees	10%		\$25	
	Outpatient visit	10%		10%	
	Emergency room facility fee (waived if admitted)	\$200		\$150	
Need immediate	Emergency room physician fee (waived if admitted)	No charge		No charge	
	Medical transportation (including emergency and non-emergency)	\$150		\$150	
attention	Urgent care	\$15		\$20	
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee	10% 10%		\$250 per day up to 5 days No charge	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$15		\$20	
health, or substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$15		\$20	
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	10%		\$20	
Help	Outpatient Rehabilitation and Habilitation services	\$15		\$20	
recovering or	Skilled nursing care	10%		\$150 per day up to	
other special health needs	Durable medical equipment	10%		5 days 10%	
	Hospice service	No charge		No charge	
	Eye exam	No charge		No charge	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	_			
	1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam	No charge		No charge	
Child Dental	Preventive - Cleaning				
Diagnostic and	Preventive - X-ray	Not Covered		Not Covered	
Preventive	Sealants per Tooth Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures				
Basic	Periodontal Maintenance Services	Not Covered		Not Covered	
Services					
	Crowns and Casts				
Child Dental	Endodontics Periodontics (other than maintanance)	Not Correct		Not Correct	
Major Services	Periodontics (other than maintenance) Prosthodontics	Not Covered		Not Covered	
Child	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

2024 2025 Patient-Centered Benefit Plan Designs 9.5 EHB Date: July 20, 2023 January 18, 2024

Member Cost Share Cost Share Processor Systems (Personal Member Cost Share Approximate) Primary care visit to treat an injury, illness, or condition Seath care providers (Personal Member Cost Share Cost Share Providers Share Cost Share Providers Share Cost Share Providers Share Cost	mber Cost Share	efits and Coverage amounts describe the Enrollee's out of pocket costs.	Individual-only Coinsurance		Individual-only Copay Pla	ć
Part design includes a deductible No						
Indication of content 100	tuarial Value - A\			<u>%</u>		<u>6%</u>
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Family Out of protect maximum \$17.400 \$1)		.0
THE A PIRC Self-ord coverage describes (NN N) THE A PIRC Self-ord coverage describes (NN N) Permany care visit to beat an injury, illness, or condition The Pirc Self-ord (NN N) Providers of Self-ord (NN N) Providers ord (NN N) Providers		'			. ,	
New York Service Type Primary care visit to treat an injury, threes, or condition Service Type Primary care visit to treat an injury, threes, or condition Specialist visit Preventive care' scenering' immunization Preventive care' scenering immunization Preventive (ag. 25%) Pr						
Service Type		, , , , , ,				
Primary care visit to treat an injury, illinois, or consistion \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35	Common	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Health care Office or or common value Freedrick visit	Medical Event	Service Type	Member Cost Share			Deduct Applie
Consider the control of the control		Primary care visit to treat an injury, illness, or condition	\$35		\$35	
Speciality fee (e.g. hospital and substance use) Speciality fee (e.g. hospital and substance) Speciality fee (e.	provider's	Other practitioner office visit	\$35		\$35	
Laboratory Tests X-rays and Diagnosts Imaging imaging (CT/PET scans, MRIs) Ter 1 Ter 1 S15 S75 S75 S75 S75 S75 S75 S7		Specialist visit	\$65		\$65	
Tree of the second Diagnostic Imaging (CT/PET acane, MRIs) 25% 575 Tier 1 Tier 1 Tier 2 Songes to treat 1 Tier 2 Songes for the condition of the conditio		Preventive care/ screening/ immunization	No charge		No charge	
Imaging (CTPET scars, MRis) Ter 1 Ter 1 Ter 1 Times or not the times or recondition Ter 3 Ter 2 Times or not the times or recondition Ter 3 Times or recondition Ter 3 Times or recondition Ter 4 Times or recondition Suggesty facility fee (e.g., ASC) Physician surgeon fees Outpatient visit Emergency room facility fee (waived if admitted) Medical transportation (including emergency and non-emergency) Times or recondition Urgent care Times or recondition T		Laboratory Tests	\$40		\$40	
Imaging (CT/PET scare, MRts) Ter 1 Ter 1 S15 Ter 1 S15 S85 S85 S85 Ter 2 Ter 2 Supery facility fee (e.g., ASC) Physician/surpeon fees Outpatient visit Emergency room facility (e. (wieved if admitted) Emergency room physician fee (wieved if admitted) Medical transportation (including emergency and non-emergency) S250 S250 S35 S35 S35 S35 S35 S35 S35 S	ests					
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Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 4 Tier 3 Tier 4 Tier 5 Tier 4 Tier 6 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 8 Tier 8 Tier 9 Ti		Tier 1	\$15		\$15	
Tier 3 Tier 3 Tier 4 Ti	Drugs to treat illness or condition	Tier 2	\$60		\$60	
Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient envices Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Surgery facility fee (waived if admitted) Emergency room flysician fee (waived if admitted) Medical transportation (including emergency and non-emergency) Surgery facility fee (e.g., hospital room) for impatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Surgery facility fee (e.g., hospital room) for impatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office vials Mental/behavioral health and substance use disorder outpatient office vials Mental/behavioral health and substance use disorder outpatient office vials Mental/behavioral health and substance use disorder outpatient letters and services Mental/behavioral health and substance use disorder outpatient office vials Wental/behavioral health and substance use disorder outpatient office vials Substance of the mental care and preconception visits No charge Home health care (cost share per visit) Quipatient Rehabilitation and Habilitation services Substance of perconception of the substance use disorder office outpatient fee and perconception visits Durable medical equipment Hospice service Child Dental fee (cost share per visit) Quipatient Rehabilitation and Habilitation services Substance of glasses per year (or contact lenses in lieu of glasses) No charge Preventive - X-ray Sealants per Tooth Topical Fluinder Aghication Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodentics Periodontal Maintenance Services Crowns and Casts		Tier 3	\$85		\$85	
Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) No charge No charge As250 As260 S330 Litgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, merital health, and substance use) Physician/surgeon for whether was and as a substance use) Physician/surgeon for each of the substance use disorder outpatient office visits whether was and services Pregnancy Prenatal care and preconception visits No charge Home health care (oost share per visit) Durable medical equipment Hospice service Durable medical equipment Hospice service Child Dental Sasic Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Flancinde Application Space Maintalners - Fixed Restorative Procedures Periodontics Child Dental Sasic Procedures Procedures Periodontics Periodontics Periodontics Procedures Procedu		Tier 4				
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Durpatient visit Comparison of the Control of Contro		Physician/surgeon fees	30%		\$40 \$60	
Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgence fee Mental/behavioral health and substance use disorder outpatient office visits wealth, or ubstance business and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Salided nursing care Hospice service Durable medical equipment Hospice service Linit dental belance of the control of the contr	ervices	Outnatient visit				
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Urgent care Urgent care S35 S36 S36 S36 S37 S37 S38 S38 S38 S38 S38 S38			_		_	
Urgent care		Medical transportation (including emergency and non-emergency)	\$250		\$250	
Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, merital health, and substance use) Anntal behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits S35 S35 S35 S35 S36 S36 S36 S48 S48 S48 S48 S49 S49 S49 S49						
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health, visits visits whental/behavioral health and substance use disorder outpatient once visits wisits wisits with the policy of the policy	roopitui otuy	Physician/surgeon fee	30%		No charge	
health, or behalvioral health and substance use disorder other outpatient leath, or behalvioral health and substance use disorder other outpatient leath, or behalvioral health and substance use disorder other outpatient leath, or behalvioral health and substance use disorder other outpatient leath, or behalvioral health and substance use disorder other outpatient substance shows needs Pregnancy Prenatal care and preconception visits No charge No charge No charge Skilled nursing care Ourbalte medical equipment Hospice service No charge		Mental/behavioral health and substance use disorder outpatient office				
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Items and services Items a	nealth, or	Mental/behavioral health and substance use disorder other outpatient	***		***	
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Cutpatient Rehabilitation and Habilitation services \$35 \$35	Pregnancy	Prenatal care and preconception visits	No charge		No charge	
Skilled nursing care pother special lealth needs Durable medical equipment Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge No		Home health care (cost share per visit)	20%		\$30	
Skilled nursing care Durable medical equipment Durable medical equipme		Outpatient Rehabilitation and Habilitation services	\$35		\$35	
Durable medical equipment Durable medical equipment 20% 20% Hospice service No charge No charge Durable medical equipment 20% 20% Hospice service No charge No charge No charge No charge No charge 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Basic Bervices Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered Not C		Skilled nursing care	30%			
Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery No charge Not Covered		Durable medical equipment	20%			
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Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Periodontal Maintenance Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered			No charge		No charge	
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Diagnostic and Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered	Child Dentel	Preventive - Cleaning				
Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery	Diagnostic and	Preventive - X-ray	Not Covered		Not Covered	
Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Topical Fluoride Application Space Maintainers - Fixed Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered		Sealants per Tooth	1401 Covered		1401 Covered	
Child Dental Basic Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered	. O TOTAL VE	Topical Fluoride Application				
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Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Crowns and Casts Endodontics Not Covered Not Covered Not Covered			Not Covered		Not Covered	
Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered Not Covered Not Covered						
Child Dental Major Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered Not Covered Not Covered						
Prosthodontics Oral Surgery			Not Covers		Not Covers	
Oral Surgery Oral Surgery	-	,	Not Covered		Not Covered	
Child Medically recessary orthodontics Net Coursed Net Coursed		Oral Surgery				

9.5 EHB

Summary of Ber	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-only Gold		CCSB-only Gold	
member dest emaile	aniano comino di Canana de	Coinsurance Pla	n	Copay Plan	
Actuarial Value - A	V Calculator	78.8% 79.1%		80.7% 80.5%	
	Plan design includes a deductible?	Yes, Medical/Pharm	acy	Yes, Medical/Pharr	macy
	Integrated Individual deductible Integrated Family deductible	N/A N/A		N/A N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$350 / \$0 / \$0		\$250 / \$0 / \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$700 / \$0 / \$0		\$500 / \$0 / \$0	
	Individual Out-of-pocket maximum	\$7,800		\$7,800	
	Family Out-of-pocket maximum	\$15,600		\$15,600	
	HSA plan: Self-only coverage deductible	N/A		N/A	
	HSA family plan: Individual deductible	N/A		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$25		\$35	
Health care provider's	Other practitioner office visit	\$25		\$35	
office or clinic visit	Specialist visit	\$50		\$55	
Cillic Visit				·	
	Preventive care/ screening/ immunization	No charge		No charge	
Tests	Laboratory Tests X-rays and Diagnostic Imaging	\$25 \$65		\$35 \$55	
10010	Imaging (CT/PET scans, MRIs)	20%		\$250	x
				·	*
	Tier 1	\$15		\$15	
Drugs to treat	Tier 2	\$50		\$40	
illness or condition	Tier 3	\$80		\$70	
Condition	nor o	φου		\$70	
	Tier 4	20% up to \$250 per script		20% up to \$250 per script	
Outpatient	Surgery facility fee (e.g., ASC)	20%		\$300	Х
services	Physician/surgeon fees	20%		\$35	
	Outpatient visit	20%		20%	
	Emergency room facility fee (waived if admitted)	20%	X	\$250	X
Need	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need immediate attention	Medical transportation (including emergency and non-emergency)	20%	X	\$250	Х
	Urgent care	\$25		\$35	
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	20%	X	\$600 per day up to 5 days	X
Mental	Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office	20%	X	No charge	
health, behavioral health, or	visits Mental/behavioral health and substance use disorder other outpatient	\$25		\$35	
substance abuse needs	items and services	\$25		\$35	
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	20%		\$30	
Help	Outpatient Rehabilitation and Habilitation services	\$25		\$35	
recovering or other special	Skilled nursing care	20%	×	\$300 per day up to 5 days	X
health needs	Durable medical equipment	20%		20%	
	Hospice service	No charge		No charge	
Child eye	Eye exam	No charge		No charge	
care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam				
Child Dental	Preventive - Cleaning				
Diagnostic	Preventive - X-ray	Not Covered		Not Covered	
and Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental Basic	Restorative Procedures	Not Covered		Not Covered	
Services	Periodontal Maintenance Services	25.0.04			
	Crowns and Casts				
Child Dental	Endodontics				
Major Services	Periodontics (other than maintenance)	Not Covered		Not Covered	
COLVICES	Prosthodontics				
	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

9.5 EHB

Primary care visit to treat an injury, lineas, or condition \$500		amounts describe the Enrollee's out of pocket costs.	Individual-only Silve	a.i
Irregrated Indoction descutation Individual descutation, NOT integrated: Medical (*Pharmacy (*Dental 10-10) (*Pharmacy (*Dental 1	tuarial Value - A\	/ Calculator	71.8% <u>71.6%</u>	
Integrated Family deductible, NOT integrated. Macked / Pharmacy Dental Family Deduction of Pharmacy Dental Family Dental Family Dental Family Dental Family Dental Dental Family De		Plan design includes a deductible?	Yes, Medical/Pharm	асу
Individual deductible. NOT integrated. Medical if Pharmacy (Dental Family deductible. NOT integrated. Medical if Pharmacy (Dental individual (Ded-Geodett maximum Pharmacy (Dental individual (Dental Pharmacy (Dental Individual deductible Pharmacy care visit to treat an injury, litreas, or condition Pharmacy (Dental Individual deductible Pharmacy care visit to treat an injury, litreas, or condition Pharmacy (Dental Individual deductible Pharmacy care visit to treat an injury, litreas, or condition Pharmacy (Dental Individual deductible Pharmacy care visit to treat an injury, litreas, or condition Pharmacy (Dental Individual deductible Pharmacy (Dental Individual Dental Dental Dental Dental Individual Dental Dental Dental Individual Dental Individual Dental Individual Dental Dental Dental Individual Dental Individual Dental Individual Dental Individual Dental Individual Dental Individual Dental		Integrated Individual deductible	N/A	
Family deductible, NOT integrated Medical / Phiermony / Dornial \$10,800 \$200 \$100 \$200 \$10,800 \$100 \$200 \$10,800 \$100 \$200 \$10,800 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$		Integrated Family deductible	N/A	
Family Out-of-pooked maximum Family Out-of-pooked maximum HSA paris defor journege deluctable HSA family plans Individual deductable NA NA Privacy care visit to treat an injury, fileses, or condition Other practices of rice over the privacy and the privacy care visit to treat an injury, fileses, or condition Other practices of rice over the privacy care visit to treat an injury, fileses, or condition Other practices of rice over the privacy care visit to treat an injury, fileses, or condition Other practices of rice over the privacy care visit to treat an injury, fileses, or condition Other practices of rice over the privacy care visit to treat an injury, fileses, or condition Other practices of rice over the privacy care visit to treat an injury of the privacy care visit to treat an injury of the privacy care visit to treat the provided of the privacy care visit to treat and privacy care visit to treat the privacy care visit to treat and privacy care visit to treat the privacy care visit to tre		Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,400 / \$150 <u>\$50</u> /	\$0
Hash plan: Sel-cnip coverage deductible HASA family fail: Individual deductible NA Service Type Member Cost Share Preventive care of the visit Specialist visit Preventive care accentring immunization No charge Imaging (CT/PET acans, Minis) Tier 1 Tier 2 Surgery and Diagnostic Imaging Imaging (CT/PET acans, Minis) Tier 3 Surgery facility fee (e.g., ASC) Physican visuage on fee Surgery facility fee (e.g., ASC) Physican visuage on fee Surgery facility fee (e.g., ASC) Physican visuage on fee Urgent care Urgent care Urgent care Vestal Medical transportation (including emergency and non-emergency) Territy facility fee (e.g., ASC) Physican visuage on fee Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) Medical transportation (including emergency and non-emergency) Territy fee (e.g., hospital room) for impatent stay (including labor and delivery, mental health, and substance use disorder outpatient differ beauty and substance use substance use disorder outpatient differ beauty and substance use disorder outpatient differ beauty and substance use substance use disorder outpatient differ beauty and substance use substanc		Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$10,800 / \$300 <u>\$100</u>	/ \$0
HSA plans Self-only coverage deductible NA		·		
HSA family plane Individual deductable NA Description Common Control Common				<u>)</u>
Descention Service Type Primary care visit to treat an injury, liness, or condition Other practitioner office visit Preventive carel screening immunization No charge Luborator, Tests Specialist visit Preventive carel screening immunization No charge Luborator, Tests X rays and Diagnositic Imaging Imaging (TFPET scans, MRb) S30 Tier 1 Tier 2 S80 S95 Tier 3 Tier 4 Tier 4 20% up to \$20% up to \$20% per script after pharmacy deductible services Objective to treat Tier 3 S80 Specialist fee (e.g., ASC) Physicianistrageon fees Objective to the services to the services Objective to the service to the services Objectiv		· · · · · · · · · · · · · · · · · · ·		
From y care visit to treat an injury, illness, or condition Friendly care visit to treat an injury, illness, or condition Other practitioner office visit Specialist visit Feets Freegancy Freegancy Freegancy Freegancy Freegancy Freegancy Freegancy Freegancy Freegancy Freed Chair Gost have per valued and purpose to receive the manufactures or some condition Freegancy Freedancy Freegancy F				Deductib
Tests Office or or control of the providing of the provid				Applies
Indic visit Specialist visit Preventive care/ screening/ immunization Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scass, MRIs) Tier 1 Tier 2 Sea Tier 2 Sea Tier 3 Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physician/tageon fees Outpatient exercises Physician/tageon fees Outpatient device the minimum of the physician fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mentalthehavioral health and substance use disorder outpatient diffice wills Mocharge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services SSO SSO Volumitient Rehabilitation and Habilitation services No charge Preventive - Clearing Preventive - X-ray Sealins per Torch Topical Production Application Space Marianners - Fixed Child Dental Backeroses Crowns and Casts	Health care	Primary care visit to treat an injury, illness, or condition	\$50	
Specialist visit Specialist Sp	orovider's	Other practitioner office visit	\$50	
Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) Tier 1 Tier 2 Tier 3 Tier 3 Tier 4 Surgery facility fee (e.g., ASC) Physicianhsugeon fees Outpatient visit Emergency room facility fee (waved if admitted) Emergency room floatility fee (waved if admitted) Emergency room floatility fee (waved if admitted) Urgent care Saso Saso Weetal transportation (including emergency and non-emergency) Urgent care Saso Westal adversary Facility fee (e.g., hospital room) for impatient stary (including labor and delivery, mental health, and substance use disorder outpatient office value and services Pregnancy Prematic care and precorception visits Home health care (loss thare per visit) Child dye Eye exam I pair of glasses per year (or contact tenses in lieu of glasses) Crowled Child reversione Preventive Child Dental Basic Basic Barricas Restorate Procedures Child Dental Basic Barricas Child Dental Restorate Proceduring Preventive Child Covered Restorate Application Space Maritanners - Fixed Proceduring Preventive - Clearing Prev		Specialist visit	\$90	
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Arrays and Diagnostic Imaging S95 S125			-	
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Tier 1 Tier 2 Tier 2 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 5 Tier 5 Tier 5 Tier 5 Tier 5 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Soo of Pharmacondicular of Control of Contro				
Tier 2 Tier 3 Tier 4 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 4 Tier 3 Tier 4 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 4 Tier 2 Tier 4 Tier 3 Tier 4 Tier 1 Tier 2 Tier 3 Tier 4 Tier 1 Ti				
Tries to treat lines or condition Tier 3 Tier 4 Tier 5 Tier 4 Tier 4 Tier 5 Tier 5 Tier 5 Tier 4 Tier 4 Tier 4 Tier 4 Tier 5 Tier 5 Tier 5 Tier 6 Tier 3 Tier 4 Tier 4 Tier 4 Tier 6 Tier 3 Tier 4 Tier 6 Tier 3 Tier 4 Tier 6 Tier 6 Tier 3 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 9 Tier 4 Tier 9 Tier 4 Tier 9 Tier 4 Tier 9 Tier 4 Tier 9 Tier 1 Tier 1 Tier 1 Tier 4 Tier 1 Tier 1 Tier 1 Tier 1 Tier 4 Tier 1 Tie		ner i	\$19 <u>\$18</u>	
Illness or condition Tier 3 Tier 4 Tier 4 Z0% up to \$250 per script after pharmacy deductible 20% up to \$250 per script after pharmacy deductible 30% Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Medical transportation (including emergency and non-emergency) Lospital stay Physician/surgeon fee Mental establish or delivery, mental health, and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service No charge Preventive - Cleaning Preventive - X-ray Sealonts per Tooth Topical Fluoride Application Space Mentalmers - Fixed Child Dental Basic Child Dental	Drugs to treat	Tier 2	\$60	Pharma deductib
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Dubpatient services Outpatient visit Services Outpatient visit Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee 30% Mental realth, or blank or with the services Wental realth, or blank or wists Pregnancy Prenatal care and preconception visits No charge Prenatal care and preconception visits No charge Home health care (cost share per visit) Skilled nursing care Ourable medical equipment Hospice service No charge Preventive - Cleaning Prevent		Surgery facility fee (e.g., ASC)	30%	
Outpatient visit Emergency room facility fee (walved if admitted) Emergency room physician fee (walved if admitted) Emergency room physician fee (walved if admitted) No charge Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient letens and services Pregnancy Prenatal care and preconception visits No charge Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services \$50 \$killed nursing care Ourable medical equipment Hospice service No charge Preventive - Cleaning Prev	_		30%	
Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) Medical transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physicians/urgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder other outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance	services			
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Medical transportation (including emergency and non-emergency) Well are transportation (including emergency and non-emergency) Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service No charge Preventive Light Space Maintainers - Fixed Child Dantal Space Maintainers - Fixed Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (order than maintenance) Prosthodontics Oral Surgery				
### Action Urgent care \$50 ### Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) ### Action Physician/surgeon fee 30% ### Mental/behavioral health and substance use disorder outpatient office visits ### Mental/behavioral health and substance use disorder outpatient office visits ### Mental/behavioral health and substance use disorder other outpatient items and services ### Mental/behavioral health and substance use disorder other outpatient items and services ### Mental/behavioral health and substance use disorder other outpatient items and services ### Mental/behavioral health and substance use disorder other outpatient ### Mental/behavioral health and substance use disorder other outpatient ### Mental/behavioral health and substance use disorder other outpatient ### Mental/behavioral health and substance use disorder other outpatient ### Mental/behavioral health and substance use disorder outpatient office ### Mental/behavioral health and substance use disorder outpatient office ### Mental/behavioral health and substance use disorder outpatient office ### Mental/behavioral health and substance use disorder outpatient office ### Mental/behavioral health and substance use disorder outpatient office ### Sto	Mand		-	
Urgent care Urgent care Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient items and services Mental/behavioral health and substance use disorder other outpatient office visits Mocharge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services \$50 \$killed nursing care Durable medical equipment Hospice service No charge Urable medical equipment Hospice service Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning Preventive - Northy Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery		Medical transportation (including emergency and non-emergency)	\$250	
Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Wental health, behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service No charge Child eye Leye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - Scalants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery	attention			
delivery, mental health, and substance use) Physician/surgeon fee Mental health, behavioral health behavioral health behavioral health behavioral health of substance bluse needs Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Sco Skilled nursing care Durable medical equipment Hospice service Child eye hare Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Prosthodontics Oral Surgery Not Covered Prosthodontics Oral Surgery		Urgent care	\$50	
Hospital stay Physician/surgeon fee Amental health, beath, beath, obelavioral health and substance use disorder outpatient office visits Pregnancy Pregnancy Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child Dental Diagnostic and Preventive Preventive Child Dental Basic Services Crowns and Casts Endodontics Crowns and Casts Endodontics Prosthodontics Oral Surgery Prosthodontics Oral Surgery			30%	Y
Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder other outpatient items and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child eye are Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning Preventive - Varay Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Services Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery	Hospital stay			^
mealth, pehavioral health, pehavioral health, pehavioral health, pehavioral health, pehavioral health, pehavioral health, pehavioral health and substance use disorder other outpatient litems and services Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) \$45 Outpatient Rehabilitation and Habilitation services \$50 Skilled nursing care 30% X Durable medical equipment 20% Hospice service No charge Eye exam No charge 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge Oral Exam Preventive - Cleaning Preventive - Cleaning Preventive - Not Covered Preventive - Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontial Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery		Physician/surgeon fee	30%	
penalty or substance abuse needs Pregnancy Prenatal care and preconception visits Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child Dental Dagnostic and Preventive Child Dental Sasic Services Child Dental Sasic Services Child Dental Major Service Services Child Dental Major Service Service Services Child Dental Major Service Ser			\$50	
Mental/behavioral health and substance use disorder other outpatient items and services items and services Pregnancy Prenatal care and preconception visits Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child eye care Child Dental Child Dent		VISILS		
Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Subtlet pecception or butter special health needs Skilled nursing care Durable medical equipment Hospice service Child eye care To preventive Child Dental Diagnostic and Preventive Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery	substance	•	\$50	
Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Skilled nursing care Durable medical equipment Hospice service Child eye are 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Home health care (cost share per visit) \$45 Outpatient Rehabilitation and Habilitation services \$50 X X X X X X X X X X X X X			No charge	
Outpatient Rehabilitation and Habilitation services Skilled nursing care Skilled nursing care Skilled nursing care Durable medical equipment Hospice service Child eye are 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Sasic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered	.5	· · ·	-	
Skilled nursing care other special nealth needs Durable medical equipment Hospice service Child eye Tare The pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Skilled nursing care 30% X X X X X X X X X X X X X X X X X X X				
Skilled nursing care Durable medical equipment Durable D		·		
Hospice service Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Bervices Crowns and Casts Endodontics Prosthodontics Oral Surgery Not Covered	other special	Skilled nursing care	30%	X
Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Child Dental Major Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery No charge Not Covered	неанп пееds	Durable medical equipment	20%	
1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery No charge Not Covered		Hospice service	No charge	
Oral Exam Preventive - Cleaning Preventive - A-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery	Child eye	Eye exam	No charge	
Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Child Dental Major Services Periodontics Periodontics Oral Surgery Preventive - Cleaning Preventive - Cleaning Preventive - X-ray Not Covered	care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
Child Dental Diagnostic and Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered		Oral Exam		
Diagnostic and Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered		Preventive - Cleaning		
Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Basic Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered		Preventive - X-ray		
Topical Fluoride Application Space Maintainers - Fixed Child Dental Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Topical Fluoride Application Not Covered Not Covered Not Covered Not Covered Not Covered	and	Sealants per Tooth	Not Covered	
Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Space Maintainers - Fixed Not Covered Not Covered Not Covered Not Covered Not Covered	reventive	·		
Child Dental Basic Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery Not Covered Not Covered Not Covered Not Covered Not Covered				
Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery	Child Dental	·		
Crowns and Casts Endodontics Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery	Basic		Not Covered	
Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery Endodontics Not Covered Not Covered	bervices			
Child Dental Major Periodontics (other than maintenance) Not Covered Prosthodontics Oral Surgery				
Services Prosthodontics Oral Surgery				
Prosthodontics Oral Surgery			Not Covered	
	Child	Oral Surgery		

Summary of Bene	2023 January 18, 2024 efits and Coverage Imounts describe the Enrollee's out of pocket costs.	CCSB-only Silver Coinsurance Plar	n	CCSB-only Silver Copay Plan	
Actuarial Value - AV		70% 69.2%	201	69.7% 68.8% Yes, Medical/Pharm	
	Plan design includes a deductible? Integrated Individual deductible	Yes, Medical/Pharma	асу	N/A	iacy
	Integrated Family deductible	N/A		N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$2,500 / \$300 / \$0)	\$2,500 / \$300 / \$	0
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,000 / \$600 / \$0)	\$5,000 / \$600 / \$	0
	Individual Out-of-pocket maximum	\$8,600		\$8,750	
	Family Out-of-pocket maximum	\$17,200		\$17,500	
	HSA plan: Self-only coverage deductible	N/A		N/A	
Common	HSA family plan: Individual deductible	N/A		N/A	
Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$55		\$55	
Health care provider's	Other practitioner office visit	\$55		\$55	
office or clinic visit	Specialist visit	\$00		#00	
Clinic visit	Specialist visit	\$90		\$90	
	Preventive care/ screening/ immunization	No charge		No charge	
Toots	Laboratory Tests	\$55 ***********************************		\$55	
Tests	X-rays and Diagnostic Imaging	\$90		\$90	
	Imaging (CT/PET scans, MRIs)	35%	Х	\$300	Х
	Tier 1	\$20		\$19	
Drugs to treat	Tier 2	\$ 75	Pharmacy	\$85	Pharmacy
illness or	-	·	deductible Pharmacy	·	deductible Pharmacy
condition	Tier 3	\$105	deductible	\$110	deductible
	Tier 4	30% up to \$250 per script after pharmacy deductible	Pharmacy deductible	30% up to \$250 per script after pharmacy deductible	Pharmacy deductible
	Surgery facility fee (e.g., ASC)	35%	X	35%	Х
Outpatient services	Physician/surgeon fees	35%		35%	
	Outpatient visit	35%		35%	
	Emergency room facility fee (waived if admitted)	35%	х	35%	Х
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need	Medical transportation (including emergency and non-emergency)	35%	x	35%	Х
immediate attention	Urgent care	\$55		\$55	
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee	35% 35%	x x	35% 35%	Х
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$55		\$55	
health, or substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$55		\$55	
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	35%		\$45	
Help	Outpatient Rehabilitation and Habilitation services	\$55		\$55	
recovering or	Skilled nursing care	35%	x	35%	Х
other special health needs	Durable medical equipment	35%		35%	
	Hospice service				
	Eye exam	No charge		No charge	
Child eye care	•	No charge		No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam	No charge		No charge	
Child Dental	Preventive - Cleaning				
Diagnostic and	Preventive - X-ray	Not Covered		Not Covered	
Preventive	Sealants per Tooth				
	Topical Fluoride Application				
Okilla	Space Maintainers - Fixed				
Child Dental Basic	Restorative Procedures	Not Covered		Not Covered	
Services	Periodontal Maintenance Services				
		I			
	Crowns and Casts				
Child Dental	Crowns and Casts Endodontics				
Major		Not Covered		Not Covered	
	Endodontics	Not Covered		Not Covered	
Major	Endodontics Periodontics (other than maintenance)	Not Covered		Not Covered	

Date: July 20,	2023 <u>January 18, 2024</u>		
Summary of Ber	nefits and Coverage	CCSB-or	-
Member Cost Share	amounts describe the Enrollee's out of pocket costs.	Silver HDHP PI	
Actuarial Value - A	V Calculator	71.7% 71	.2%
	Plan design includes a deductible?	Yes, integr	ated
	Integrated Individual deductible	\$2,850 integ	
	Integrated Family deductible	\$5,700 integ	grated
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	N/A	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	N/A	
	Individual Out-of-pocket maximum		
	Family Out-of-pocket maximum HSA plan: Self-only coverage deductible	\$15,000 \$2,850	
	HSA family plan: Individual deductible		
Common			
Medical Event	Service Type	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	25%	Х
Health care			^
provider's office or	Other practitioner office visit	25%	Х
clinic visit	Specialist visit	25%	Х
	Preventive care/ screening/ immunization	No charge	
	Laboratory Tests	25%	Х
Tests	X-rays and Diagnostic Imaging	25%	Х
	Imaging (CT/PET scans, MRIs)	25%	Х
	Tier 1	25% up to \$250 per	Х
		script	^
Drugs to treat	Tier 2	25% up to \$250 per script	Х
illness or condition	Tier 3	25% up to \$250 per	Х
		script	
	Tier 4	25% up to \$250 per script	Х
	Surgery facility fee (e.g., ASC)	25%	Х
Outpatient	Physician/surgeon fees	25%	Х
services	Outpatient visit	25%	X
	Emergency room facility fee (waived if admitted)	25%	X
	Emergency room physician fee (waived if admitted)	0%	X
Need			
immediate	Medical transportation (including emergency and non-emergency)	25%	Х
attention			
	Urgent care	25%	Х
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	25%	Х
поѕрітаї зтау	Physician/surgeon fee	25%	Х
Mental	Mental/behavioral health and substance use disorder outpatient office		
health, behavioral	visits	25%	Х
health, or	Mental/behavioral health and substance use disorder other outpatient		
substance abuse needs	items and services	25%	Х
Pregnancy	Prenatal care and preconception visits	No charge	
	Home health care (cost share per visit)	25%	Х
Help	Outpatient Rehabilitation and Habilitation services	25%	Х
recovering or	Skilled nursing care	25%	X
other special health needs	· ·		
	Durable medical equipment	25%	X
	Hospice service	0%	Х
Child eye care	Eye exam	No charge	
Care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
	Oral Exam		
Child Dental	Preventive - Cleaning		
Diagnostic	Preventive - X-ray	Not Covered	
and Preventive	Sealants per Tooth		
	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental Basic	Restorative Procedures	Not Covered	
Services	Periodontal Maintenance Services	NOT Covered	
	Crowns and Casts		
Child Daniel	Endodontics		
Child Dental Major	Periodontics (other than maintenance)	Not Covered	
Services	Prosthodontics		
	Oral Surgery		
Child	Medically necessary orthodontics	Not Covered	
Orthodontics			

Summ	arv of		fits	and	Cover	ane	
Julilli	iai y Oi	Dene	iiio	anu	Cover	aye	

=	efits and Coverage amounts describe the Enrollee's out of pocket costs.	Silver P 100%-1509		Silver Plan 150%-200% FPI	_
ctuarial Value - AV	/ Calculator	94.9% <u>9</u> 4	I <u>.7%</u>	87.9% <u>88.0%</u>	
	Plan design includes a deductible?	Yes, Medical/F		Yes, Medical/Pharm	nacy
	Integrated Individual deductible	N/A	,	N/A	,
	Integrated Family deductible	N/A		N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$75 <u>\$0</u> / \$0 / \$0		\$800 <u>\$1,400</u> / \$50 <u>\$35</u>	<u>50</u> / \$0
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$150 <u>\$0</u> / \$	60 / \$0	\$1,600 <u>2,800</u> / \$100 <u>\$7</u>	<u>'00</u> / \$0
	Individual Out-of-pocket maximum	\$1,150 <u>\$1</u>	,300	\$ 3,150 <u>\$3,050</u>	
	Family Out-of-pocket maximum	\$2,300 <u>\$2</u>	<u>2,600</u>	\$ 6,300 <u>\$6,100</u>	
	HSA plan: Self-only coverage deductible	N/A		N/A	
0	HSA family plan: Individual deductible	N/A		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$5		\$15	
Health care provider's	Other practitioner office visit	\$5		\$15	
office or clinic visit	Specialist visit	\$8		\$25	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$8		\$20	
Tooto	•				
Tests	X-rays and Diagnostic Imaging	\$8		\$40	
	Imaging (CT/PET scans, MRIs)	\$50		\$100	
	Tier 1	\$3		\$6 \$8	
Drugs to treat	Tier 2	\$10		\$25	Pharmacy
illness or		ψ.5		420	deductible Pharmacy
condition	Tier 3	\$15		\$45	deductible
	Tier 4	10% up to \$150 per script		15% up to \$150 per script	Pharmacy deductible
	Surgery facility fee (e.g., ASC)	10%		20%	
Outpatient	Physician/surgeon fees	10%		20%	
services					
	Outpatient visit	10%		20%	
	Emergency room facility fee (waived if admitted)	\$50		\$150	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	\$30		\$75	
attention					
	Urgent care	\$5		\$15	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and				
Hospital stay	delivery, mental health, and substance use)	10%	X	20%	X
	Physician/surgeon fee	10%		20%	
Mental health,	Mental/behavioral health and substance use disorder outpatient office	\$5		\$15	
behavioral	visits	Ψ		Ψισ	
health, or substance	Mental/behavioral health and substance use disorder other outpatient items and services	\$5		\$15	
abuse needs Pregnancy	Prenatal care and preconception visits	No charge		No charge	
. I gillanoj	Home health care (cost share per visit)	\$3		\$15	
Hele	Outpatient Rehabilitation and Habilitation services	\$5		\$15	
Help recovering or					
other special health needs	Skilled nursing care	10%	X	20%	X
nearth needs	Durable medical equipment	10%		15%	
	Hospice service	No charge		No charge	
Child eye	Eye exam	No charge		No charge	
care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam				
	Preventive - Cleaning				
Child Dental Diagnostic	Preventive - X-ray				
and	Sealants per Tooth	Not Covered		Not Covered	
Preventive	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	·				
Basic	Restorative Procedures	Not Covered		Not Covered	
Services	Periodontal Maintenance Services				
	Crowns and Casts				
Child Dental	Endodontics				
Major	Periodontics (other than maintenance)	Not Covered		Not Covered	
		ı		I .	1
Services	Prosthodontics				
	Prosthodontics Oral Surgery				

2024 2025 Patient-Centered Benefit Plan Designs 9.5 EHB Date: July 20, 2023 January 18, 2024

mber Cost Share	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	Silver Plan 200%-250% FPL		
tuarial Value - A\		74.0% 73.9%		
	Plan design includes a deductible?	Yes, Medical/Pharm	ıacy	
	Integrated Individual deductible Integrated Family deductible	N/A N/A		
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental		/ \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,400 / \$150 <u>\$350</u> / \$0 \$10,800 / \$300 \$700 / \$0		
	Individual Out-of-pocket maximum	\$10,000 / \$300 <u>\$7,000</u> \$7,550 <u>\$7,350</u>	7 40	
	Family Out-of-pocket maximum	\$15,100 <u>\$14,700</u>)	
	HSA plan: Self-only coverage deductible	N/A	2	
	HSA family plan: Individual deductible	N/A		
Common Medical Event	Service Type	Member Cost Share	Deductib Applies	
	Primary care visit to treat an injury, illness, or condition	\$50		
Health care provider's	Other practitioner office visit	\$ 5 0 \$3 <u>5</u>		
office or	Considirátion de la constanta	400 405		
CIINIC VISIT	Specialist visit	\$ 90 <u>\$85</u>		
	Preventive care/ screening/ immunization	No charge		
	Laboratory Tests	\$50		
Tests	X-rays and Diagnostic Imaging	\$95		
	Imaging (CT/PET scans, MRIs)	\$325		
	Tier 1	\$ 19 <u>\$20</u>		
Drugs to treat	Tier 2	\$55	Pharma deductib	
Ilness or	Tier 3	\$85	Pharma	
Jonation		20% up to \$250 per script	deductil Pharma	
	Tier 4	after pharmacy deductible	deductik	
Outpatient	Surgery facility fee (e.g., ASC)	30%		
services	Physician/surgeon fees	30%		
	Outpatient visit	30%		
	Emergency room facility fee (waived if admitted)	\$450 \$350		
	Emergency room physician fee (waived if admitted)	No charge		
Need	Medical transportation (including emergency and non-emergency)	\$250		
immediate attention	Urgent care	\$50 \$35		
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee	30% 30%	х	
Mental health,	Mental/behavioral health and substance use disorder outpatient office	\$50 \$35		
behavioral health, or	visits	фоо <u>фоо</u>		
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$50 <u>\$35</u>		
Pregnancy	Prenatal care and preconception visits	No charge		
	Home health care (cost share per visit)	\$40		
Help	Outpatient Rehabilitation and Habilitation services	\$50		
recovering or	Skilled nursing care	30%	X	
other special health needs	Durable medical equipment	20%		
	Hospice service			
	Eye exam	No charge		
Child eye care		No charge		
	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		
	Oral Exam			
Child Dental	Preventive - Cleaning			
Diagnostic	Preventive - X-ray	Not Covered		
and Preventive	Sealants per Tooth			
	Topical Fluoride Application			
	Space Maintainers - Fixed			
Child Dental Basic	Restorative Procedures	Not Covered		
Services	Periodontal Maintenance Services	Not Covered		
	Crowns and Casts			
Child Dental	Endodontics			
Child Dental Major Services	Periodontics (other than maintenance)	Not Covered		
Major	Periodontics (other than maintenance) Prosthodontics	Not Covered		

Member Cost Share amounts describe the Enrollee's out of pocket costs.		Bronze Plan		Bronze HDHP Plan	
Actuarial Value - AV Calculator		64.4% 63.7%		64 0%	
		Yes, Medical/Pharmacy		64.9% Yes, integrated	
	Plan design includes a deductible? Integrated Individual deductible	Yes, Medical/Phart	пасу	\$7,050 \$6,650 int	
	Integrated Family deductible	N/A N/A		\$14,100 \$13,300 inc	•
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$6,300 <u>\$5,400</u> / \$50	n / \$n	\$14,100 \$13,300 III	ilegraled
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$12,600 \$10,800 / \$1,600 \$10,800 \$1,600 \$10,800 \$1,600 \$10,800 \$1,600 \$10,800 \$1,600		N/A	
	Individual Out-of-pocket maximum	\$ 9,100 \$8,850		\$ 7,050 \$6,6	50
	Family Out-of-pocket maximum	\$18,200 \$17,70		\$14,100 \$13,	
	HSA plan: Self-only coverage deductible	N/A		\$7,050 \$6,6	
	HSA family plan: Individual deductible	N/A		\$7,050 \$6,6	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$60	After 1st three non- preventive visits	0%	×
Health care provider's	Other practitioner office visit	\$60	After 1st three non-	0%	x
office or		400	preventive visits After 1st three non-	0,0	,
clinic visit	Specialist visit	\$95	preventive visits	0%	Х
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$40		0%	Х
Tests	X-rays and Diagnostic Imaging	40%	×	0%	Х
	Imaging (CT/PET scans, MRIs)	40%	×	0%	X
	Tier 1	\$17 \$19	Pharmacy Deductible	0%	x
	*				
Drugs to treat	Tier 2	40% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	0%	Х
illness or condition	Tier 3	40% up to \$500 per script after	Pharmacy	0%	x
Condition		pharmacy deductible	Deductible	0.70	^
	Tier 4	40% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	0%	Х
	Surgery facility fee (e.g., ASC)	40%	×	0%	Х
Outpatient	Physician/surgeon fees	40%	×	0%	Х
services	Outpatient visit	40%	×	0%	X
	Emergency room facility fee (waived if admitted)	40%	×	0%	X
	Emergency room physician fee (waived if admitted)		^		
Need		No charge		0%	X
immediate	Medical transportation (including emergency and non-emergency)	40%	X	0%	Х
attention	Urgent care	\$60	After 1st three non- preventive visits	0%	X
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	40%		0%	V
Hospital stay	delivery, mental health, and substance use)		X		X
	Physician/surgeon fee	40%	X	0%	Х
Mental health, behavioral health, or	Mental/behavioral health and substance use disorder outpatient office visits	\$60		0%	Х
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$60		0%	Х
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	40%	×	0%	Х
Help	Outpatient Rehabilitation and Habilitation services	\$60		0%	X
recovering or other special	Skilled nursing care	40%	×	0%	х
health needs	Durable medical equipment	40%	×	0%	x
	Hospice service	No charge		0%	×
	·	-		-	^
Child eye care	Eye exam	No charge		No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam				
Child Dental	Preventive - Cleaning				
Diagnostic	Preventive - X-ray	Not Covered		Not Covered	
and Preventive	Sealants per Tooth	5576164		1.51 5570104	
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures				
Basic Services	Periodontal Maintenance Services	Not Covered		Not Covered	
23111003	Crowns and Casts				
	Endodontics				
Child Dental		N . O		N. 10	
Major Services	Periodontics (other than maintenance)	Not Covered		Not Covered	
	Prosthodontics				
	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	
Orthodolitics					

9.5 EHB

Summary of	Renefits a	nd Coverage

Summary of Benefits and Coverage Iember Cost Share amounts describe the Enrollee's out of pocket costs. Catastrophic Plan				
Actuarial Value - A	V Calculator			
	Plan design includes a deductible?	Yes,	integrated	
	Integrated Individual deductible		0,200 integrated	
	Integrated Family deductible	\$18,900 <u>\$1</u>	8,400 integrated N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental Family deductible, NOT integrated: Medical / Pharmacy / Dental		N/A	
	Individual Out-of-pocket maximum	\$ 9. 4	50 \$9,200	
	Family Out-of-pocket maximum		00 \$18,400	
	HSA plan: Self-only coverage deductible		N/A	
	HSA family plan: Individual deductible		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	
Lveiit	Primary care visit to treat an injury, illness, or condition	0%	After 1st three non- preventive visits	
Health care provider's office or	Other practitioner office visit	0%	After 1st three non- preventive visits	
clinic visit	Specialist visit	0%	x	
	Preventive care/ screening/ immunization	No charge		
	Laboratory Tests	0%	X	
Tests	X-rays and Diagnostic Imaging	0%	x	
	Imaging (CT/PET scans, MRIs)	0%	Х	
	Tier 1	0%	Х	
	Tier 2	00/	_	
Drugs to treat illness or	11G1 Z	0%	X	
condition	Tier 3	0%	X	
	Tier 4	0%	Х	
	Surgery facility fee (e.g., ASC)	0%	X	
Outpatient	Physician/surgeon fees	0%	X	
services	Outpatient visit	0%	X	
	Emergency room facility fee (waived if admitted)	0%	X	
	Emergency room physician fee (waived if admitted)	No charge	^	
Need	Medical transportation (including emergency and non-emergency)	0%	×	
immediate attention	ggg	070	^	
attention	Urgent care	0%	After 1st three non-	
			preventive visits	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	0%	x	
Hospital stay	delivery, mental health, and substance use) Physician/surgeon fee	0%	X	
Mental	Mental/behavioral health and substance use disorder outpatient office	070	After 1st three non-	
health, behavioral	visits	0%	preventive visits	
health, or	Mental/behavioral health and substance use disorder other outpatient			
substance abuse needs	items and services	0%	X	
Pregnancy	Prenatal care and preconception visits	No charge		
	Home health care (cost share per visit)	0%	Х	
Help	Outpatient Rehabilitation and Habilitation services	0%	x	
recovering or other special	Skilled nursing care	0%	х	
health needs	Durable medical equipment	0%	x	
	Hospice service	0%	х	
Child eye	Eye exam	No charge		
care	1 pair of glasses per year (or contact lenses in lieu of glasses)	0%	x	
	Oral Exam			
	Preventive - Cleaning			
Child Dental Diagnostic	Preventive - X-ray	Not Covered		
and Preventive	Sealants per Tooth	Not Covered		
	Topical Fluoride Application			
	Space Maintainers - Fixed			
Child Dental Basic	Restorative Procedures	Not Covered		
Services	Periodontal Maintenance Services	, to: Oovereu		
	Crowns and Casts			
Child Dental	Endodontics			
Major	Periodontics (other than maintenance)	Not Covered		
Services	Prosthodontics			
	Oral Surgery			
Child Orthodontics	Medically necessary orthodontics	Not Covered		

9.5 EHB

Date: July 20, 2023 January 18, 2024

Summary of Benefits and Coverage

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Actuarial Value - A	
	Plan design includes a deductible? Integrated Individual deductible
	Integrated Family deductible
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental
	Family deductible, NOT integrated: Medical / Pharmacy / Dental Individual Out-of-pocket maximum
	Family Out-of-pocket maximum
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible
Common Medical	Service Type
Event	Primary care visit to treat an injury, illness, or condition
Health care provider's	Other practitioner office visit
office or	Specialist visit
Cillic Visit	Preventive care/ screening/ immunization
	Laboratory Tests
Tests	X-rays and Diagnostic Imaging
	Imaging (CT/PET scans, MRIs)
	Tier 1
	INT I
Drugs to treat	Tier 2
illness or condition	Tier 3
	Tion 4
	Tier 4
Outpatient	Surgery facility fee (e.g., ASC)
services	Physician/surgeon fees
	Outpatient visit
	Emergency room facility fee (waived if admitted)
Nood	Emergency room physician fee (waived if admitted)
Need immediate	Medical transportation (including emergency and non-emergency)
attention	
	Urgent care
	Facility fee (e.g. hospital room) for inpatient stay (including labor and
Hospital stay	delivery, mental health, and substance use)
Mental	Physician/surgeon fee
health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits
health, or	Mental/behavioral health and substance use disorder other outpatient
substance abuse needs	items and services
Pregnancy	Prenatal care and preconception visits
	Home health care (cost share per visit)
Help	Outpatient Rehabilitation and Habilitation services
recovering or other special	Skilled nursing care
health needs	Durable medical equipment
	Hospice service
Child eye	Eye exam
care	1 pair of glasses per year (or contact lenses in lieu of glasses)
	Oral Exam
Child Dental	Preventive - Cleaning
Diagnostic	Preventive - X-ray
and Preventive	Sealants per Tooth
	Topical Fluoride Application
Child Day	Space Maintainers - Fixed
Child Dental Basic	Restorative Procedures
Services	Periodontal Maintenance Services
	Crowns and Casts
Child Dental	Endodontics Periodontics (other than maintanance)
Major Services	Periodontics (other than maintenance) Prosthodontics
	Prosthodontics Oral Surgery
Child	
Orthodontics	Medically necessary orthodontics

Endnotes to Covered California 2025 Patient-Centered Benefit Plan Designs

These endnotes and the Patient-Centered Benefit Plan Designs apply only to covered services.

Notes:

- Any and all cost-sharing payments for in-network covered services apply to the out-of-pocket maximum. If a deductible applies to the service, cost sharing payments for all in-network services accumulate toward the deductible. Innetwork services include services provided by an out-of-network provider but are approved as in-network by the issuer.
- 2) For covered out of network services in a PPO plan, these Patient-Centered Benefit Plan Designs do not determine cost sharing, deductible, or maximum out-of-pocket amounts. See the applicable PPO's Evidence of Coverage or Policy.
- 3) Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the Plan's in-network out-of-pocket maximum.
- 4) For plans except HDHPs, in coverage other than self-only coverage, an individual's payment toward a deductible, if required, is limited to the individual annual deductible amount. In coverage other than self-only coverage, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum. After a family satisfies the family out-of-pocket maximum, the issuer pays all costs for covered services for all family members.
- 5) For HDHPs, in other than self-only coverage, an individual's payment toward a deductible, if required, must be the higher of (1) the specified deductible amount for individual coverage or (2) the minimum deductible amount for family coverage specified by the IRS in its revenue procedure for the 2025 calendar year for inflation adjusted amounts for Health Savings Accounts (HSAs), issued pursuant to section 223 of the Internal Revenue Code. In coverage other than self-only coverage, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum.
- 6) Co-payments may never exceed the plan's actual cost of the service. For example, if laboratory tests cost less than the \$45 copayment, the lesser amount is the applicable cost-sharing amount.
- 7) Where indicated, the deductible is waived for the first three non-preventive visits combined, which may include office visits, urgent care visits, and/or outpatient Mental Health/Substance Use Disorder visits.
- 8) Member cost-share for oral anti-cancer drugs shall not exceed \$250 for a script of up to 30 days per state law (Health and Safety Code § 1367.656; Insurance Code § 10123.206).
- 9) In the Platinum and Gold Copay Plans, inpatient and skilled nursing facility stays have no additional cost share after the first 5 days of a continuous stay.

- 10) For drugs to treat an illness or condition, the copay or co-insurance applies to an up to 30-day prescription supply. Nothing in this note precludes an issuer from offering mail order prescriptions at a reduced cost-share.
- 11) As applicable, for the child dental portion of the benefit design, an issuer may choose the child dental standard benefit copay or coinsurance design, regardless of whether the issuer selects the copay or the coinsurance design for the non-dental portion of the benefit design. In the Catastrophic plan, the deductible must apply to non-preventive child dental benefits.
- 12) A health plan benefit design that utilizes the child dental standard benefit copay design must adhere to the Covered California 2025 Dental Copay Schedule.
- 13) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.
- 14) Cost-sharing terms and accumulation requirements for non-Essential Health Benefits that are covered services are not addressed by these Patient-Centered Benefit Plan Designs.
- 15) Mental Health/Substance Use Disorder Other Outpatient Items and Services include, but are not limited to, partial hospitalization, multidisciplinary intensive outpatient psychiatric treatment, day treatment programs, intensive outpatient programs, behavioral health treatment for PDD/autism delivered at home, and other outpatient intermediate services that fall between inpatient care and regular outpatient office visits.
- 16) Residential substance abuse treatment that employs highly intensive and varied therapeutics in a highly-structured environment and occurs in settings including, but not limited to, community residential rehabilitation, case management, and aftercare programs, is categorized as substance use disorder inpatient services.
- 17) Specialists are physicians with a specialty as follows: allergy, anesthesiology, dermatology, cardiology and other internal medicine specialists, neonatology, neurology, oncology, ophthalmology, orthopedics, pathology, psychiatry, radiology, any surgical specialty, otolaryngology, urology, and other designated as appropriate. Services provided by specialists for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral health or Substance Use disorder outpatient services.
- 18) The Other Practitioner category may include Nurse Practitioners, Certified Nurse Midwives, Physical Therapists, Occupational Therapists, Respiratory Therapists, Clinical Psychologists, Speech and Language Therapists, Licensed Clinical Social Worker, Marriage and Family Therapists, Applied Behavior Analysis Therapists, Podiatrists, acupuncture practitioners, Registered Dieticians and other nutrition advisors. Nothing in this note precludes a plan from using another comparable benefit category other than the specialist visit category for a service provided by one of these practitioners. Services provided

- by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral health or Substance Use disorder outpatient services.
- 19) The Outpatient Visit line item within the Outpatient Services category includes but is not limited to the following types of outpatient visits: outpatient chemotherapy, outpatient radiation, outpatient infusion therapy and outpatient dialysis and similar outpatient services.
- 20) The inpatient physician cost share may apply for any physician who bills separately from the facility (e.g. surgeon). A member's primary care physician or specialist may apply the office visit cost share when conducting a visit to the member in a hospital or skilled nursing facility.
- 21) Covered California may approve deviations from the benefit plan designs for certain services on a case by case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).
- 22) Behavioral health treatment for autism and pervasive developmental disorder is covered under Mental/Behavioral health outpatient services.
- 23) Drug tiers are defined as follows:

Tion	Definition
Tier	
1	Most generic drugs and low cost preferred brands.
	1) Non-preferred generic drugs;
	2) Preferred brand name drugs; and
2	3) Any other drugs recommended by the plan's
	pharmaceutical and therapeutics (P&T) committee based on
	drug safety, efficacy and cost.
	1) Non-preferred brand name drugs or;
	2) Drugs that are recommended by P&T committee based
3	on drug safety, efficacy and cost or;
	3) Generally have a preferred and often less costly
	therapeutic alternative at a lower tier.
	1) Drugs that the Food and Drug Administration (FDA) or
	drug manufacturer requires to be distributed through
	specialty pharmacies;
1	2) Drugs that require the enrollee to have special training or
4	clinical monitoring;
	3) Drugs that cost the health plan (net of rebates) more than
	six hundred dollars (\$600) net of rebates for a one-month
	supply.

Some drugs may be subject to zero cost-sharing under the preventive services rules.

24) Issuers must comply with 45 CFR Section 156.122(d) dated February 27, 2015 which requires the health plan to publish an up-to-date, accurate and complete list of all covered drugs on its formulary list including any tiering structure that is adopted.

- 25) A plan's formulary must include a clear written description of the exception process that an enrollee could use to obtain coverage of a drug that is not included on the plan's formulary.
- 26) The health issuer may not impose a member cost share for Diabetes Self-Management which is defined as services that are provided for diabetic outpatient self-management training, education and medical nutrition therapy to enable a member to properly use the devices, equipment, medication, and supplies, and any additional outpatient self-management training, education and medical nutrition therapy when directed or prescribed by the member's physician. This includes but is not limited to instruction that will enable diabetic patients and their families to gain an understanding of the diabetic disease process, and the daily management of diabetic therapy, in order to avoid frequent hospitalizations and complications.
- 27) The cost sharing for hospice services applies regardless of the place of service.
- 28) For all FDA-approved tobacco cessation medications, no limits on the number of days for the course of treatment (either alone or in combination) may be imposed during the plan year.
- 29) For inpatient stays, if the facility does not bill the facility fee and physician/surgeon fee separately, an issuer may apply the cost-sharing requirements for the facility fee to the entire charge.
- 30) For any benefit plan design in which a designation of Individual-Only or CCSB-Only is not present, the benefit plan design shall be applicable to the individual and small group markets. If a health plan seeks to offer such benefit plan design(s) in both markets, they shall be treated as separate benefit plan designs for purposes of regulatory compliance.
- 31) The out-of-pocket maximum in the Bronze HDHP shall not exceed the maximum out-of-pocket limit specified by the IRS in its revenue procedure for the 2025 calendar year for inflation adjusted amounts for HDHPs linked to Health Savings Accounts (HSAs), issued pursuant to section 26 U.S.C Section 223.
- 32) These Endnotes do not limit an issuer's obligations to comply with applicable Federal, State, or local laws, rules, or regulations. In the event an issuer is subject to a newly enacted or amended law, rule, or regulation that conflicts with the requirements of these Endnotes, an issuer shall comply with the law, rule, or regulation and any applicable guidance from its regulatory authority. Where these Endnotes exceed requirements imposed by law, an issuer shall comply with the requirements in these Endnotes.