### Covered California 2026 Patient-Centered Benefit Plan Designs<sup>1</sup>

Proposed

July 28, 2025

<sup>&</sup>lt;sup>1</sup> These are the Standard Benefit Plan Designs pursuant to Government Code Section 100504(c).

Date: April 17, 2025 July 28, 2025

**Summary of Benefits and Coverage** 



_	enefits and Coverage e amounts describe the Enrollee's out of pocket costs.	Individual-only F Coinsurance		Individual-only Platinum Copay Plan	
Actuarial Value - <i>A</i>	AV Calculator	91.9%		91.8%	
,	Plan design includes a deductible?			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	\$5,000		\$5,000	
	Family Out-of-pocket maximum	\$10,000		\$10,000	
	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	Member Cost Share	Deductible Applies
Health care	Primary care visit to treat an injury, illness, or condition	\$15		\$15	
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	
Tests					
16313	X-rays and Diagnostic Imaging	\$30		\$30 ¢75	
	Imaging (CT/PET scans, MRIs)	10%		\$75	
	Tier 1	\$9		\$9	
Drugs to treat	Tier 2	\$16		\$16	
illness or condition	Tier 3	\$25		\$25	
condition		10% up to \$250 per		10% up to \$250 per	
	Tier 4	script		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)	\$175		\$175	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need	Medical transportation (including emergency and non-emergency)	\$150		\$150	
immediate	modical transportation (modaling emergency and non-emergency)	ψ100		ψ100	
attention	Urgent care	\$15		\$15	
		<b>VIO</b>		<b>V</b> 10	
	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)			5 days	
	Physician/surgeon fee	10%		No charge	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$15		\$15	
health, or					
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$15		\$15	
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	
	Eye exam	No charge		-	
Child eye care				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	No charge		No charge	
and Preventive	Sealants per Tooth			Shargo	
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures	200/		See 2025 Dental	
Basic Services	Periodontal Maintenance Services	20%		Copay Schedule	
	Crowns and Casts				
	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	50%		See 2025 Dental	
Services	Prosthodontics			Copay Schedule	
OFILE	Oral Surgery				
Child	Medically necessary orthodontics	50%		\$1,000	

_	<del>', 2025</del> <u>July 28, 2025</u>				
•	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-onl Platinum		CCSB-onl Platinum	Ĭ
		Coinsurance	Pian	Copay Pla	ın
Actuarial Value - A		91.8%		91.1%	
	Plan design includes a deductible?			No	
	Integrated Individual deductible Integrated Family deductible	\$0 \$0		\$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 / \$	
	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	
	HSA family plan: Individual deductible	N/A		N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health care	Primary care visit to treat an injury, illness, or condition	\$15		\$20	
provider's	Other practitioner office visit	\$15		\$20	
office or clinic visit	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	
	Tier 1	\$10		\$5	
	Tier 2	\$25		\$20	
Drugs to treat	Tier 3				
condition		\$40 10% up to \$250 per		\$30 10% up to \$250 per	
	Tier 4	script		script	
Outpatient	Surgery facility fee (e.g., ASC)	10%		\$100	
services	Physician/surgeon fees	10%		\$25	
	Outpatient visit	10%		10%	
	Emergency room facility fee (waived if admitted)	\$200		\$150	
Need	Emergency room physician fee (waived if admitted)	No charge		No charge	
immediate	Medical transportation (including emergency and non-emergency)	\$150		\$150	
attention	Liraont core	<b>#4</b> 5		<b>#20</b>	
	Urgent care	\$15		\$20	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	10%		\$250 per day up to	
Hospital stay	Physician/surgeon fee	10%		5 days No charge	
Mantal basith	Mental/behavioral health and substance use disorder outpatient office				
Mental health, behavioral	visits	\$15		\$20	
health, or substance	Mental/behavioral health and substance use disorder other outpatient	*		***	
abuse needs	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 recovering or	Outpatient Rehabilitation and Habilitation services	\$15		\$20 \$150 per day up to	
other special	Skilled nursing care	10%		5 days	
health needs	Durable medical equipment	10%		10%	
	Hospice service	No charge		No charge	
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	No charge		No charge	
and Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental Basic Services	Restorative Procedures	20%		See 2025 Dental Copay Schedule	
	Periodontal Maintenance Services			Jany Soriodalo	
	Crowns and Casts				
Child Dental	Endodontics  Deviadenties (other than maintenance)	500/		See 2025 Dental	
Major Services	Periodontics (other than maintenance)	50%		Copay Schedule	
	Prosthodontics Oral Surgery				
Child	Oral Surgery	5001		<b>#</b> 4.225	
Orthodontics	Medically necessary orthodontics	50%		\$1,000	

•	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	Individual-only	Gold	Individual-only	/ Gold
Member Cost Share	amounts describe the Enrollee's out of pocket costs.	Coinsurance	Plan	Copay Pla	ın
Actuarial Value - A	V Calculator	81.4%		81.7%	
	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 / \$	0
	Individual Out-of-pocket maximum			\$9,200	
	Family Out-of-pocket maximum			\$18,400	
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible			N/A N/A	
	TioA family plan. Individual deductible				
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health care	Primary care visit to treat an injury, illness, or condition	\$40		\$40	
provider's office or clinic	Other practitioner office visit	\$40		\$40	
visit	Specialist visit	\$70		\$70	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$40		\$40	
Tests	X-rays and Diagnostic Imaging	\$75		\$75	
	Imaging (CT/PET scans, MRIs)	25%		\$75	
	Tier 1	\$18		\$18	
Drugs to treat	Tier 2	\$60		\$60	
illness or		·		·	
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%		\$60	
	Outpatient visit	20%		20%	
	Emergency room facility fee (waived if admitted)	\$350		\$350	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need	Medical transportation (including emergency and non-emergency)	\$250		\$250	
immediate attention					
	Urgent care	\$40		\$40	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	30%		\$375 per day up to	
Hospital stay	delivery, mental health, and substance use)  Physician/surgeon fee	30%		5 days No charge	
		3070		140 Charge	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$40		\$40	
health, or substance					
abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$40		\$40	
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	\$40		\$40	
recovering or other special	Skilled nursing care	30%		\$150 per day up to	
health needs	Durable medical equipment	20%		5 days 20%	
	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)	No charge		No charge	
	Oral Exam	J		J -	
	Preventive - Cleaning				
Child Dental	Preventive - X-ray				
Diagnostic and	Sealants per Tooth	No charge		No charge	
Preventive					
	Topical Fluoride Application  Space Maintainers - Fixed				
	Restorative Procedures			_	
Child Dental Basic Services	Periodontal Maintenance Services	20%		See 2025 Dental Copay Schedule	
				. ,	
	Crowns and Casts				
Child Dental	Endodontics  Device deptice (ather them reciptors are)	F00'		See 2025 Dental	
Major Services	Periodontics (other than maintenance)	50%		Copay Schedule	
	Prosthodontics				
Child	Oral Surgery				
Orthodontics	Medically necessary orthodontics	50%		\$1,000	

Summary of Be	nefits and Coverage	CCSB-only		CCSB-only	
Member Cost Share	amounts describe the Enrollee's out of pocket costs.	Gold Coinsurance Pla	n	Gold Copay Plan	
		- Comoditation Flat		Jopay Flan	
Actuarial Value - A	V Calculator	80.3%		81.7%	
	Plan design includes a deductible?	Yes, Medical/Pharm	асу	Yes, Medical/Pharmacy	
	Integrated Individual deductible	N/A		N/A	
	Integrated Family deductible	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 \$15,600		\$7,800	
	Family Out-of-pocket maximum  HSA plan: Self-only coverage deductible	\$15,600 N/A		\$15,600 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
medical Event	Primary care visit to treat an injury, illness, or condition	\$25	7 (50)	\$35	, фр.
Health care		<b>*</b> 05		405	
provider's office or clinic	Other practitioner office visit	\$25		\$35	
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	Х
	Tier 1	\$15		\$15	
		·			
Drugs to treat illness or	Tier 2	\$50		\$40	
condition	Tier 3	\$80		\$70	
	T: 4	000/ / 000		000/ 1 000	
	Tier 4	20% up to \$250 per script		20% up to \$250 per script	
	Surgery facility fee (e.g., ASC)	20%		\$300	X
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	Medical transportation (including emergency and non-emergency)	20%	X	\$250	X
immediate attention				·	
uttontion	Urgent care	\$25		\$35	
		<b>,</b>		***	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	20%	V	¢600 per devius to E deve	V
Hospital stay	delivery, mental health, and substance use)		X	\$600 per day up to 5 days	X
	Physician/surgeon fee	20%	X	No charge	
Mental health,	Mental/behavioral health and substance use disorder outpatient office visits	\$25		\$35	
behavioral health, or	VISILS				
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	
- J	Home health care (cost share per visit)	20%		\$30	
Help recovering or	Outpatient Rehabilitation and Habilitation services	\$25		\$35	
other special	Skilled nursing care	20%	X	\$300 per day up to 5 days	X
health needs	Durable medical equipment	20%		20%	
	Hospice service	No charge		No charge	
Child eye care	Eye exam	No charge		No charge	
- Cima by 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	NI - I		<b>N</b>	
and	Sealants per Tooth	No charge		No charge	
Preventive	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures			See 2025 Dental Copay	
Basic Services	Periodontal Maintenance Services	20%		See 2025 Dental Copay Schedule	
	Crowns and Casts				
	Endodontics				
Child Dental		E00/		See 2025 Dental Copay	
Major Services	Periodontics (other than maintenance)	50%		Schedule	
	Prosthodontics				
Child	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	50%		\$1,000	

_	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	Individual-only Silve	· Plan
Actuarial Value - A		71.8%	
	Plan design includes a deductible?  Integrated Individual deductible	Yes, Medical/Pharm	acy
	Integrated Family deductible	N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,200 / \$50 / \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$10,400 / \$100 / \$	00
	Individual Out–of–pocket maximum	\$9,800	
	Family Out-of-pocket maximum	\$19,600	
	HSA plan: Self-only coverage deductible  HSA family plan: Individual deductible	N/A N/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies
	Primary care visit to treat an injury, illness, or condition	\$50	
Health care provider's	Other practitioner office visit	\$50	
office or clinic visit	Specialist visit	\$90	
	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	
		υσ	Pharmacy
Drugs to treat	Tier 2	\$60	deductible
illness or condition	Tier 3	\$90	Pharmacy deductible
	Tier 4	20% up to \$250 per script	Pharmacy
	Tiel 4	after pharmacy deductible	deductible
Outpatient	Surgery facility fee (e.g., ASC)	30%	
services	Physician/surgeon fees	30%	
	Outpatient visit	30%	
	Emergency room facility fee (waived if admitted)	\$400	
	Emergency room physician fee (waived if admitted)	No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	\$250	
attention			
	Urgent care	\$50	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and		
Hospital stay	delivery, mental health, and substance use)	30%	X
	Physician/surgeon fee	30%	
Mental health,	Mental/behavioral health and substance use disorder outpatient office	\$50	
behavioral health, or	visits	·	
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$50	
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	
	Eye exam	No charge	
Child eye care	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	No charge	
Preventive	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	200/	
Basic Services	Periodontal Maintenance Services	20%	
	Crowns and Casts		
Child Dental	Endodontics		
Major	Periodontics (other than maintenance)	50%	
Services	Prosthodontics		
	Oral Surgery		
Child Orthodontics	Medically necessary orthodontics	50%	

10.0 EHB Date: Ar

pril 17,	2025	<b>July</b>	<b>28</b> ,	2025
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-	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-only Silver Coinsurance Plar	1	CCSB-only Silver Copay Plan	
Actuarial Value - A	NV Calculator	71.2%		70.8%	
ictuariai value - A	Plan design includes a deductible?		acv	Yes, Medical/Pharm	nacy
	Integrated Individual deductible	N/A	ю	N/A	lacy
	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 / \$	
	Individual Out-of-pocket maximum			\$8,750	
	Family Out-of-pocket maximum			\$17,500	
	HSA plan: Self-only coverage deductible			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		400		400	
visit	Specialist visit	\$90		\$90	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$55		\$55	
Tests	X-rays and Diagnostic Imaging	\$90		\$90	
	Imaging (CT/PET scans, MRIs)	35%	X	\$300	X
	Tier 1	\$20		\$19	
D	Tier 2	\$75	Pharmacy	\$85	Pharmacy
Drugs to treat 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%	X
Outpatient	Physician/surgeon fees	35%		35%	
services					
	Outpatient visit	35%		35%	
	Emergency room facility fee (waived if admitted)	35%	Х	35%	X
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	35%	X	35%	X
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,	Mental/behavioral health and substance use disorder outpatient office visits	\$55		\$55	
health, or substance	Mental/behavioral health and substance use disorder other outpatient	\$55		\$55	
abuse needs	items and services				
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%	Х	35%	X
health needs	Durable medical equipment	35%		35%	
	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)  Oral Exam	No charge		No charge	
Child Dental	Preventive - Cleaning				
Diagnostic	Preventive - X-ray	No charge		No charge	
and Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures			See 2025 Dental Copay	
Basic Services	Periodontal Maintenance Services	20%		Schedule Schedule	
	Crowns and Casts				
Child Dental	Endodontics			See 2025 Dental Copay	
Major Services	Periodontics (other than maintenance)	50%		Schedule	
20.11000	Prosthodontics				
	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	50%		\$1,000	

_	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-o Silver HDHP P	•
		HDHP P	ian
ctuarial Value - A	V Calculator	70.6%	)
	Plan design includes a deductible?	Yes, integ	
	Integrated Individual deductible	\$3,200 integ	
	Integrated Family deductible Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$6,400 integ	grated
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	N/A	
	Individual Out–of–pocket maximum	\$8,300	)
	Family Out-of-pocket maximum	\$16,60	0
	HSA plan: Self-only coverage deductible		
	HSA family plan: Individual deductible	See endr	note
Common Medical Event	Service Type	Member Cost Share	Deductible Appli
Health care	Primary care visit to treat an injury, illness, or condition	25%	X
provider's office or clinic	Other practitioner office visit	25%	X
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 script	X
Drugge to to	Tier 2	25% up to \$250 per	X
Drugs to treat Illness or		script 25% up to \$250 per	
condition	Tier 3	script	X
	Tier 4	25% up to \$250 per	X
	Surgery facility fee (e.g., ASC)	script 25%	X
Outpatient	Surgery facility fee (e.g., ASC)  Physician/surgeon fees	25%	X
services	Outpatient visit	25%	×
	Emergency room facility fee (waived if admitted)	25%	X
	Emergency room facility fee (waived if admitted)  Emergency room physician fee (waived if admitted)	25%	×
Need	Medical transportation (including emergency and non-emergency)	25%	×
mmediate	modical transportation (including emergency and non-emergency)	ZU70	^
atoniion	Urgent care	25%	x
	Facility fee (e.g. hospital room) for inpatient stay (including labor and		
Hospital stay	delivery, mental health, and substance use)	25%	X
	Physician/surgeon fee	25%	X
Mental health,	Mental/behavioral health and substance use disorder outpatient office	25%	X
behavioral health, or	visits		
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	
J <b>3</b> ,	Home health care (cost share per visit)	25%	X
ual	Outpatient Rehabilitation and Habilitation services	25%	×
Help recovering or		25%	×
other special health needs	Skilled nursing care		
	Durable medical equipment	25%	X
	Hospice service	0%	X
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)  Oral Exam	No charge	
Child Dental	Preventive - Cleaning		
Diagnostic and	Preventive - X-ray Sealants per Tooth	No charge	
Preventive	Topical Fluoride Application		
	Space Maintainers - Fixed		
	Restorative Procedures		
Child Dental Basic Services	Periodontal Maintenance Services	20%	
	Crowns and Casts		
Child Dental	Endodontics  Deriodontics (other than maintanance)	500/	
Major Services	Periodontics (other than maintenance)	50%	
	Prosthodontics Oral Surgary		
Child	Oral Surgery		
Orthodontics	Medically necessary orthodontics	50%	

-	<del>7, 2025</del> <u>July 28, 2025</u> nefits and Coverage		_		
Member Cost Share	e amounts describe the Enrollee's out of pocket costs.	<b>Silver P</b> 100%-1509		Silver Plan 150%-200% FPI	-
Actuarial Value - A	AV Calculator	94.8%	0	87.9%	
	Plan design includes a deductible?	No		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	\$0 / \$0 /		\$1,400 / \$50 / \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 /		\$2,800 / \$100 / \$	0
	Individual Out-of-pocket maximum			\$3,350	
	Family Out-of-pocket maximum  HSA plan: Self-only coverage deductible		U	\$6,700 N/A	
	HSA family plan: Individual deductible			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		<b>\$15</b>	
office or clinic	On a sight to the day.	40		405	
visit	Specialist visit	\$8		\$25	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$10		\$30	
Tests	X-rays and Diagnostic Imaging	\$10		\$50	
	Imaging (CT/PET scans, MRIs)	\$50		\$100	
	Tier 1	\$3		\$8	
Drugs to treat	Tier 2	\$10		\$25	Pharmacy
illness or condition	Tier 3	\$15		\$45	deductible Pharmacy
Condition		10% up to \$150 per			deductible Pharmacy
	Tier 4	script		15% up to \$150 per script	deductible
Outnotiont	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		\$200	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need	Medical transportation (including emergency and non-emergency)	\$30		\$75	
immediate attention					
	Urgent care	\$5		\$15	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	10%		20%	X
Hospital stay	Physician/surgeon fee	10%		20%	
Mental health,	Mental/behavioral health and substance use disorder outpatient office	\$5		\$15	
behavioral health, or	visits				
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 other special	Skilled nursing care	10%		20%	X
health needs	Durable medical equipment	10%		15%	
	Hospice service	No charge		No charge	
	·			-	
Child eye care	Eye exam  1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge	
	Oral Exam	No charge		No charge	
	Preventive - Cleaning				
Child Dental	•				
Diagnostic and	Preventive - X-ray	No charge		No charge	
Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures	20%		20%	
Basic Services	Periodontal Maintenance Services	20 /0		2070	
	Crowns and Casts				
Child Dontal	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	50%		50%	
Services	Prosthodontics				
	Oral Surgery				
Child	Medically necessary orthodontics	50%		50%	
Orthodontics	salcany noocoodry orthodormos	JU /0		JU /0	

ember Cost Share	amounts describe the Enrollee's out of pocket costs.	<b>Silver Plan</b> 200%-250% FPl	_
otu o wi-134	V Coloulator	70.00	
ctuarial Value - A	V Calculator  Plan design includes a deductible?	73.8% Yes, Medical/Pharm	nacy
	Integrated Individual deductible	N/A	iacy
	Integrated Family deductible	N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,200 / \$50 / \$0	)
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$10,400 / \$100 / \$	0
	Individual Out–of–pocket maximum	\$8,100	
	Family Out-of-pocket maximum	\$16,200	
	HSA plan: Self-only coverage deductible	N/A	
	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	\$50	
office or clinic	Specialist visit	\$90	
visit			
	Preventive care/ screening/ immunization	No charge \$50	
Tooto	Laboratory Tests		
Tests	X-rays and Diagnostic Imaging	\$95	
	Imaging (CT/PET scans, MRIs)	\$325	
	Tier 1	\$19	
Drugs to treat	Tier 2	\$55	Pharma deductik
illness or condition	Tier 3	\$85	Pharma
condition	Tiel 3	·	deductib
	Tier 4	20% up to \$250 per script after pharmacy deductible	Pharma deductik
	Surgery facility fee (e.g., ASC)	30%	
Outpatient services	Physician/surgeon fees	30%	
	Outpatient visit	30%	
	Emergency room facility fee (waived if admitted)	\$400	
	Emergency room physician fee (waived if admitted)	No charge	
Need	Medical transportation (including emergency and non-emergency)	\$250	
immediate attention			
	Urgent care	\$50	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	30%	Х
Hospital stay	delivery, mental health, and substance use)		^
	Physician/surgeon fee	30%	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$50	
health, or			
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$50	
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		
	·	No charge	
Child eye care	Eye exam	No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
	Oral Exam		
Child Dental	Preventive - Cleaning		
Diagnostic and	Preventive - X-ray	No charge	
Preventive	Sealants per Tooth		
	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	20%	
Basic Services	Periodontal Maintenance Services		
	Crowns and Casts		
Child Dental	Endodontics		
Major	Periodontics (other than maintenance)	50%	
Services			1
Services	Prosthodontics		

•	amounts describe the Enrollee's out of pocket costs.	Bronze Plan		Bronze HDHP Plar	1	
	V 0 1 1 1	00.7%				
Actuarial Value - A		63.7%	2004	64.8% Yes, integrated		
	Plan design includes a deductible?  Integrated Individual deductible	Yes, Medical/Pharn N/A	nacy	\$7,200 integral		
	Integrated Family deductible	N/A		\$14,400 integra		
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,800 / \$450 / \$	60	N/A		
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$11,600 / \$900 /	\$0	N/A		
	Individual Out–of–pocket maximum	\$9,800		\$7,200		
	Family Out-of-pocket maximum	\$19,600		\$14,400		
	HSA plan: Self-only coverage deductible	N/A		\$7,200		
	HSA family plan: Individual deductible	N/A		\$7,200		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	
Health care	Primary care visit to treat an injury, illness, or condition	\$60		0%	X	
provider's	Other practitioner office visit	\$60		0%	X	
office or clinic visit	Specialist visit	\$95	After 1st three non- preventive visits	0%	x	
	Preventive care/ screening/ immunization	No charge	preventive visits	No charge		
	Laboratory Tests	\$50		0%	X	
Tests	X-rays and Diagnostic Imaging	40%	X	0%	X	
	Imaging (CT/PET scans, MRIs)	40%	X	0%	X	
	Tier 1	\$20		0%	X	
Drugs to treat	Tier 2	40% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	0%	x	
illness or condition	Tier 3	40% up to \$500 per script after	Pharmacy	0%	x	
		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%	X	
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%	x	
Need	Medical transportation (including emergency and non-emergency)	40%	×	0%	x	
immediate attention						
attention	Urgent care	\$60		0%	x	
	Cigoni sais	ΨΟΟ		0.70	^	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	400/	.,	00/		
Hospital stay	delivery, mental health, and substance use)	40%	X	0%	X	
	Physician/surgeon fee	40%	X	0%	X	
Mental health,	Mental/behavioral health and substance use disorder outpatient office visits	\$60		0%	X	
behavioral health, or	VISILS					
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%	x	
Help	Outpatient Rehabilitation and Habilitation services	\$60		0%	x	
recovering or	Skilled nursing care	40%	X	0%	x	
other special health needs	Durable medical equipment	40%	X	0%	×	
			^			
	Hospice service	No charge		0%	X	
Child eye care	Eye exam  1 pair of glasses per year (or contact lenges in liqu of glasses)	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 and	Preventive - X-ray	No charge		No charge		
Preventive	Sealants per Tooth					
	Topical Fluoride Application					
	Space Maintainers - Fixed					
Child Dental	Restorative Procedures	20%		20%		
Basic Services	Periodontal Maintenance Services					
	Crowns and Casts					
Child Dental	Endodontics					
Major Services	Periodontics (other than maintenance)	50%		50%		
Jei vices	Prosthodontics					
	Oral Surgery					
Child Orthodontics	Medically necessary orthodontics	50%		50%		
J. H. IOGOTHIOS						

	amounts describe the Enrollee's out of pocket costs.	Catasi	trophic Plan
ctuarial Value - A	V Calculator		
staariar varas 7	Plan design includes a deductible?	Yes,	integrated
	Integrated Individual deductible		50 integrated
	Integrated Family deductible		00 integrated
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental		N/A
	Family deductible, NOT integrated: Medical / Pharmacy / Dental		N/A
	Individual Out-of-pocket maximum	\$	10,150
	Family Out-of-pocket maximum	\$	20,300
	HSA plan: Self-only coverage deductible		N/A
_	HSA family plan: Individual deductible		N/A
Common Medical Event	Service Type	Member Cost Share	Deductible Appli
	Primary care visit to treat an injury, illness, or condition	0%	After 1st three n
lealth care provider's	Other practitioner office visit	0%	After 1st three n
office or clinic	Specialist visit	0%	X
	Preventive care/ screening/ immunization	No charge	
	Laboratory Tests	0%	X
ests	X-rays and Diagnostic Imaging	0%	×
6313			
	Imaging (CT/PET scans, MRIs)	0%	X
	Tier 1	0%	X
Orugs to treat	Tier 2	0%	x
Ilness or condition	Tier 3	0%	X
	Tion 4	00/	v
	Tier 4	0%	X
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
	Emergency room physician fee (waived if admitted)	No charge	
Need	Medical transportation (including emergency and non-emergency)	0%	X
mmediate attention			
	Urgent care	0%	After 1st three n
			provonavo viol
	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
Acutal backb			
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	0%	After 1st three n preventive visi
nealth, or substance	Mental/behavioral health and substance use disorder other outpatient		
abuse needs	items and services	0%	X
Pregnancy	Prenatal care and preconception visits	No charge	
	Home health care (cost share per visit)	0%	X
lelp	Outpatient Rehabilitation and Habilitation services	0%	X
ecovering or	Skilled nursing care	0%	X
other special nealth needs			
	Durable medical equipment	0%	X
	Hospice service	0%	X
Child eye care	Eye exam	No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	0%	X
	Oral Exam		
Phild David	Preventive - Cleaning		
Child Dental Diagnostic	Preventive - X-ray	No charge	
nd Preventive	Sealants per Tooth	140 Ghaige	
	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	00/	V
Basic Services	Periodontal Maintenance Services	0%	X
	Crowns and Casts		
	Endodontics		
Child Dental Major	Periodontics (other than maintenance)	0%	X
Services	Prosthodontics		
	Oral Surgery		
Child			

_	enefits and Coverage e amounts describe the Enrollee's out of pocket costs.		Plan (MAIR June 20, 2025)
Actuarial Value - A	AV Calculator		
Actualiai Value - A	Plan design includes a deductible?	Yes,	integrated
	Integrated Individual deductible		10,600 integrated
	Integrated Family deductible	<del>\$20,300</del> <u>\$2</u>	21,200 integrated
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental		N/A
	Family deductible, NOT integrated: Medical / Pharmacy / Dental		N/A
	Individual Out-of-pocket maximum	<del>\$10,1</del>	<del>50</del> <u>\$10,600</u>
	Family Out-of-pocket maximum	<del>\$20,3</del>	<del>00</del> <u>\$21,200</u>
	HSA plan: Self-only coverage deductible  HSA family plan: Individual deductible		N/A N/A
Common	Service Type	Member Cost	
Medical Event		Share	Deductible Applies  After 1st three non-
Health care	Primary care visit to treat an injury, illness, or condition	0%	preventive visits  After 1st three non-
provider's office or clinic	Other practitioner office visit	0%	preventive visits
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%	X
	Tier 1	0%	х
Drugs to treat	Tier 2	0%	X
illness or condition	Tier 3	0%	X
	Tier 4	0%	X
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
	Emergency room physician fee (waived if admitted)	No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	0%	X
attention			
	Urgent care	0%	After 1st three non- preventive visits
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	00/	.,
Hospital stay	delivery, mental health, and substance use)	0%	X
	Physician/surgeon fee	0%	X
Mental health, behavioral health, or	Mental/behavioral health and substance use disorder outpatient office visits	0%	After 1st three non- preventive visits
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	0%	X
Pregnancy	Prenatal care and preconception visits	No charge	
	Home health care (cost share per visit)	0%	X
Uale	Outpatient Rehabilitation and Habilitation services	0%	X
Help recovering or			
other special health needs	Skilled nursing care	0%	X
nouth noods	Durable medical equipment	0%	X
	Hospice service	0%	X
Child eye care	Eye exam	No charge	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	0%	X
	Oral Exam		
Child Dental	Preventive - Cleaning		
Child Dental Diagnostic	Preventive - X-ray	No charge	
and Preventive	Sealants per Tooth	No charge	
	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	00/	V
Basic Services	Periodontal Maintenance Services	0%	X
	Crowns and Casts		
	Endodontics		
Child Dental Major	Periodontics (other than maintenance)	0%	X
Services	Prosthodontics	2,0	
	Oral Surgery		
Child	Medically necessary orthodontics	0%	X
Orthodontics	wiedloany necessary ofthodonics	U 70	^

_	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	<b>CA Enh CSR Sil</b> 100%-150%		CA Enh CSR Silver 8' 150%-200% FPL	
Actuarial Value - A	W Calculator	95.4%	,	89.6%	
Actuariai value - A	Plan design includes a deductible?		U	No	
	Integrated Individual deductible	N/A		N/A	
	Integrated Family deductible	N/A		N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 /	<b>/</b> \$0	\$0 / \$0 / \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 /		\$0 / \$0 / \$0	
	Individual Out-of-pocket maximum	\$1,150	0	\$3,000	
	Family Out-of-pocket maximum	\$2,30	0	\$6,000	
	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
Health care	Primary care visit to treat an injury, illness, or condition	\$5		\$15	
provider's office or clinic	Other practitioner office visit	\$5		\$15	
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		\$5	
Drugs to treat	Tier 2	\$10		\$25	
illness or condition	Tier 3	\$15		\$45	
Condition				Ψ+Ο	
	Tier 4	10% up to \$150 per script		15% up to \$150 per script	
	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	Medical transportation (including emergency and non-emergency)	\$30		\$75	
immediate attention					
	Urgent care	\$5		\$15	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	10%		20%	
Hospital stay	delivery, mental health, and substance use)  Physician/surgeon fee	10%		20%	
		1070		2070	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$5		\$15	
health, or substance	Montal/habaviaral haalth and aubatanaa uga disardar athar autaatiant				
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 other special	Skilled nursing care	10%		20%	
health needs	Durable medical equipment	10%		15%	
	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)	No charge		No charge	
	Oral Exam	. 15 Sharge		, to onargo	
	Preventive - Cleaning				
Child Dental	·				
Diagnostic and	Preventive - X-ray	No charge		No charge	
Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental Basic Services	Restorative Procedures  Periodontal Maintenance Services	20%		20%	
	Crowns and Casts				
	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	50%		50%	
Services	Prosthodontics				
	Oral Surgery				
Child		E00/		50%	
Orthodontics	Medically necessary orthodontics	50%		JU 70	

Account Name   Acco	Summary of Be	nefits and Coverage	04 5 1 000 011 5	- DI
Private   Priv	Member Cost Share	amounts describe the Enrollee's out of pocket costs.		
Private   Priv	Actuarial Value A	W Calculator	80.4%	
Purpose   Purp	Actuariai value - A			
Principal and		·		
Part		-	N/A	
Part		Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$0	
Part		Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$0	
Pacific   Paci		Individual Out–of–pocket maximum	\$6,100	
Common		Family Out-of-pocket maximum	\$12,200	
Common Medical Event		· · · · · · · · · · · · · · · · · · ·		
Medical Event   Promiser care valid to treat an injury, lineas, or condition   \$35		PIOA family plan. marvidual deductible	IV/A	
Need in the company of the company o		Service Type	Member Cost Share	
Treatment of the common of the		Primary care visit to treat an injury, illness, or condition	\$35	
office or clinic visit         Specialist visit         Specialist visit         SSS           Tosts         Preventive can's screening, minurization         No charge           Tosts         Latoristary Tests         SSO           Tosts         Time 1         S15           Drugs to treat limes or condition         Time 2         SSS           Time 3         SSS         SSS           Ture 4         20% to to 8200 per script           Outpatient services         20% to to 8200 per script           Pregament Physiciantivargeon feers         20% to to 8200 per script           Outpatient services         20% to to 8200 per script           Need limination of Physiciantivargeon feers         20% to to 8200 per script           Need limination of Physiciantivargeon feers         20% to 8200 per script           Need limination of the preparation of physiciants fee (waived if admitted)         3300           Emergency from beliefly fee (e.g., Insupatat room) for inputient stay (including later)         3320           Hospital stay by Physiciantsurgeon fee         30%           Mental health, or substance		Other practitioner office visit	\$35	
Tests Laboratory Tests Laboratory Tests X-rays and Diagnostic Imaging Imaging (CTPET scans, MRIs) Tier 1 Tier 2 Tier 3 Tier 3 Tier 4 Tier 3 Surgery facility fee (e.g., ASC) Physician/largeon fees Outpatient services Child Parts  Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted)  Nood Model attendion Urgent care  Emergency room physician fee (waived if admitted)  Facility fee (e.g., heaptal room) for inpatient stay (including labor and delivery, mental health, and substance use disorder outpatient office values and services stays and beauth and substance use disorder outpatient office values and services stays in the metals hand substance use disorder outpatient office values and services and proconception visits  No charge  Pregnancy Prematal care and proconception visits Holip Outpatient Residual care (cost share per visit) Holip Outpatient Residual care (cost share per visit) Durable medical equipment Holip Durable medical equipment Holip Child Dental Baile Sarvices  Child Dental Baile Sarvices  Child Dental Baile Sarvices  Child Dental Baile Sarvices  Cristia Dental Sarvices  Cristia	office or clinic			
Tests	VISIT		·	
Tests: X-rays and Diagnostic Imaging (STPET acans, MRIs)		-	_	
Imaging (CT/PET scars) MRIs)  Ter 1  Ter 1  Ter 2  Ter 2  Ter 3  Ter 4  Z0% up to \$250 per script  Ter 3  Surgery facility fee (e.g., ASC)  Outpatient visit  Need Immediate attention  Need Immediate attention  Urgent care  Urg				
Tier 1 Tier 2 Tier 2 SSS Tier 3 Sag5  Tier 4 Zo5% up to S250 per script  Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient viet Services Outpatient viet Outpatient Rehabilitation vietin health and substance use disorder outpatient viet Outpatient Rehabilitation vietin health viet Outpatient Rehabilitation vietin viete Outpatient Viete viete Outpatient Rehabilitation vietin viete Outpatient Viete viete Outpatient Viet	Tests			
Tier 2 Tier 3 Tier 3 Tier 3 Tier 3 Tier 4 Tier 3 Tier 5 Tier 5 Tier 5 Tier 6 Tier 6 Tier 7 Tier 8 Tier 4 Tier 8 Tier 9 Ti		Imaging (CT/PET scans, MRIs)	\$325	
Tier 3 Tier 3 Tier 4 Tier 5 Tier 5 Tier 4 Tier 4 Tier 5 Tier 4 Tier 4 Tier 6 Tier 4 Tier 7 Tier 3 Tier 8 Tier 4 Tier 4 Tier 8 Tier 9 Tier 1 Ti		Tier 1	\$15	
Tier 3 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 4 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 3 Tier 4 Tier 3 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 4 Tier 3 Tier 5 Tier 6 Tier 5 Tier 6 Tier 5 Tier 6 Tier 5 Tier 6 Tier 5 Tier 7 Ti	Drugs to tract	Tier 2	\$55	
Tier 4  Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient sorvices Outpatient sorvices 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) Urgert care  Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee  Hospital stay Physician/surgeon fee Mental health, or substance abuse needs  Hensel health, or substance abuse reeds  Hensel health care (cost share per visit) Holp Pregnancy Prenatal care and preconception visite Holp recovering or other special health and substance use disorder other outpatient atms and services Skilled nursing care Durable medical equipment Hospice service No charge  Child over care  Child over care  Child Dental Basic Services Oral Exam Preventive Sealans per Tooth Topical Flooride Application Space Maintainers - Fixed  Child Dental Basic Service Fedodomics Prevallal Care Restoralive Procedures Restoralive Procedures Fedodomics Preventive Frontial Control Surgery Survices  Child Dental Maintenance Services Fedodomics Preventive Fedodomics Preventive Fedodomics Preventive Fedodomics Preventive Fedodomics Preventive Fedodomics Preventive Fedodomics Fedodom	illness or			
Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient visit  Physician/surgeon fees Outpatient visit  Semegency 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) No charge Medical transportation (including emergency and non-emergency) Including fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee 30%  Mental/behavioral health and substance use disorder outpatient office visits Insulti, or substance abuse needs Pregnancy Prenatal care and preconception visits 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) Skilled nursing care Outpatient Rehabilitation and Habilitation services Skilled rursing care Skilled rursing care Outpatient Rehabilitation and Habilitation services No charge  Preventive Array Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Preventive - Cleaning Preventive - Cleaning Preventive - Crowns and Gasts Endodortics Periodontial Maintenance Services Child Dental Major Services Prododortics Periodontial Maintenance Services Child Dental Major Services Prododortics Periodontics (other than maintenance) Prosthodortics Periodontics (other than maintenance) Prosthodortics Periodontics (other than maintenance) Prosthodortics Periodortics Periodortic	condition	Tier 3	\$85	
Plysician/surgeon fees Outpatient visit  Remain provided in admitted)  Need immediate attention  Need immediate attention  Urgent care  Hospital stay  Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee 30%  Mental health, or substance abuse needs  Pregnancy  Prenatic 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  Child Dental Preventive  Child Dental Preventive - Cleaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Cloan		Tier 4	20% up to \$250 per script	
Plysician/surgeon fees Outpatient visit  Remain provided in admitted)  Need immediate attention  Need immediate attention  Urgent care  Hospital stay  Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee 30%  Mental health, or substance abuse needs  Pregnancy  Prenatic 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  Child Dental Preventive  Child Dental Preventive - Cleaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Coaning  Preventive - Cloaning  Preventive - Cloan		Surgery facility fee (e.g., ASC)	30%	
Outpatient visit    Comparison of the processing	_			
Emergency room facility fee (waived if admitted)  Need immediate attention  Urgent care  Hospital stay  Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgenofee  Mental health, behavioral health and substance use disorder outpatient office visits health or substance abuse needs habuse needs  Help recovering or other special health needs  Child dental health needs  Child dental Preventive  Child Dental Basic Services  Child Dental Ager (cother outpatient)  Child Dental Basic Services  Consumer of the services of the service of the services of the service of the servic	services			
Emergency room physician fee (walved 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  Mantal haalth, or substance abuse needs  Pregnancy  Pregnancy  Prenatial care and preconception visits  No charge  Help recovering or other special health, and substance use disorder outpatient office abuse needs  Killed nursing care  Child eye care  Child pontal Diagnostic and Preventive - Cleaning Preventive - Chall application of Space Maintainers - Fixed  Child Dental Basic Services  Child Dental Major substance Services  Crowns and Casts  Endodontics Prosthodontics Prost				
Immediate attention  Urgent care  Ass6  Hospital stay  About care care care care care care care care	Need			
Urgent care   \$35	immediate	wedical transportation (including emergency and non-emergency)	Ψ200	
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, or 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  Sa5  Wental/behavioral health and substance use disorder outpatient office visits Mental/behavioral health and substance use disorder outpatient office visits  No charge  Eye exam  No charge  Preventive - Array Sealant per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services  Crowns and Casts Endodoritics Periodontics (other than maintenance) Periodontics (other than maintenance) Periodontics (other than maintenance) Prosthodontics Prosthodontics Oral Surgery  Child Medically newsears outphodorties	attention	Urgent core	<b>¢</b> 25	
Hospital stay   delivery, mental health, and substance use   30%		orgeni care	ψ33	
Hospital stay Physician/surgeon fee Physician/surgeon fee Amental/behavioral health and substance use disorder outpatient office visits health, or substance abuse needs  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 care  Child Dantal Diagnostic and Preventive Preventive  Child Dantal Basic Services  Child Dantal Basic Services  Child Dantal Major Services  Child Dantal Major Services  Child Dantal Major Services  Child Dantal Major Services  Child Majo		Facility fee (e.g. hospital room) for inpatient stay (including labor and	200/	
Mental health, behavioral health and substance use disorder outpatient office visits neath, or substance abuse needs         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)         \$40           Outpatient Rehabilitation and Habilitation services         \$35           Skilled nursing care         30%           Durable medical equipment         20%           Hospice service         No charge           Child eye care         1 pair of glasses per year (or contact lenses in lieu of glasses)         No charge           Child Dental Diagnostic and Preventive - Cleaning Preventive - Cleaning Preventive - X-ray         Preventive - X-ray         No charge           Child Dental Basic Services         Restorative Procedures         20%           Restorative Procedures         Periodontal Maintenance Services         20%           Child Dental Major Services         Periodontics (other than maintenance)         50%           Child Dental Major Services         Periodontics (other than maintenance)         50%           Child Dental Major Services         Periodontics (other than maintenance)         50%	Hospital stay			
behavioral health, or substance abuse needs         visits         \$35           Pregnancy         Prenatal care and preconception visits         No charge           Help recovering or other special health needs         Home health care (cost share per visit)         \$40           Help recovering or other special health needs         Skilled nursing care         33%           Skilled nursing care         Durable medical equipment         20%           Hospice service         No charge           Child eye care         Eye exam         No charge           T pair of glasses per year (or contact lenses in lieu of glasses)         No charge           Preventive - Cleaning         Preventive - Cleaning         No charge           Preventive - X-ray         Sealants per Tooth         No charge           Topical Fluoride Application         Space Maintainers - Fixed           Child Dental Basic Services         Restorative Procedures         20%           Periodontial Maintenance Services         Periodontics (other than maintenance)         50%           Pervices         Oral Surgery         Frosthodontics		Physician/surgeon fee	30%	
health, or substance abuse needs  Mental/behavioral health and substance use disorder other outpatient items and services  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 bental  Diagnostic and Preventive  Preventive  Child Dental  Basic Services  Crowns and Casts  Endodontics  Prosthodontics  Oral Surgery  Child Dental  Major Services  Mental/behavioral health and substance use disorder other outpatient items and services  No charge  No charge  30%  No charge  No charge  No charge  No charge  No charge  No charge  Preventive - Cleaning  Preventive - X-ray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Child Dental  Major Services  Periodontics (other than maintenance)  Prosthodontics  Oral Surgery  Child Medically recreases northodontics  Oral Surgery  Child Medically recreases northodontics  Fixed  Medically recreases northodontics  Fixed  Medically recreases northodontics  Fixed  Medically recreases northodontics  Fixed  Medically recrease an orthodontics  Fixed  Medically recrease an orthodontics  Fixed  Medically recrease an orthodontics  Fixed  F		•	\$35	
abuse needs   Items and services   S35	health, or	Viole		
Help recovering or other special health care (cost share per visit)  Outpatient Rehabilitation and Habilitation services  Skilled nursing care  Durable medical equipment  Hospice service  Eye exam  1 pair of glasses per year (or contact lenses in lieu of glasses)  No charge  Child Dental Diagnostic and Preventive - Cleaning  Preventive - Cleaning  Preventive - A-ray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Child Dental Basic Services  Child Dental Major Services  Child Dental Major Services  Oral Exam  Preventive - Cleaning  Preventive - Street  Child Dental Basic Services  Crowns and Casts  Endodontics  Oral Surgery  Child Dental Major Services  Oral Surgery  Child Dental Major Services  Prosthodontics  Oral Surgery  Child Medically recreases and orthodontics  Together the major space of the protocologies  Solve Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve  Solve Solve  Solve  Solve  Child Dental Major Services  Prosthodontics  Oral Surgery  Child Medically recreases and orthodontics  Oral Surgery  Child Medically recreases and orthodontics  Oral Surgery  Child Medically recreases and orthodontics		·	\$35	
Help recovering or other special health care (cost share per visit)  Outpatient Rehabilitation and Habilitation services  Skilled nursing care  Durable medical equipment  Hospice service  Eye exam  1 pair of glasses per year (or contact lenses in lieu of glasses)  No charge  Child Dental Diagnostic and Preventive - Cleaning  Preventive - Cleaning  Preventive - A-ray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Child Dental Basic Services  Child Dental Major Services  Child Dental Major Services  Oral Exam  Preventive - Cleaning  Preventive - Street  Child Dental Basic Services  Crowns and Casts  Endodontics  Oral Surgery  Child Dental Major Services  Oral Surgery  Child Dental Major Services  Prosthodontics  Oral Surgery  Child Medically recreases and orthodontics  Together the major space of the protocologies  Solve Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve Solve  Solve  Solve Solve  Solve  Solve  Child Dental Major Services  Prosthodontics  Oral Surgery  Child Medically recreases and orthodontics  Oral Surgery  Child Medically recreases and orthodontics  Oral Surgery  Child Medically recreases and orthodontics	Pregnancy		No charge	
Help recovering or other special health needs  Skilled nursing care  Durable medical equipment Hospice service  Child eye care  Child Dental Diagnostic and Preventive  Child Dental Basic Services  Child Dental Maintenance Services  Child Dental Major Services  Crowns and Casts  Endodontics  Child Dental Major Services  C	. regnancy		-	
recovering or other special health needs  Durable medical equipment  Hospice service  Eye exam  1 pair of glasses per year (or contact lenses in lieu of glasses)  No charge  Child Dental Diagnostic and Preventive  Child Dental Preventive  Child Dental Basic Services  Child Dental Preventive Procedures  Periodontal Maintenance Services  Child Dental Major Services  Child Dental Major Services  Coral Surgery  Child Medically recessary orthodontics  Child Medically recessary orthodontics  Child Medically recessary orthodontics  Sorvices  Sikilled nursing care 30%  No charge No charge  No charge  20%  Preventive - Cleaning No charge  20%  Periodontal Maintenance Services  20%  Periodontics (other than maintenance)  Forsthodontics  Oral Surgery  Child  Medically recessary orthodontics  For%  Child Medically recessary orthodontics			·	
other special health needs     Skilled nursing care     30%       Durable medical equipment     20%       Hospice service     No charge       Child eye care     Eye exam     No charge       1 pair of glasses per year (or contact lenses in lieu of glasses)     No charge       Child Dental Diagnostic and Preventive - Cleaning     Preventive - X-ray     No charge       Sealants per Tooth     Sealants per Tooth     No charge       Topical Fluoride Application     Space Maintainers - Fixed       Child Dental Basic Services     Restorative Procedures     20%       Periodontal Maintenance Services     20%       Child Dental Major Services     Endodontics     50%       Periodontics (other than maintenance)     50%       Prosthodontics     Oral Surgery	·		·	
Child Dental Diagnostic and Preventive - Cleaning Preventive - Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services  Child Dental Major Services  Child Dental Major Services  Child Dental Major Services  Child Medically pecessary orthodoptics  Child Medically pecessary orthodoptics  Durable medical equipment 20%  No charge	other special			
Child eye care  I 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  Child Dental Major Services  Child Dental Major Services  Eye exam No charge No charge No charge  No charge	noutil Heeus	·		
Child Dental Diagnostic and Preventive  Child Dental Diagnostic and Preventive  Child Dental Basic Services  Child Dental Basic Services  Child Dental Basic Services  Child Dental Basic Services  Child Dental Major Serv		·	-	
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  Child Dental Basic Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics  Oral Surgery  Child  Medically peressary orthodontics  Torical Fluoride Application  Space Maintainers - Fixed  20%  Prosthodontics  Footham Medically peressary orthodontics  Footham Medically peressary orthodontics  Footham Medically peressary orthodontics  Footham Medically peressary orthodontics	Child eye care		-	
Child Dental Diagnostic and Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Child Dental Major Services Child Dental Major Services Prosthodontics Oral Surgery  Child Medically persessary orthodoptics Child Child Medically persessary orthodoptics Child C			No charge	
Child Dental Diagnostic and Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery  Child Medically percessary orthodoptics				
Diagnostic and Preventive Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Periodontal Maintenance Services  Child Dental Major Services Periodontics (other than maintenance) Periodontics Oral Surgery  Child Medically perassary orthodontics  Madically perassary orthodontics  From Medically perassary orthodontics  Sealants per Tooth No charge No charge  No charge  No charge  Some Sealants per Tooth No charge  No charge  Forward  No charge  Some Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  Frosthodontics From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  Frosthodontics From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  20%  From Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Topical Fluoride Application Topical Fluoride App	Child Dental	_		
Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Periodontal Maintenance Services  Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery  Child  Medically peressary orthodoptics  Sealants per Tooth Topical Fluoride Application  20%  20%  20%  50%  50%  50%  50%  50%	Diagnostic	Preventive - X-ray	No charge	
Space Maintainers - Fixed  Child Dental Basic Services Periodontal Maintenance Services  Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery  Child Medically pecessary orthodoptics  Space Maintainers - Fixed  20%  20%  20%  50%  50%  50%  50%  50%		Sealants per Tooth	-	
Child Dental Basic Services Periodontal Maintenance Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Oral Surgery  Child Medically pecessary orthodontics  Medically pecessary orthodontics  50%		Topical Fluoride Application		
Child Dental Basic Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics  Oral Surgery  Child  Medically pecessary orthodoptics  Medically pecessary orthodoptics		Space Maintainers - Fixed		
Periodontal Maintenance Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Services  Prosthodontics  Oral Surgery  Child  Medically pecessary orthodontics  50%		Restorative Procedures	20%	
Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Oral Surgery  Child Medically necessary orthodontics  50%	Basic Services	Periodontal Maintenance Services		
Child Dental Major Periodontics (other than maintenance)  Services  Prosthodontics  Oral Surgery  Child  Medically pecessary orthodontics  50%		Crowns and Casts		
Services Prosthodontics Oral Surgery  Child Medically pecessary orthodontics 50%	Child Dental	Endodontics		
Prosthodontics Oral Surgery  Child  Medically necessary orthodontics 50%	_	Periodontics (other than maintenance)	50%	
Child Medically necessary orthodontics 50%	COI 11003	Prosthodontics		
Medically necessary orthodontics		Oral Surgery		
		Medically necessary orthodontics	50%	

Date: April 17, 2025 July 28, 2025

**Orthodontics** 



**Summary of Benefits and Coverage Individual-only Platinum Individual-only Platinum** Member Cost Share amounts describe the Enrollee's out of pocket costs. **Coinsurance Plan Copay Plan** 91.9% Actuarial Value - AV Calculator 91.8% Plan design includes a deductible? No No Integrated Individual deductible \$0 \$0 Integrated Family deductible \$0 \$0 \$0 / \$0 / \$0 Individual deductible, NOT integrated: Medical / Pharmacy / Dental \$0 / \$0 / \$0 Family deductible, NOT integrated: Medical / Pharmacy / Dental \$0 / \$0 / \$0 \$0 / \$0 / \$0 Individual Out-of-pocket maximum \$5,000 \$5,000 \$10,000 \$10,000 Family Out-of-pocket maximum N/A HSA plan: Self-only coverage deductible N/A N/A HSA family plan: Individual deductible N/A Common **Member Cost** Deductible **Member Cost** Deductible Service Type **Medical Event Share** Applies Share Applies Primary care visit to treat an injury, illness, or condition \$15 \$15 Health care Other practitioner office visit \$15 \$15 provider's office or clinic visit Specialist visit \$30 \$30 Preventive care/ screening/ immunization No charge No charge **Laboratory Tests** \$15 \$15 **Tests** X-rays and Diagnostic Imaging \$30 \$30 Imaging (CT/PET scans, MRIs) 10% \$75 Tier 1 \$9 \$9 Tier 2 \$16 \$16 **Drugs to treat** illness or Tier 3 \$25 \$25 condition 10% up to \$250 per 10% up to \$250 per Tier 4 script script Surgery facility fee (e.g., ASC) 10% \$75 Outpatient Physician/surgeon fees 10% \$20 services 10% Outpatient visit 10% Emergency room facility fee (waived if admitted) \$175 \$175 Emergency room physician fee (waived if admitted) No charge No charge \$150 Need Medical transportation (including emergency and non-emergency) \$150 immediate attention Urgent care \$15 \$15 Facility fee (e.g. hospital room) for inpatient stay (including labor and \$225 per day up to 10% delivery, mental health, and substance use) 5 days **Hospital stay** Physician/surgeon fee 10% No charge Mental/behavioral health and substance use disorder outpatient office Mental health, \$15 \$15 behavioral health, or substance Mental/behavioral health and substance use disorder other outpatient \$15 \$15 abuse needs items and services Prenatal care and preconception visits Pregnancy No charge No charge Home health care (cost share per visit) 10% \$20 Outpatient Rehabilitation and Habilitation services \$15 \$15 Help recovering or \$125 per day up to Skilled nursing care 10% other special 5 days health needs 10% Durable medical equipment 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) No charge No charge Oral Exam Preventive - Cleaning **Child Dental** Preventive - X-ray Diagnostic **Not Covered** Not Covered and Sealants per Tooth **Preventive Topical Fluoride Application** Space Maintainers - Fixed **Restorative Procedures Child Dental** Not Covered Not Covered **Basic Services** Periodontal Maintenance Services **Crowns and Casts Endodontics Child Dental** Periodontics (other than maintenance) Major Not Covered **Not Covered Services Prosthodontics Oral Surgery** Child Medically necessary orthodontics Not Covered Not Covered

Summary of Be	refits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-on Platinum Coinsurance	ו	CCSB-onl Platinum Copay Pla	i
Actuarial Value - A	V Calculator	91.8%		91.1%	
Actualiai value - A	Plan design includes a deductible?			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	
ì	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	\$15		\$20	
Health care provider's	Other practitioner office visit	\$15		\$20	
office or clinic		·		·	
visit	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	
	Tier 1	\$10		\$5	
Drugs to treat	Tier 2	\$25		\$20	
illness or condition	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	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need	Medical transportation (including emergency and non-emergency)	\$150		\$150	
immediate 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,	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	\$15		\$20	
Pregnancy	renatal 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				5 days	
	Durable medical equipment	10%		10%	
	Hospice service	No charge		No charge	
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				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures	Not Covered		Not Covered	
Basic Services	Periodontal Maintenance Services	NOL Covered		NOL Covered	
	Crowns and Casts				
O	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	Not Covered		Not Covered	
Services	Prosthodontics				
	Oral Surgery				
Child		N 40		N ( o	
Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

9.5 EHB

	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	Individual-only		Individual-only	
Welliser Gost Ghard	amounts describe the Emones a out of positer ossio.	Coinsurance	Plan	Copay Pla	ın
Actuarial Value - A	AV Calculator	81.4%		81.7%	
	Plan design includes a deductible?	No		No	
	Integrated Individual deductible	\$0		\$0	
	Integrated Family deductible	\$0	_	\$0	0
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 / \$0 \$0 / \$0 / \$0		\$0 / \$0 / \$ \$0 / \$0 / \$	
	Individual Out-of-pocket maximum	\$9,200	J	\$9,200	U
	Family Out-of-pocket maximum	\$18,400		\$18,400	
	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	\$40		\$40	
Health care provider's office or clinic	Other practitioner office visit	\$40		\$40	
visit	Specialist visit	\$70		\$70	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$40		\$40	
Tests	X-rays and Diagnostic Imaging	\$75		\$75	
	Imaging (CT/PET scans, MRIs)	25%		\$75	
	Tier 1	\$18		\$18	
Drugs to treat	Tier 2	\$60		\$60	
illness or		·		·	
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%		\$60	
	Outpatient visit	20%		20%	
	Emergency room facility fee (waived if admitted)	\$350		\$350	
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	\$250		\$250	
attention					
	Urgent care	\$40		\$40	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	30%		\$375 per day up to 5 days	
Hospital stay	Physician/surgeon fee	30%		No charge	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$40		\$40	
health, or substance					
abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$40		\$40	
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	\$40		\$40	
recovering or other special	Skilled nursing care	30%		\$150 per day up to 5 days	
health needs	Durable medical equipment	20%		20%	
	Hospice service	No charge		No charge	
01.11.1	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				
	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	Restorative Procedures				
Basic Services	Periodontal Maintenance Services	Not Covered		Not Covered	
	Crowns and Casts				
	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	Not Covered		Not Covered	
Services	Prosthodontics				
	Oral Surgery				
Child	Medically necessary orthodontics	Not Covered		Not Covered	
Orthodontics	wichidally fideessally offillodoffiles	Not Covered		Not Covered	

Summary of Be	nefits and Coverage	CCSB-only		CCSB-only	
_	amounts describe the Enrollee's out of pocket costs.	Gold		Gold	
Welliber Cost Share	amounts describe the Emoliee's out of pocket costs.	Coinsurance Pla	n	Copay Plan	
Actuarial Value - A	V Calculator	80.3%		81.7%	
	Plan design includes a deductible?		acv	Yes, Medical/Phari	macv
	Integrated Individual deductible	N/A	,	N/A	
	Integrated Family deductible	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	Other practitioner office visit	\$25		\$35	
provider's office or clinic	Curior practitioned viole	Ψ20		ΨΟΟ	
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	Х
	Tier 1	\$15		\$15	
		<b>4.5</b>			
Drugs to treat	Tier 2	\$50		\$40	
illness or condition	Tier 3	\$80		\$70	
		·		·	
	Tier 4	20% up to \$250 per script		20% up to \$250 per script	
	Surgery facility fee (e.g., ASC)	20%		\$300	X
Outpatient	Physician/surgeon fees	20%		\$35	
services	Outpatient visit	20%		20%	
	Emergency room facility fee (waived if admitted)	20%	X	\$250	X
			^		^
Nice of	Emergency room physician fee (waived if admitted)	No charge	.,	No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	20%	X	\$250	X
attention					
	Urgent care	\$25		\$35	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	000/	· ·	4000	\ \ \
Hospital stay	delivery, mental health, and substance use)	20%	X	\$600 per day up to 5 days	X
	Physician/surgeon fee	20%	Х	No charge	
Mental health,	Mental/behavioral health and substance use disorder outpatient office	\$25		\$35	
behavioral health, or	visits	<b>,</b>		, , ,	
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	
1 regnancy					
	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%	X	\$300 per day up to 5 days	X
health needs	Durable medical equipment	20%		20%	
	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)	No charge		No charge	
	Oral Exam	Ü		Ū	
	Preventive - Cleaning				
Child Dental	Preventive - X-ray				
Diagnostic and		Not Covered		Not Covered	
Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures	Not Covered		Not Covered	
Basic Services	Periodontal Maintenance Services				
	Crowns and Casts				
Child Dental	Endodontics				
Major	Periodontics (other than maintenance)	Not Covered		Not Covered	
Services	Prosthodontics				
	Oral Surgery				
Child	Medically necessary orthodontics	Not Covered		Not Covered	
	MEDICARY DECESSARY ORDODORICS	Not Covered		NOL Covered	

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nember Cost Share	amounts describe the Enrollee's out of pocket costs.	Individual-only Silve	r Plan
actuarial Value - A	W Calculator	71.8%	
ictuariai value - P	Plan design includes a deductible?	Yes, Medical/Pharm	ıacv
	Integrated Individual deductible	N/A	,
	Integrated Family deductible	N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,200 / \$50 / \$0	)
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$10,400 / \$100 / \$	\$0
	Individual Out-of-pocket maximum	\$9,800	
	Family Out-of-pocket maximum	\$19,600	
	HSA plan: Self-only coverage deductible  HSA family plan: Individual deductible	N/A N/A	
Common	Tier Claimly plant. Intervious a Goddenie	1471	Deductible
Medical Event	Service Type	Member Cost Share	Applies
Health ages	Primary care visit to treat an injury, illness, or condition	\$50	
Health care provider's	Other practitioner office visit	\$50	
office or clinic visit	Specialist visit	\$90	
	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	
Drugs to treat	Tier 2	\$60	Pharmac deductible
illness or condition	Tier 3	\$90	Pharmac
Condition			deductible
	Tier 4	20% up to \$250 per script after pharmacy deductible	Pharmac deductible
	Surgery facility fee (e.g., ASC)	30%	
Outpatient services	Physician/surgeon fees	30%	
	Outpatient visit	30%	
	Emergency room facility fee (waived if admitted)	\$400	
	Emergency room physician fee (waived if admitted)	No charge	
Need	Medical transportation (including emergency and non-emergency)	\$250	
immediate attention			
	Urgent care	\$50	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	30%	X
Hospital stay	delivery, mental health, and substance use)  Physician/surgeon fee	30%	
		30 /0	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$50	
health, or substance			
abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$50	
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	Skilled nursing care	30%	X
other special health needs	Durable medical equipment	20%	
	Hospice service	No charge	
	Eye exam	No charge	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	_	
	Oral Exam	No charge	
Child Dental	Preventive - Cleaning		
Diagnostic and	Preventive - X-ray	Not Covered	
Preventive	Preventive		
	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	Not Covered	
Basic Services	Periodontal Maintenance Services		
	Crowns and Casts		
Child Dental	Endodontics		
Major Services	Periodontics (other than maintenance)	Not Covered	
301 11003	Prosthodontics		
	Oral Surgery		
Child	Medically necessary orthodontics	Not Covered	

	enefits and Coverage	CCSB-only Silver		CCSB-only Silver	
Member Cost Share	e amounts describe the Enrollee's out of pocket costs.	Coinsurance Plan	1	Copay Plan	
Actuarial Value - A	AV Calculator	71.2%		70.8%	
	Plan design includes a deductible?	·	асу	Yes, Medical/Pharm	nacy
	Integrated Individual deductible	N/A		N/A	
	Integrated Family deductible Individual deductible, NOT integrated: Medical / Pharmacy / Dental	N/A \$2,500 / \$300 / \$0		N/A \$2,500 / \$300 / \$	0
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,000 / \$600 / \$0		\$5,000 / \$600 / \$	
	Individual Out–of–pocket maximum			\$8,750	
	Family Out-of-pocket maximum	\$17,200		\$17,500	
	HSA plan: Self-only coverage deductible			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	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$55		\$55	
Tests	X-rays and Diagnostic Imaging	\$90		\$90	
	Imaging (CT/PET scans, MRIs)	35%	X	\$300	Х
	Tier 1	\$20		\$19	
	Tier 2		Pharmacy	ФОБ	Pharmacy
Drugs to treat illness or	Her 2	\$75	deductible	\$85	deductible
condition	Tier 3	\$105	Pharmacy deductible	\$110	Pharmacy 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%	X
Outpatient services	Physician/surgeon fees	35%		35%	
301 11003	Outpatient visit	35%		35%	
	Emergency room facility fee (waived if admitted)	35%	Х	35%	X
	Emergency room physician fee (waived if admitted)	No charge		No charge	
Need	Medical transportation (including emergency and non-emergency)	35%	X	35%	X
immediate attention					
	Urgent care	\$55		\$55	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and				
Hospital stay	delivery, mental health, and substance use)	35%	X	35%	X
	Physician/surgeon fee	35%	Χ	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%	X
health needs	Durable medical equipment	35%		35%	
	Hospice service	No charge		No charge	
Child eye care	Eye exam	No charge		No charge	
onnu eye 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	Restorative Procedures	Not Covered		Not Covered	
Basic Services	renodoniai Maintenance Services				
	Crowns and Casts				
Child Dental	Endodontics  Desired antice (attended to a maintaneous a)				
Major Services	Periodontics (other than maintenance)	Not Covered		Not Covered	
	Prosthodontics  Oral Surgery				
Child	Oral Surgery	N . 0		N O	
Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

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_	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	CCSB-o Silver HDHP P	1
Actuarial Value - A	V Calculator	70.6%	
totaariar varao 7	Plan design includes a deductible?	Yes, integr	
	Integrated Individual deductible	\$3,200 integ	
	Integrated Family deductible	\$6,400 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	\$8,300	)
	Family Out-of-pocket maximum	\$16,60	
	HSA plan: Self-only coverage deductible HSA family plan: Individual deductible	\$3,200 See endr	
Common Medical Event	Service Type	Member Cost Share	Deductible Applie
	Primary care visit to treat an injury, illness, or condition	25%	Х
Health care provider's	Other practitioner office visit	25%	X
office or clinic visit	Specialist visit	25%	X
Visit			^
	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 script	X
		25% up to \$250 per	
Drugs to treat illness or	Tier 2	script	X
condition	Tier 3	25% up to \$250 per script	X
		25% up to \$250 per	
	Tier 4	script	X
	Surgery facility fee (e.g., ASC)	25%	X
Outpatient services	Physician/surgeon fees	25%	X
Sel vices	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%	X
attention	Urgent care	25%	×
Haanital atau	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	25%	X
Hospital stay	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	
1 regnancy			V
	Home health care (cost share per visit)	25%	X
Help recovering or	Outpatient Rehabilitation and Habilitation services	25%	X
other special	Skilled nursing care	25%	X
health needs	Durable medical equipment	25%	X
	Hospice service	0%	X
	Eye exam	No charge	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge	
	Oral Exam	Tro onargo	
Child Dental	Preventive - Cleaning		
Diagnostic and	Preventive - X-ray	Not Covered	
Preventive	Sealants per Tooth		
	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	Not Covered	
Basic Services	Periodontal Maintenance Services	Not Covered	
	Crowns and Casts		
	Endodontics		
Child Dental Major	Periodontics (other than maintenance)	Not Covered	
Services	Prosthodontics	1.01.0070100	
	Oral Surgery		
Child			

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Member Cost Share	amounts describe the Enrollee's out of pocket costs.	<b>Silver P</b> 100%-150%		<b>Silver Plan</b> 150%-200% FPl	_
		_			
ctuarial Value - <i>A</i>		94.8%	Ď	87.9%	
	Plan design includes a deductible?  Integrated Individual deductible	No N/A		Yes, Medical/Pharm N/A	ıacy
	Integrated Family deductible	N/A N/A		N/A N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 /	\$0	\$1,400 / \$50 / \$0	)
	Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0 /		\$2,800 / \$100 / \$	
	Individual Out-of-pocket maximum			\$3,350	
	Family Out-of-pocket maximum			\$6,700	
	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	\$5		\$15	
Health care	Other practitioner office visit	\$5		\$15	
provider's office or clinic	Other practitioner office visit	φ3		φισ	
visit	Specialist visit	\$8		\$25	
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$10		\$30	
Tests	X-rays and Diagnostic Imaging	\$10		\$50	
	Imaging (CT/PET scans, MRIs)	\$50		\$100	
				·	
	Tier 1	\$3		\$8	DI.
Drugs to treat	Tier 2	\$10		\$25	Pharmacy deductible
illness or condition	Tier 3	\$15		\$45	Pharmacy deductible
Tier 4	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		\$200	
	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			
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	10%		20%	V
Hospital stay	delivery, mental health, and substance use)  Physician/surgeon fee	10%		20%	X
		1070		2070	
Mental health, behavioral health, or	Mental/behavioral health and substance use disorder outpatient office visits	\$5		\$15	
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	
Haln	Outpatient Rehabilitation and Habilitation services	\$5		\$15	
Help recovering or					V
other special health needs	Skilled nursing care	10%		20%	X
nealth needs	Durable medical equipment	10%		15%	
	Hospice service	No charge		No charge	
Child eve core	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				
	Preventive - Cleaning				
Child Dental	Preventive - X-ray				
Diagnostic and	·	Not Covered		Not Covered	
Preventive	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental	Restorative Procedures	Not Covered		Not Covered	
Basic Services	Periodontal Maintenance Services	22.22.0100		55,0104	
	Crowns and Casts				
Ob. 11 1 7	Endodontics				
Child Dental Major	Periodontics (other than maintenance)	Not Covered		Not Covered	
Services	Prosthodontics			<b>-</b>	
Child	Oral Surgery				
Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

Primary care visit to treat an injury, illness, or condition  Other practitioner office visit  Specialist visit  Special	ember Cost Share	amounts describe the Enrollee's out of pocket costs.	<b>Silver Plan</b> 200%-250% FPL	-
Plan design includes a columnitary integrated including columnitary integrated including columnitary includes a columnitary included including inc	-to-si-12/-los-	V Oalandatan	72.00/	
Incividual education (NA integrated Family education (NA integ	ctuariai Value - A			nacy
Integrated Framity education   NA		-		iacy
Permity deduction, NOT integrated: Medical / Pharmacy / Dental   \$10.401 / \$10.201   \$10.201		·		
Individual Out-of-gender maximum Participated and participated maximum Participated processors Partici		Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,200 / \$50 / \$0	)
Service Type		Family deductible, NOT integrated: Medical / Pharmacy / Dental	\$10,400 / \$100 / \$	60
MSA plant Self-only coverage deductable   NVA		Individual Out–of–pocket maximum	\$8,100	
Common Medical Event   Service Type		Family Out-of-pocket maximum	\$16,200	
Declaration				
Heatht are provider's	0	HSA family plan: Individual deductible	N/A	5
Heath care provider's office or clinic office visit (1992) (Interpretation of the visit (1992) (Interp		Service Type	Member Cost Share	Applies
Other practioner office well  Specialist visit  Prevenite caref to Specialist visit		Primary care visit to treat an injury, illness, or condition	\$50	
Specialist visit   Specialist visit   Specialist visit   Preventive care's screening' immunization   No charge   Specialist visit   Specialist		Other practitioner office visit	\$50	
Preventive care' screening' immunization Laboratory Fests X-riys and Diagnostic Imaging imaging (CTIPET scans, MRIs) Titer 1 S10  Prograto Ireat Inter 2 S55 S55 S55 S55 S55 S55 S55 S55 S55 S5	office or clinic	Specialist visit	ФОО	
Laboratory Tests  X-rays and Diagnostic Imaging Imaging (CT/PET scars, MRIs)  Tier 1  Tier 2  Tier 2  Tier 3  Tier 4  Surgery facility fee (e.g., ASC)  Physicianis-surgeon fees  Outpatient visit  Emergency room facility fee (walved if admitted)  Medical transportation (including emergency and non-emergency)  Ligent care  Facility fee (e.g., hospital room) for impatient stay (including labor and delivery, mental health, and substance use disorder outpatient delivery, mental health, and substance use disorder outpatient delivery, mental health, and substance use disorder outpatient disorder outpatient delivery mental health, and substance use disorder outpatient disorder outpatie	VISIT		·	
Tests   X-rays and Diagnostic Imaging   \$95   19325		· ·	ŭ	
Imaging (CTIPET scane, MRIs)  Tier 1  Tier 1  Tier 2  S55  Tier 3  Tier 3  Tier 4  Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient viet  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)  Emergency room physician fee (walved if admitted) Emergency room physician fee (walved if admitted)  No charge  S50  Valve feet in the admitted of the admi	4 -	·		
Tier 1  Tier 2  Tier 3  Tier 4  Surgery facility fee (e.g., ASC) Physician'surgeon fees Outpatient envices  Outpatient feet (e.g., ASC) Physician'surgeon fees Outpatient visit  Emergency room facility fee (waived if admitted)  Medical transportation (including emergency and non-emergency)  Virgent care  Facility fee (e.g. hospital room) for impatient stay (including labor and delivery, mental health, and substance use) Physician'surgeon fee  Amental health, behalth and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental workswiral health and substance use disorder outpatient office visits  Wental health and substance use disorder outpatient office visits  Wental health and substance use disorder outpatient office visits  Wental health and substance use of sorder outpatient office visits  Wental health and substance use of sorder outpatient office visits  Wental health	ests			
Tree 2 Ter 3 Ter 4 Ter 4 Ter 3 Ter 4 Ter 4 Ter 3 Ter 4 Ter 3 Ter 4 Ter 3 Ter 4 Ter 3 Ter 4  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) Physician surgeon fee  Wental health, beat the substance use disorder outpatient office visits  Wental visits  Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health and substance use) Physician surgeon fee  Wental health, beath and substance use disorder outpatient office visits  Wental visits		Imaging (CT/PET scans, MRIs)	\$325	
Tregs to rest lines so rondition  Ter 3  Ter 4  Ter 4  Ter 4  Ter 4  Ter 4  Ter 5  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 facility fee (waived if admitted)  Emergency room physician fee (waived if admitted)  No charge  Seed  Medical transportation (including emergency and non-emergency)  Space  Sospital stay  Physician/surgeon fee  Urgent care  Sospital stay  Physician/surgeon fee  Mental/behavioral health and substance use)  Pregnancy  Pregnancy  Prenatal care and preconception visits  Mental/behavioral health and substance use disorder outpatient eliters and services  Pregnancy  Prenatal care and preconception visits  No charge  Prenatal care and preconception visits  No charge  Prenatal care and preconception visits  No charge  Child Dental Balance  Child Dental Basic Services  Child Dental Sasic Services  Child Dental Sasic Services  Procontion of the service Procedures  Preventive - X-tay  Sasic Services  Child Dental Sasic Services  Profrontion (Covered Procedures  Periodontics  Profrontion (Covered Procedures)  Profrontion (Covered Procedures  Periodontics  Profrontion (C		Tier 1	\$19	
Tier 3 Tier 4 Tier 4 Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees Outpatient particles Outpatient particles Outpatient viet Physician/surgeon fees Outpatient viet Dutyatient particles Outpatient viet Emergency room facility fee (waived if admitted) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge  Emergency room physician fee (waived if admitted)  Urgent care  Facility fee (e.g. hospital room) for inpatient stay (including labor and order) physician/surgeon fee  Aental health, rehalvioral health and substance use disorder outpatient office visits white and services Pregnancy Prenatal care and preconception visits No charge  Home health care (cost share per visit) Outpatient Rehabilitation and Habilitation services Sidiled nursing care Outpatient Rehabilitation and Habilitation services Sidiled nursing care Child Dental Signostic Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Child Dental Rasic Services Periodontial Maintenance Services Crowns and Casis Endodontics Proschodontics Proschodontics Proschodontics Proschodontics Proschodontics Proschodontics Proschodontics Proschodontics Proschodontics	Orugs to treat	Tier 2	\$55	Pharma
Tier 4 20% up to \$250 per script After pharmacy deductible and phase and present proof facility fee (e.g., ASC) Physician/surgeon fees 30% 30% 30% 30% 30% 30% 30% 30% 30% 30%	liness or			deductil Pharma
Dutpatient services  Outpatient visit  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) Emergency room physician fee (waived if admitted) Emergency room physician fee (waived if admitted) No charge  Modical transportation (including emergency and non-emergency)  S250  Hospital stay Facility fee (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use) Physician/surgeon fee Physician/surgeon fee Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office visits Wental/behavioral health and substance use disorder outpatient office Wental	condition	Hef 3	<b>\$85</b>	deductil
Dutpatient services Outpatient visit Services Services Outpatient visit Services Outpatient Rehabilitation and Habilitation services Skilled nursing care Outpatient Rehabilitation and Habilitation services Outpatient Rehabilit		Tier 4		Pharma deductil
Outpatient visit  Pregracy room patient fees Need minediate attention  Need minediate attention  Urgent care  Hospital stay Physician/surgeon fee Hospital stay Homelablith and substance use disorder outpatient office visits No charge Pregnancy Prenatal care and preconception visits No charge Home health care (cost share per visit) Quipalient Rehabilitation and Habilitation services S50 Skilled nursing care Quirable medical equipment Hospice service No charge Third Dental Diagnostic and Preventive - Cleaning Preventive - V-ray Sealants per Tooth Topical Fluoride Application Space Maritainers - Fixed Restorative Procedures Periodoritics Prodoritics Prodoritics Not Covered Prosthodoritics		Surgery facility fee (e.g., ASC)	30%	
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)  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 health, or substance Mental behavioral health and substance use disorder outpatient office vists  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 office vists  Mental/behavioral health and substance use disorder other outpatient office vists  Mental/behavioral health and substance use disorder other outpatient office vists  Mental/behavioral health and substance use disorder other outpatient office vists  Mortal/behavioral health and substance use disorder outpatient office vists  No charge  Pregnancy  Prenatal care and preconception visits  No charge  Durable medical care (cost share per visit)  Outpatient Rehabilitation and Habilitation services  Skilled nursing care  Durable medical equipment  Agor No charge  No charge  No charge  No charge  No charge  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Preventive - Aray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Restoralive Procedures  Periodontal Maintenance Services  Child Dental  Major Scrvices  Prodotnotics (other than maintenance)  Prosthodontics		Physician/surgeon fees	30%	
Emergency room physician fee (waived if admitted)  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 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  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  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  20%  No charge  Child eye care  Lipair of glasses per year (or contact lenses in lieu of glasses)  No charge  Child Dental  Diagnostic  Oral Exam  Preventive - Cleaning  Preventive - X-ray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Restorative Procedures  Periodontial Maintenance Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics  Previous contact than maintenance)  Prosthodontics  Prosthodontics		Outpatient visit	30%	
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 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 other outpatient items and services  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 eye care  Child operate  Diagnostic and Preventive - Cleaning  Not Covered  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Not Covered  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Not Covered  Preventive - Cleaning  Not Covered  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Preventive - Cleaning  Not Covered  Preventive - Cleaning  Not Covered  Preventive - Cleaning  Not Covered  Preventive -		Emergency room facility fee (waived if admitted)	\$400	
Interest 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 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  Montal/behavioral health and substance use disorder other outpatient office visits  Montal/behavioral health and substance use disorder other outpatient office visits  Montal/behavioral health and substance use disorder other outpatient office visits  No charge  Pregancy  Prenatal care and preconception visits  No charge  Skilled nursing care Outpatle medical equipment Hospice service  No charge  Preventive Chaining Preventive - Cleaning Preventive - Sealants per Tooth Topical Fluoride Application Space Maintaliners - Fixed  Child Dental Basic Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Prosthodontics Prosthodontics Prosthodontics		Emergency room physician fee (waived if admitted)	No charge	
Hospital stay  Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)  Mental health, pehavioral 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 items and services  Mental/behavioral health and substance use disorder other outpatient items and services  No charge  Pregnancy  Prenatal care and preconception visits  No charge  Skilled nursing care  Skilled nursing care  Durable medical equipment  Hospice service  Eye exam  1 pair of glasses per year (or contact lenses in lieu of glasses)  Oral Exam  Preventive - Cleaning  Preventive		Medical transportation (including emergency and non-emergency)	\$250	
Urgent care  Facility fie (e.g., hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)  Mental health, or substance delivery, mental 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 items and services  Mental/behavioral health and substance use disorder other outpatient office visits  Montarge  Presental care and preconception visits  No charge  Home health care (cost share per visit)  Outpatient Rehabilitation and Habilitation services  Skilled nursing care  Skilled nursing care  Skilled nursing care  Ourable medical equipment  Hospice service  Eye exam  1 pair of glasses per year (or contact lenses in lieu of glasses)  No charge  Preventive - Cleaning  Preventive - Cleaning  Preventive - X-ray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Child Dental Basic Services  Periodontal Maintenance Services  Crowns and Casts  Endodontics  Child Dental Major Services  Periodontics (other than maintenance)  Prosthodontics  Prosthodontics				
delivery, mental health, and substance use) Physician/surgeon fee  Mental health, bebalvioral 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  \$50  Skilled nursing care Ourable medical equipment Hospice service No charge  Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge  Child Dental Diagnostic and Preventive - Cleaning Preventive - V-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics  Not Covered Prosthodontics		Urgent care	\$50	
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 items and services  Pregnancy  Prenatal care and preconception visits  No charge  Home health care (cost share per visit)  Outpatient Rehabilitation and Habilitation services  \$50  Skilled nursing care  Outpatient Rehabilitation and Habilitation services  Skilled nursing care  Durable medical equipment  Hospice service  No charge  Eye exam  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  Child Dental Basic Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics  Prosthodontics				
Hospital stay Physician/surgeon fee  Mental health, behavioral health and substance use disorder outpatient office visits behavioral health, or substance substance abuse needs 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 care  Child Dental Diagnostic and Preventive Child Dental Basic Services Crowns and Casts Endodontics Child Dental Basic Services Periodontics Outpatient Rehabilitation and Habilitation services \$50  X  Au  Au  Au  Au  Au  Au  Au  Au  Au			30%	Y
Mental health, behavioral health and substance use disorder outpatient office visits usubstance usubstance use disorder outpatient office visits when the process abuse needs abuse needs abuse needs tems 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  Ourable medical equipment  Hospice service  Child eye care  Child Dental Diagnostic and Preventive  Child Dental Preventive  Child Dental Basic Services  Child Dental Basic Services  Child Dental Maintenance Services  Child Dental Maior Services  Periodontics (other than maintenance)  Prosthodontics	Hospital stay	,		X
behavioral health, or substance abuse needs  Pregnancy  Pregnancy  Prenatal care and preconception visits  Home health care (cost share per visit)  Outpatient Rehabilitation and Habilitation services  Skilled nursing care  Ourable medical equipment  Hospice service  Child Dental Diagnostic and Preventive  Child Dental Basic Services  Child Dental Major Services  Wental/behavioral health and substance use disorder other outpatient items and services  \$50  Skilled nursing care  \$50  X  Au  Au  Au  Au  Au  Au  Au  Au  Au		Physician/surgeon fee	30%	
mealth, or substance abuse needs  Mental/behavioral health and substance use disorder other outpatient 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  1 pair of glasses per year (or contact lenses in lieu of glasses)  Oral Exam  Preventive - Cleaning  Preventive - Aray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Child Dental  Basic Services  Child Dental  Major  Services  Mental/behavioral health and substance use disorder other outpatient items and substance used isorder other outpatient items and substance used isorder other outpatient items and substance used isorder other outpatient items and services  Stood  No charge  No charge  No charge  Not Covered  Not Covered  Periodontal Maintenance Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics	•	•	\$50	
abuse needs 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 Ourable medical equipment Hospice service  Child eye care  Child Dental Diagnostic and Preventive Preventive Child Dental Basic Services  Child Dental Basic Services  Crowns and Casts Child Dental Basic Services  Crowns and Casts Endodontics Prosthodontics  Prosthodontics  Not Covered Prosthodontics	health, or			
Help recovering or other special health needs  Killed nursing care 30% X  Skilled nursing care 30% X  Skilled nursing care 30% X  Durable medical equipment 20% No charge  Eye exam No charge  The 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 Basic Services  Periodontics (other than maintenance) Prosthodontics		'	\$50	
Help recovering or other special health needs  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  Crowns and Casts  Endodontics  Prosthodontics  Outpatient Rehabilitation and Habilitation services  \$50  X  X  X  X  X  X  X  X  X  X  X  X  X	Pregnancy	Prenatal care and preconception visits	No charge	
Skilled nursing care pother special health needs  Skilled nursing care Durable medical equipment  Hospice service  Seve 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  Restorative Procedures Periodontal Maintenance Services  Child Dental Basic Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Prosthodontics		Home health care (cost share per visit)	\$40	
Skilled nursing care other special nealth needs  Skilled nursing care Durable medical equipment  Hospice service  Support State of Special nealth needs  Skilled nursing care Durable medical equipment  Hospice service  Support Special 1 pair of glasses per year (or contact lenses in lieu of glasses)  No charge  Child Dental Diagnostic and Preventive  Child Dental Topical Fluoride Application Space Maintainers - Fixed  Restorative Procedures Periodontal Maintenance Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics  Prosthodontics  Prosthodontics	Heln	Outpatient Rehabilitation and Habilitation services		
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  Oral Exam  Preventive - Cleaning  Preventive - X-ray  Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Child Dental Basic Services  Crowns and Casts  Endodontics  Prosthodontics  Prosthodontics  Prosthodontics  Not Covered  Prosthodontics  Periodontics (other than maintenance)  Prosthodontics	recovering or	· ·	·	Y
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  Restorative Procedures Periodontal Maintenance Services  Child Dental Major Services  Periodontics Periodontics (other than maintenance) Prosthodontics  No charge	•			
Eye exam 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  Restorative Procedures Periodontal Maintenance Services  Child Dental Basic Services  Child Dental Major Services  Endodontics Periodontics (other than maintenance) Prosthodontics  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered				
Child Dental Dental Basic Services  Child Dental Basic Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics		·	-	
Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Child Dental Major Services Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Restorative Procedures Periodontal Maintenance Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics	Child eye care		_	
Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Periodontal Maintenance Services  Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Prosthodontics  Prosthodontics  Not Covered			ivo cnarge	
Child Dental Diagnostic and Preventive Preventive 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  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered				
Preventive Preventive Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed  Child Dental Basic Services Periodontal Maintenance Services  Child Dental Major Services Periodontics (other than maintenance) Prosthodontics Prosthodontics  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered	Child Dental			
Preventive  Topical Fluoride Application  Space Maintainers - Fixed  Restorative Procedures Periodontal Maintenance Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance) Prosthodontics  Prosthodontics	Diagnostic	·	Not Covered	
Space Maintainers - Fixed  Restorative Procedures Periodontal Maintenance Services  Crowns and Casts  Endodontics Periodontics (other than maintenance) Prosthodontics  Prosthodontics				
Restorative Procedures Periodontal Maintenance Services  Crowns and Casts Endodontics Periodontics (other than maintenance) Prosthodontics Prosthodontics		Topical Fluoride Application		
Periodontal Maintenance Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Prosthodontics  Prosthodontics		Space Maintainers - Fixed		
Periodontal Maintenance Services  Crowns and Casts  Endodontics  Periodontics (other than maintenance)  Periodontics (other than maintenance)  Prosthodontics		Restorative Procedures	Not Covered	
Child Dental Major Services Periodontics (other than maintenance) Prosthodontics  Not Covered  Not Prosthodontics	Basic Services	Periodontal Maintenance Services	.131 3310104	
Child Dental Wajor Periodontics (other than maintenance) Services Prosthodontics  Not Covered		Crowns and Casts		
Major Periodontics (other than maintenance)  Services Prosthodontics  Not Covered	Child Dental	Endodontics		
Prosthodontics	Major	Periodontics (other than maintenance)	Not Covered	
Oral Surgery	Services	Prosthodontics		
		Oral Surgery		

Member Cost Share	amounts describe the Enrollee's out of pocket costs.	Bronze Plan		Bronze	
				HDHP Pla	n
Actuarial Value - A	V Calculator	63.7%		64.8%	
	Plan design includes a deductible?	Yes, Medical/Pharr	macy	Yes, integra	ted
	Integrated Individual deductible	N/A		\$7,200 integra	
	Integrated Family deductible	N/A	•	\$14,400 integr	rated
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$5,800 / \$450 / \$		N/A	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental Individual Out–of–pocket maximum	\$11,600 / \$900 / \$9,800	\$0	N/A \$7,200	
	Family Out-of-pocket maximum	\$9,600 \$19,600		\$14,400	
	HSA plan: Self-only coverage deductible	N/A		\$7,200	
	HSA family plan: Individual deductible	N/A		\$7,200	
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		0%	Х
Health care	Other practitioner office visit	\$60		0%	×
provider's office or clinic		φου	After 1st three non-		
visit	Specialist visit	\$95	preventive visits	0%	X
	Preventive care/ screening/ immunization	No charge		No charge	
	Laboratory Tests	\$50		0%	X
Tests	X-rays and Diagnostic Imaging	40%	X	0%	X
	Imaging (CT/PET scans, MRIs)	40%	X	0%	X
	Tier 1	\$20		0%	×
	Tier 2	40% up to \$500 per script after	Pharmacy	0%	X
Drugs to treat illness or		pharmacy deductible	Deductible		^
condition	Tier 3	40% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	0%	X
	Tier 4	40% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	0%	X
	Surgery facility fee (e.g., ASC)	40%	×	0%	X
Outpatient	Physician/surgeon fees	40%	×	0%	X
services	Outpatient visit	40%	×	0%	×
	Emergency room facility fee (waived if admitted)	40%	×	0%	X
	Emergency room physician fee (waived if admitted)	No charge		0%	×
Need	Medical transportation (including emergency and non-emergency)	40%	X	0%	×
immediate attention	Medical transportation (including emergency and non-emergency)	40%	^	076	^
attention	Urgent care	\$60		0%	×
	organic data	φου		070	^
	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	40%	×	0%	X
Hospital stay	Physician/surgeon fee	40%	×	0%	×
		1073	,		, , , , , , , , , , , , , , , , , , ,
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	\$60		0%	X
health, or substance	Mental/behavioral health and substance use disorder other outpatient				
abuse needs	items and services	\$60		0%	X
Pregnancy	Prenatal care and preconception visits	No charge		No charge	
	Home health care (cost share per visit)	40%	×	0%	X
Help	Outpatient Rehabilitation and Habilitation services	\$60		0%	x
recovering or other special	Skilled nursing care	40%	×	0%	×
health needs	Durable medical equipment	40%	×	0%	X
	Hospice service	No charge		0%	×
	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	····· <del>y -</del>		95	
	Preventive - Cleaning				
Child Dental	Preventive - X-ray				
Diagnostic and	Sealants per Tooth	Not Covered		Not Covered	
Preventive					
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental Basic Services	Restorative Procedures	Not Covered		Not Covered	
Daoio Odi Vices	Periodontal Maintenance Services				
	Crowns and Casts				
Child Dental	Endodontics				
Major Services	Periodontics (other than maintenance)	Not Covered		Not Covered	
3.1.300	Prosthodontics				
	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	

9.5 EHB

ember dest enare	amounts describe the Enrollee's out of pocket costs.	Catasi	rophic Plan
otuarial Value - A	V Coloulator		
ctuarial Value - A	V Calculator Plan design includes a deductible?	Vec	integrated
	Integrated Individual deductible		50 integrated
Integrated Family deductible			00 integrated
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental		N/A
	Family deductible, NOT integrated: Medical / Pharmacy / Dental		N/A
	Individual Out-of-pocket maximum	\$	10,150
	Family Out-of-pocket maximum	\$	20,300
	HSA plan: Self-only coverage deductible		N/A
	HSA family plan: Individual deductible		N/A
Common Medical Event	Service Type	Member Cost Share	Deductible Applie
Health care	Primary care visit to treat an injury, illness, or condition	0%	After 1st three no preventive visits
provider's office or clinic	Other practitioner office visit	0%	After 1st three no preventive visits
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%	X
	Tier 1	0%	х
Drugs to treat	Tier 2	0%	X
illness or condition	Tier 3	0%	X
	Tier 4	0%	X
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
	Emergency room physician fee (waived if admitted)	No charge	
Need immediate	Medical transportation (including emergency and non-emergency)	0%	X
attention	Urgent care	0%	After 1st three no preventive visit
	Facility fee (e.g. hospital room) for inpatient stay (including labor and		
Hospital stay	delivery, mental health, and substance use)  Physician/surgeon fee	0% 0%	×
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	0%	After 1st three no
health, or substance	Mental/behavioral health and substance use disorder other outpatient	00/	·
abuse needs	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 other special	Skilled nursing care	0%	X
health needs	Durable medical equipment	0%	X
	Hospice service	0%	X
Child eye care	Eye exam	No charge	
omia eye 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	
1010111110	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental	Restorative Procedures	Not Cover	
Basic Services	Periodontal Maintenance Services	Not Covered	
	Crowns and Casts		
Ohiid B	Endodontics		
Child Dental Major	Periodontics (other than maintenance)	Not Covered	
Services	Prosthodontics		
	Oral Surgery		
Child	Medically necessary orthodontics	Not Covered	

Oral Surgery

Medically necessary orthodontics

Not Covered

Child

Orthodontics

-	nefits and Coverage amounts describe the Enrollee's out of pocket costs.	Catastrophic Plan (MAIR June 20		
	·		2025)	
ctuarial Value - A		Vac	intograted	
	Plan design includes a deductible?  Integrated Individual deductible		integrated	
	Integrated Family deductible			
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental			
	Family deductible, NOT integrated: Medical / Pharmacy / Dental		N/A	
	Individual Out-of-pocket maximum	<del>\$10,1</del>	<del>50</del> <u>\$10,600</u>	
	Family Out-of-pocket maximum		<del>00</del> <u>\$21,200</u>	
	HSA plan: Self-only coverage deductible  HSA family plan: Individual deductible		N/A N/A	
Common		Member Cost		
Medical Event	Service Type	Share	Deductible Applie	
Health care	Primary care visit to treat an injury, illness, or condition	0%	After 1st three no preventive visit	
provider's	Other practitioner office visit	0%	After 1st three no preventive visit	
office or 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	
	i lei i	U%	^	
Drugs to treat	Tier 2	0%	X	
illness or condition	Tier 3	0%	X	
	Tier 4	0%	X	
Outpatient	Surgery facility fee (e.g., ASC)	0%	X	
services	Physician/surgeon fees	0%	Х	
	Outpatient visit	0%	X	
	Emergency room facility fee (waived if admitted)	0%	X	
	Emergency room physician fee (waived if admitted)	No charge		
Need immediate	Medical transportation (including emergency and non-emergency)	0%	Х	
attention	Urgent care	0%	After 1st three no	
	Facility for (a.g. bookital room) for impations atom (including labor and			
Hospital stay	Facility fee (e.g. hospital room) for inpatient stay (including labor and delivery, mental health, and substance use)	0%	X	
, , , , , , , , , , , , , , , , , , ,	Physician/surgeon fee	0%	X	
Mental health, behavioral	Mental/behavioral health and substance use disorder outpatient office visits	0%	After 1st three n	
health, or substance	Mental/behavioral health and substance use disorder other outpatient	00/	V	
abuse needs	items and services	0%	X	
Pregnancy	Prenatal care and preconception visits	No charge		
	Home health care (cost share per visit)	0%	X	
Help	Outpatient Rehabilitation and Habilitation services	0%	Х	
recovering or other special	Skilled nursing care	0%	Х	
health needs	Durable medical equipment	0%	X	
	Hospice service	0%	X	
Child eye care	Eye exam	No charge		
omic eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	0%	Х	
	Oral Exam			
OL 1117	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	Restorative Procedures	Not Covered		
Basic Services	Periodontal Maintenance Services	140t Govereu		
	Crowns and Casts			
Child Dental	Endodontics			
Major Services	Periodontics (other than maintenance)	Not Covered		
	Prosthodontics			

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Summary of Benefits and Coverage					
Member Cost Share	e amounts describe the Enrollee's out of pocket costs.	CA Enh CSR Silver 94 Plan 100%-150% FPL		CA Enh CSR Silver 87 Plan 150%-200% FPL	
		100 /0-130 /0 11 L		130 /0-200 /0 1 1 L	
Actuarial Value - AV Calculator		95.4%		89.6%	
Plan design includes a deductible?		No		No	
Integrated Individual deductible		N/A		N/A	
Integrated Family deductible		N/A		N/A	
	Individual deductible, NOT integrated: Medical / Pharmacy / Dental	\$0 / \$0	/ \$0	\$0 / \$0 / \$0	
	Family deductible, NOT integrated: Medical / Pharmacy / Dental		/ \$0	\$0 / \$0 / \$0	
	Individual Out–of–pocket maximum	\$1,15	0	\$3,000	
	Family Out-of-pocket maximum			\$6,000	
HSA plan: Self-only coverage deductible		N/A N/A		N/A N/A	
	HSA family plan: Individual deductible			IV/A	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health care	Primary care visit to treat an injury, illness, or condition	\$5		\$15	
provider's	Other practitioner office visit	\$5		\$15	
office or clinic visit	Specialist visit	\$8		\$25	
Violi	Preventive care/ screening/ immunization				
	•	No charge \$8		No charge \$20	
Tools	Laboratory Tests				
Tests	X-rays and Diagnostic Imaging	\$8		\$40	
	Imaging (CT/PET scans, MRIs)	\$50		\$100	
	Tier 1	\$3		\$5	
Drugs to treat	Tier 2	\$10		\$25	
illness or condition	Tier 3	\$15		\$45	
		10% up to \$150 per			
	Tier 4	script		15% up to \$150 per script	
	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	Medical transportation (including emergency and non-emergency)	\$30		\$75	
immediate attention					
	Urgent care	\$5		\$15	
	Facility fee (e.g. hospital room) for inpatient stay (including labor and	10%		20%	
Hospital stay	delivery, mental health, and substance use)  Physician/surgeon fee	10%		20%	
		1076		2070	
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%		20%	
other special health needs	Durable medical equipment	10%		15%	
	Hospice service	No charge		No charge	
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 and Preventive	Preventive - X-ray	Not Covered		Not Covered	
	Sealants per Tooth				
	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental Basic Services	Restorative Procedures	Not Covered		Not Covered	
	Periodontal Maintenance Services	5576764		,	
	Crowns and Casts				
Child Dental	Endodontics				
Major	Periodontics (other than maintenance)	Not Covered		Not Covered	
Services	Prosthodontics				
	Oral Surgery				
Child Orthodontics	Medically necessary orthodontics	Not Covered		Not Covered	
Stanodomacs					

lember Cost Share	amounts describe the Enrollee's out of pocket costs.	CA Enh CSR Silver 73 Above 200% FPL		
otu oriel 17-1	V Coloulator	00.40/		
ctuarial Value - A		80.4%		
	Plan design includes a deductible?  No			
Integrated Individual deductible  Integrated Family deductible			N/A N/A	
Individual deductible, NOT integrated: Medical / Pharmacy / Dental		\$0 / \$0 / \$0		
	Family deductible, NOT integrated: Medical / Pharmacy / Dental \$0 / \$0 / \$0			
	Individual 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	Service Type	Member Cost Share	Deductible Applies	
	Primary care visit to treat an injury, illness, or condition	\$35		
Health care provider's	Other practitioner office visit	\$35		
office or clinic visit	Specialist visit	\$85		
	Preventive care/ screening/ immunization	No charge		
	Laboratory Tests	\$50		
Tests	X-rays and Diagnostic Imaging	\$95		
	Imaging (CT/PET scans, MRIs)	\$325		
	Tier 1	\$15		
Drugs to treat	Tier 2	\$55		
illness or condition	Tier 3	\$85		
	Tier 4	20% up to \$250 per script		
Outpatient	Surgery facility fee (e.g., ASC)	30%		
services	Physician/surgeon fees	30%		
	Outpatient visit	30%		
	Emergency room facility fee (waived if admitted)	\$350		
	Emergency room physician fee (waived if admitted)	No charge		
Need immediate	Medical transportation (including emergency and non-emergency)	\$250		
attention				
	Urgent care	\$35		
	Facility fee (e.g. hospital room) for inpatient stay (including labor and			
Hospital stay	delivery, mental health, and substance use)	30%		
,	Physician/surgeon fee	30%		
Mental health,	Mental/behavioral health and substance use disorder outpatient office	\$35		
behavioral health, or	visits	ΨΟΟ		
substance abuse needs	Mental/behavioral health and substance use disorder other outpatient items and services	\$35		
Pregnancy	Prenatal care and preconception visits	No charge		
ognancy	Home health care (cost share per visit)	\$40		
Help recovering or	Outpatient Rehabilitation and Habilitation services	\$35		
other special	Skilled nursing care	30%		
health needs	Durable medical equipment	20%		
	Hospice service	No charge		
Ob. 11	Eye exam	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			
Child Dental Diagnostic and	·	Not Covered		
Diagnostic and	Sealants per Tooth	Not Covered		
Diagnostic and	Sealants per Tooth  Topical Fluoride Application	Not Covered		
Diagnostic and Preventive	Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed	Not Covered		
Diagnostic and Preventive Child Dental	Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Restorative Procedures	Not Covered		
Diagnostic	Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Restorative Procedures  Periodontal Maintenance Services			
Diagnostic and Preventive  Child Dental	Sealants per Tooth  Topical Fluoride Application  Space Maintainers - Fixed  Restorative Procedures  Periodontal Maintenance Services  Crowns and Casts			
Diagnostic and Preventive  Child Dental Basic Services  Child Dental	Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics	Not Covered		
Diagnostic and Preventive  Child Dental Basic Services	Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics Periodontics (other than maintenance)			
Diagnostic and Preventive  Child Dental Basic Services  Child Dental Major	Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Crowns and Casts Endodontics	Not Covered		

#### **Endnotes to Covered California 2026 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 2026 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, and glasses (or contact lenses in lieu of glasses) under Child Eye Care.
- 12) A health plan benefit design that utilizes the child dental standard benefit copay design must adhere to the Covered California 2026 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:

Tier	Definition
1	Most generic drugs and low cost preferred brands.
2	1) Non-preferred generic drugs;
	2) Preferred brand name drugs; and
	Any other drugs recommended by the plan's
	pharmaceutical and therapeutics (P&T) committee based on
	drug safety, efficacy and cost.
3	1) Non-preferred brand name drugs or;
	2) Drugs that are recommended by P&T committee based
	on drug safety, efficacy and cost or;
	Generally have a preferred and often less costly
	therapeutic alternative at a lower tier.
4	1) Drugs that the Food and Drug Administration (FDA) or
	drug manufacturer requires to be distributed through
	specialty pharmacies;
	2) Drugs that require the enrollee to have special training or
	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 2026 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.