

2021 Individual Plans

Benefits Highlights

HEALTHYPREFERRED

HEALTHYPREMIER

	GOLD COPAY	SILVER 2300	SILVER COPAY	SILVER COPAY (OFF)	BRONZE 3 COPAY	BRONZE HSA	EXPANDED BRONZE	EXPANDED BRONZE HSA
FEATURES								
Annual Deductible (individual/family)	\$1,500/\$3,000	\$2,300/\$4,600	\$3,500/\$7,000	\$4,500/\$9,000	\$7,800/\$15,600	\$7,000/\$14,000	\$5,650/\$11,300	\$5,750/\$11,500
Prescription Drug Deductible (individual/family)	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	Included with MD	Included with MD	Included with MD	\$1,650/\$3,300	Included with MD
Annual Out-of-Pocket Maximum (individual/family)	\$7,000/\$14,000	\$8,300/\$16,600	\$8,000/\$16,000	\$8,150/\$16,300	\$8,550/\$17,100	\$7,000/\$14,000	\$8,550/\$17,100	\$7,000/\$14,000
BENEFITS								
Emergency and Urgent Care								
Emergency Room	\$200 copay AD	\$600 copay AD	\$500 copay AD	\$500 copay AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Urgent Care	\$25 copay DW	\$35 copay DW	\$30 copay DW	\$30 copay DW	\$45 copay/ first 3 visits then 40% AD	0% Co AD	\$50 copay DW	\$30 copay AD
Office Visits								
Preventive Care/Screening/Immunizations/Well-Child Visits/Family Planning	No Charge							
Primary Care	\$25 copay DW	\$35 copay DW	\$30 copay DW	\$30 copay DW	\$45 copay/ first 3 visits then 40% AD	0% Co AD	\$50 copay DW	\$30 copay AD
Mental Health/Substance Abuse Services	\$25 copay DW	\$35 copay DW	\$30 copay DW	\$30 copay DW		0% Co AD	\$50 copay DW	\$30 copay AD
Specialty Care	\$40 copay DW	\$60 copay DW	\$75 copay DW	\$75 copay DW	40% Co AD	0% Co AD	\$80 copay AD	\$50 copay AD
Other Practitioner Care	\$40 copay DW	\$60 copay DW	\$75 copay DW	\$75 copay DW	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Habilitative Care	20% Co AD	\$60 copay AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Rehabilitative Care	20% Co AD	\$60 copay AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Vision Services								
Adult Annual Routine Vision Exam	No Charge							
Pediatric Vision Exam	No Charge							
Corrective Lenses	No Charge					0% Co AD	No Charge	0% Co AD
Prescription Drugs								
Formulary Generic Drugs	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$30 copay DW	0% Co AD	\$30 copay DW	35% Co AD
Formulary Preferred Brand Drugs	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$45 copay DW	0% Co AD	\$50 copay DW	35% Co AD
Formulary Non Preferred Brand Drugs	50% Co AD	25% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	50% Co AD	35% Co AD
Specialty Drugs	25% Co AD	50% Co AD	25% Co AD	25% Co AD	40% Co AD	0% Co AD	25% Co AD	35% Co AD
Outpatient Hospital / Facility Services								
Laboratory Services	20% Co AD	50% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Radiology Services	20% Co AD	50% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Specialized Scanning Services (CT, MRI, PET Scans)	20% Co AD	50% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Medical / Surgical Services	20% Co AD	50% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Inpatient Hospital Services								
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	20% Co AD	50% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Hospice Care	20% Co AD	50% Co AD	40% Co AD	40% Co AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Transportation Assistance								
Emergency Transportation - Ambulance	\$250 copay/ trip AD	50% Co AD	\$250 copay/ trip AD	\$250 copay/ trip AD	40% Co AD	0% Co AD	50% Co AD	35% Co AD
Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments	Not Covered							
SUPPLEMENTAL BENEFITS								
MD Live 24/7 Telehealth	No Charge					0% Co AD	No Charge	0% Co AD
Virtual Visits - Instant Online Care	No Charge					0% Co AD	No Charge	0% Co AD
24-Hour Nurse Line	No Charge							
U Baby Care - Prenatal & Postnatal Care								
Tobacco Counseling, Smoking Cessation Program								

2021 Individual Plans

Cost Sharing Reduction (CSR) Plans

HEALTHY PREFERRED

HEALTHY PREMIER

Plans available through Marketplace Only	SILVER COPAY 73% CSR	SILVER COPAY 87% CSR	SILVER COPAY 94% CSR	SILVER 2300 73% CSR	SILVER 2300 87% CSR	SILVER 2300 94% CSR
FEATURES						
Annual Deductible (<i>individual/family</i>)	\$3,000/\$6,000	\$400/\$800	\$0/\$0	\$2,300/\$4,600	\$400/\$800	\$0/\$0
Prescription Drug Deductible (<i>individual/family</i>)	\$500/\$1,000	\$150/\$300	\$0/\$0	\$500/\$1,000	\$200/\$400	\$0/\$0
Annual Out-of-Pocket Maximum (<i>individual/family</i>)	\$6,550/\$13,100	\$2,850/\$5,700	\$1,600/\$3,200	\$6,500/\$13,000	\$2,850/\$5,700	\$1,500/ \$3,000
BENEFITS						
Emergency and Urgent Care						
Emergency Room	\$250 copay AD	\$250 copay AD	\$100 copay AD	\$500 copay AD	\$250 copay AD	\$100 copay AD
Urgent Care	\$30 copay DW	\$10 copay DW	\$10 copay DW	\$30 copay DW	\$20 copay DW	\$10 copay DW
Office Visits						
Preventive Care/Screening/Immunizations/ Well-Child Visits/Family Planning	No Charge					
Primary Care	\$30 copay DW	\$10 copay DW	\$10 copay DW	\$30 copay DW	\$20 copay DW	\$10 copay DW
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Specialty Care	\$60 copay DW	\$30 copay DW	\$20 copay DW	\$60 copay DW	\$35 copay DW	\$15 copay DW
Other Practitioner Care	\$60 copay DW	\$30 copay DW	\$20 copay DW	\$60 copay DW	\$35 copay DW	\$15 copay DW
Habilitative Care	30% Co AD	25% Co AD	10% Co AD	\$60 copay AD	\$35 copay AD	\$15 copay AD
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Pediatric Vision Exam & Corrective Lenses	No Charge					
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Specialty Drugs	25% Co AD	20% Co AD	20% Co AD	50% Co AD	25% Co AD	15% Co AD
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Tobacco Counseling, Smoking Cessation Program	No Charge					

AD = After Deductible, Co AD = Coinsurance After Deductible, DW = Deductible Waived

The 2021 Benefit Highlights is intended to be a summary of coverage benefits that lists some features of our plan, and does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please refer to each plans SBC for more details.
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