

# 2024 QHP Standardized Plan Designs

Plan Feature/ Service <i>Note: “Deductible then...” means the member must first meet the plan’s deductible; then, the member pays only the copay as listed for in-network services.</i>		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,850	\$3,600
		\$0	\$0	\$4,000	\$4,000	\$5,700	\$7,200
Annual Deductible – Medical		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	\$6,000	\$9,450	\$7,050	\$9,450	\$8,000
		\$6,000	\$12,000	\$18,900	\$14,100	\$18,900	\$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$30	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room		\$150	\$350	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Durable Medical Equipment		20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services		\$0	\$25	Deductible then \$25	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging		\$150	\$250	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$30	\$30	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$60	\$55	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$90	Deductible then \$75	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$60	\$60	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$120	\$110	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$270	Deductible then \$225	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator		90.35 percent	81.62%	71.82%	71.66 percent	64.74 percent	64.98 percent