



2015 Health Insurance Benefits and Rates

2015 STANDARD BENEFIT DESIGN BY METAL TIER								
Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	Gold	Platinum
Percent of cost coverage	Covers 0% until deductible is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$22,981 to \$28,725 (>200% to ≤250% FPL)	\$17,236 to \$22,980 (>150% to ≤200% FPL)	up to \$17,235 (≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Vist	after first 3 non-preventive visits, pay negotiated carrier rate per instance until deductible is met	\$60 for first 3 non-preventive visits	\$45	\$40	\$15	\$3	\$30	\$20
Specialist Visit	pay negotiated carrier rate per service until deductible is met	\$70	\$65	\$50	\$20	\$5	\$50	\$40
Emergency Room		\$300	\$250	\$250	\$75	\$25	\$250	\$150
Laboratory Tests		30%	\$45	\$40	\$15	\$3	\$30	\$20
X-Rays and Diagnostics		30%	\$65	\$50	\$20	\$5	\$50	\$40
Imaging		30%	20%	20%	15%	10%	20%	10%
Preferred Drugs <i>(after drug deductible, if any)</i>		\$50	\$50	\$35	\$15	\$5	\$50	\$15
Generic Drugs		\$15 or less	\$15 or less	\$15 or less	\$5	\$3	\$15 or less	\$5 or less
Annual Out-of-Pocket Maximum Individual and Family	\$6,600 individual only	\$6,250 individual \$12,500 family	\$6,250 individual \$12,500 family	\$5,200 individual \$10,400 family	\$2,250 individual \$4,500 family	\$2,250 individual \$4,500 family	\$6,250 individual \$12,500 family	\$4,000 individual \$8,000 family