

DEPARTMENT OF REGULATORY AGENCIES

Division of Insurance

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LIFE, ACCIDENT AND HEALTH

Emergency Regulation 21-E-16

CONCERNING COLORADO OPTION STANDARDIZED HEALTH BENEFIT PLAN

Section 1	Authority
Section 2	Scope and Purpose
Section 3	Applicability
Section 4	Definitions
Section 5	Colorado Option Standardized Health Benefit Plan
Section 6	Incorporation by Reference
Section 7	Severability
Section 8	Enforcement
Section 9	Effective Date
Section 10	History
Appendix A	2023 Standard Gold, Silver and Bronze Plan

Section 1 Authority

This emergency regulation is promulgated and adopted by the Commissioner of Insurance under the authority of §§ 10-1-108(7), 10-1-109(1), 10-16-109, 10-16-1304(1), and 10-16-1312, C.R.S.

Section 2 Scope and Purpose

The purpose of this emergency regulation is to establish rules for the required Colorado Option standardized bronze, silver, and gold health benefit plans to be offered by all carriers offering individual and small group health benefits plans issued or renewed on or after January 1, 2023. The individual market standardized plan shall be offered On-Exchange.

The Division of Insurance finds, pursuant to § 24-4-103(6)(a), C.R.S., that immediate adoption of this regulation is imperatively necessary to comply with state law and for the preservation of public health, safety or welfare to allow carriers sufficient time to implement their 2023 Colorado Option standardized plans. HB21-1232 was signed into law by the Governor on June 16, 2021; the law requires a robust stakeholder process to create the standardized plan, which began in July and will continue through at least November 2021. The Division's stakeholder process has included several sessions to identify the unique concerns of the specific groups identified by the legislature in §10-16-1304(1)(d)(I), C.R.S. The length and depth of the Division's stakeholder process has made it impossible to conform with the requirements of § 24-4-103, C.R.S., and the January 1, 2022 deadline to establish the plan mandated by § 10-16-1304(1), C.R.S. Moreover, the Division is concerned about carriers' ability to develop and implement their standardized plans within the constrained timeline afforded by the bill. By May 1, 2022, a carrier shall also notify the Division of any reason it cannot offer a standardized plan at the premium rate target for 2023, pursuant to § 10-16-1306(2), C.R.S. Therefore, because the Division must ensure an adequate stakeholder process and must allow carriers adequate time to implement their standardized plans, as well as meet all required deadlines, compliance with the requirements of § 24-4-103, C.R.S., would be contrary to the public interest.

Section 3 Applicability

This regulation applies to all carriers offering individual and small group health benefit plans subject to the individual and group laws of Colorado and the requirements of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat. 119 (2010) and the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010), together referred to as the “Affordable Care Act” (ACA).

Section 4 Definitions

- A. “Actuarial value” and “AV” means, for the purposes of this regulation, the percentage of total average costs for covered benefits that a plan will cover, with calculations based on the provision of essential health benefits to a standard population.
- B. “Behavioral, mental health, and substance use disorder” shall have the same meaning as found at § 10-16-104(5.5)(d), C.R.S.
- C. “Carrier” shall have the same meaning as found at § 10-16-102(8), C.R.S.
- D. “Encounter” means, for the purposes of this regulation, an episode defined by an interaction between a healthcare provider and the subject of care in which healthcare-related activities take place.
- E. “Essential health benefits” and “EHB” shall have the same meaning as found at § 10-16-102(22), C.R.S.
- F. “Federal law” shall have the same meaning as found at § 10-16-102(29), C.R.S.
- G. “Health benefit plan” shall have the same meaning as found at § 10-16-102(32), C.R.S.
- H. “Network” shall have the same meaning as found at § 10-16-102(45), C.R.S.
- I. “Preventive drug” means, for the purposes of this regulation, drugs designated as preventive under state or federal law.
- J. “Provider” shall have the same meaning as found at § 10-16-102(56), C.R.S.
- K. “Standardized plan” shall have the same meaning as found at §10-16-1303(14), C.R.S.

Section 5 Colorado Option Standardized Health Benefit Plan

- A. Carriers offering a standardized plan required under §10-16-1304 shall:
 - 1. Use the following naming conventions:
 - a. For all metal tier plans: “[Name of Carrier] Colorado Option [Metal Tier].” The name of the carrier may be shortened to an easily identifiable acronym that is commonly used by the carrier in consumer facing publications.
 - b. For silver cost-sharing reduction variant plans: “[Name of Carrier] Colorado Option Silver [% AV value].” The name of the carrier may be shortened to an easily identifiable acronym that is commonly used by the carrier in consumer facing publications.

2. Include a service area or network identifier in the plan name if the plan is not offered on a statewide basis with a statewide network.
- B. Coverage must be provided in a manner consistent with the requirements of:
1. The Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat. 119 (2010) and the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010), together referred to as the “Affordable Care Act” (ACA).
 2. Article 16 of Title 10 of the Colorado Revised Statutes, as applicable to individual and small group health benefit plans, including but not limited to:
 - a. §§ 10-16-1304, 10-16-1305, 10-16-1306, C.R.S.
 - b. §§ 10-16-104(5.5) and 10-16-147, C.R.S and the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) as defined at § 10-16-102(43.5) C.R.S.
 - (1) Carriers shall submit filings required by Section 9 of Colorado Regulation 4-2-64 no later than April 1.
 - (2) If it is determined that a carrier's standardized plan does not comply with MHPAEA, the Division will make the minimum adjustments necessary to the cost sharing structure in the standardized plan to meet the requirements of MHPAEA.
 3. United States Preventive Services Task Force A and B recommendations, Advisory Committee on Immunization Practices, and/or changes published by the Health Resources and Services Administration (HRSA) summarized in Bulletin B-4.083.
- C. As part of the ACA annual filings process, standardized plans must be consistent with Colorado Regulations and guidance regarding rate and form filings, including but not limited to Colorado Regulations 4-2-39, 4-2-41, and 4-2-64.
- D. Coverage must provide essential health benefits as defined in Colorado Regulation 4-2-42. Carriers are not permitted to add benefits outside of those outlined in Colorado Regulation 4-2-42. Carriers must follow the defined cost-sharing requirements for the benefits listed in Appendix A. Carriers may vary cost-sharing amounts for essential health benefits not listed in Appendix A.
- E. The Colorado Option standardized bronze, silver, and gold plans must include the following coverage:
1. Mental health, behavioral health and substance use disorder visits and primary care visits in accordance with the cost-sharing requirements contained in Appendix A.
 2. Prenatal and postnatal visits in accordance with the cost-sharing requirements contained in Appendix A.
 - a. Carriers utilizing a global billing structure for pregnancy-related care shall account for the cost sharing outlined in the standard benefit plan in the global billing fee structure.
 - b. Home visits shall be considered a covered postnatal care visit, subject to the cost-sharing for “prenatal and postnatal visits” contained in Appendix A.

3. Carrier formularies shall have five drug tiers defined as follows and that allow copay only cost sharing:
 - a. Tier 1: Preventive Care Drugs
 - b. Tier 2: Generic Drugs
 - c. Tier 3: Preferred Brand Drugs
 - d. Tier 4: Non-Preferred Brand Drugs
 - e. Tier 5: Specialty Drugs
4. Consistent with existing coverage requirements, carriers must provide the following:
 - a. Carriers must include the "Colorado QuitLine" as part of covered tobacco cessation programs;
 - b. When outpatient education for prediabetes is recommended by a provider , carriers must include a program recognized by the National (CDC) Diabetes Prevention Program as part of diabetes prevention coverage.
5. The laboratory test cost-share shall be applied on a per encounter basis. For plans with a copay for laboratory tests, the enrollee's cost-share may be less than the specified copay, but a carrier may not impose a greater cost-share than the amounts provided in Appendix A

Section 6 Incorporation by Reference

The age-appropriate immunization and vaccine schedules as recommended by the Advisory Committee on Immunization Practices, as published by the Advisory Committee on Immunization Practices shall mean age-appropriate immunization and vaccine schedules as published on the effective date of this regulation and do not include later amendments to, or editions of, the age-appropriate immunization and vaccine schedules. The age-appropriate immunization and vaccine schedules as recommended by the Advisory Committee on Immunization Practices may be examined during regular business hours at the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, Colorado 80202 or by visiting the Advisory Committee on Immunization Practices website at <http://www.cdc.gov/vaccines/schedules/hcp/index.html>. Certified copies of the age-appropriate immunization and vaccine schedules as recommended by the Advisory Committee on Immunization Practices are available from the Colorado Division of Insurance for a fee.

The USPSTF A and B Recommendations, published by the United States Preventive Services Task Force shall mean the USPSTF A and B Recommendations, as published on the effective date of this regulation and does not include later amendments to, or editions of, the USPSTF A and B Recommendations. The USPSTF A and B Recommendations may be examined during regular business hours at the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, Colorado 80202 or by visiting the United States Preventive Services Task Force website at <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>. Certified copies of the USPSTF A and B Recommendations are available from the Colorado Division of Insurance for a fee.

The women's preventive service guidelines, published by the Health Resources and Services Administration shall mean the women's preventive service guidelines published by the Health Resources and Services Administration, as published on the effective date of this regulation and does not include later amendments to, or editions of the women's preventive service guidelines published by the Health

Resources and Services Administration. The women's preventive service guidelines published by the Health Resources and Services Administration may be examined during regular business hours at the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, Colorado 80202 or by visiting the Health Resources and Services Administration website at <https://www.hrsa.gov/womens/guidelines/index.html>. Certified copies of the women's preventive service guidelines, published by the Health Resources and Services Administration are available from the Colorado Division of Insurance for a fee.

Section 7 Severability

If any provision of this regulation or the application of it to any person or circumstance is for any reason held to be invalid, the remainder of this regulation shall not be affected.

Section 8 Enforcement

Noncompliance with this regulation may result in the imposition of any of the sanctions made available in the Colorado statutes pertaining to the business of insurance, or other laws, which include the imposition of civil penalties, issuance of cease and desist orders, and/or suspensions or revocation of license, subject to the requirements of due process.

Section 9 Effective Date

This emergency regulation shall become effective on January 1, 2022.

Section 10 History

This emergency regulation shall become effective January 1, 2022.

Appendix A

This Appendix outlines the Standardized Plan designs across the Gold, Silver and Bronze metal tiers. The column “Deductible Applies” refers to the cost share amount paid by the consumer after their deductible is met. The “x” in the “Deductible Applies” column indicates that a consumer is expected to meet their deductible prior to paying the cost share amount listed in the “Member Cost Share (In Network)” column

Gold Standardized Plan 2023

Actuarial Value			79.2%
Individual Deductible (Combined Medical & Drug)			\$1,500
Individual Out-of-Pocket Maximum			\$7,700
Family Deductible			\$3,000
Family Out-of-Pocket Maximum			\$15,400
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$0, unlimited	
	Specialist visit	\$50	
Pregnancy	Prenatal and postnatal visits	\$0	
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	\$0, unlimited	
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	30%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	30%	X
Tests	Laboratory tests	\$25	
	X-rays and diagnostic imaging	30%	X

	Advanced Imaging/Radiology (CT/PET scans, MRI)	30%	X
Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$10	
	Tier 3: Preferred brand Drugs	\$50	
	Tier 4: Non-preferred brand Drugs	\$200	
	Tier 5: Specialty Drugs	\$600	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	30%	X
	Physician/Surgical Services	30%	X
Need Immediate Attention	Urgent care centers or facilities	\$50	
	Emergency room services	30%	X
	Emergency medical transportation (ambulance)	30%	X
Hospital Stay	Inpatient Hospital services	30%	X
	Inpatient Physician and Surgical Services	30%	X
	Inpatient Rehabilitation Services	30%	X
	Inpatient Habilitation Services	30%	X
Help recovering or other health needs	Durable medical equipment ¹	30%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

Silver Standardized Plan 2023

Actuarial Value			68.8%
Individual Deductible (Combined Medical & Drug)			\$5,000
Individual Out-of-Pocket Maximum			\$8,550
Family Deductible			\$10,000
Family Out-of-Pocket Maximum			\$17,100
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$0, unlimited	
	Specialist visit	\$80	
Pregnancy	Prenatal and postnatal visits	\$0	
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	\$0, unlimited	
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	40%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	40%	X
Tests	Laboratory tests	\$45	
	X-rays and diagnostic imaging	40%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	40%	X
Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$20	

	Tier 3: Preferred brand Drugs	\$125	
	Tier 4: Non-preferred brand Drugs	\$300	
	Tier 5: Specialty Drugs	\$650	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	40%	X
	Physician/Surgical Services	40%	X
Need Immediate Attention	Urgent care centers or facilities	\$80	
	Emergency room services	40%	X
	Emergency medical transportation (ambulance)	40%	X
Hospital Stay	Inpatient Hospital services	40%	X
	Inpatient Physician and Surgical Services	40%	X
	Inpatient Rehabilitation Services	40%	X
	Inpatient Habilitation Services	40%	X
Help recovering or other health needs	Durable medical equipment ¹	40%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

Silver (73% AV) Standardized Plan 2023

Actuarial Value			73.2%
Individual Deductible (Combined Medical & Drug)			\$3,500
Individual Out-of-Pocket Maximum			\$6,950
Family Deductible			\$7,000
Family Out-of-Pocket Maximum			\$13,900
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$0, unlimited	
	Specialist visit	\$80	
Pregnancy	Prenatal and postnatal visits	\$0	
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	\$0, unlimited	
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	40%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	40%	X
Tests	Laboratory tests	\$45	
	X-rays and diagnostic imaging	40%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	40%	X
Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$10	

	Tier 3: Preferred brand Drugs	\$100	
	Tier 4: Non-preferred brand Drugs	\$300	
	Tier 5: Specialty Drugs	\$550	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	40%	X
	Physician/Surgical Services	40%	X
Need Immediate Attention	Urgent care centers or facilities	\$80	
	Emergency room services	40%	X
	Emergency medical transportation (ambulance)	40%	X
Hospital Stay	Inpatient Hospital services	40%	X
	Inpatient Physician and Surgical Services	40%	X
	Inpatient Rehabilitation Services	40%	X
	Inpatient Habilitation Services	40%	X
Help recovering or other health needs	Durable medical equipment ¹	40%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

Silver (87% AV) Standardized Plan 2023

Actuarial Value			87.1%
Individual Deductible (Combined Medical & Drug)			\$700
Individual Out-of-Pocket Maximum			\$2,800
Family Deductible			\$1,400
Family Out-of-Pocket Maximum			\$5,600
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$0, unlimited	
	Specialist visit	\$60	
Pregnancy	Prenatal and postnatal visits	\$0	
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	\$0, unlimited	
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	30%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	30%	X
Tests	Laboratory tests	\$35	
	X-rays and diagnostic imaging	30%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	30%	X
Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$0	

	Tier 3: Preferred brand Drugs	\$60	
	Tier 4: Non-preferred brand Drugs	\$120	
	Tier 5: Specialty Drugs	\$180	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	30%	X
	Physician/Surgical Services	30%	X
Need Immediate Attention	Urgent care centers or facilities	\$60	
	Emergency room services	30%	X
	Emergency medical transportation (ambulance)	30%	X
Hospital Stay	Inpatient Hospital services	30%	X
	Inpatient Physician and Surgical Services	30%	X
	Inpatient Rehabilitation Services	30%	X
	Inpatient Habilitation Services	30%	X
Help recovering or other health needs	Durable medical equipment ¹	30%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

Silver (94% AV) Standardized Plan 2023

Actuarial Value			94.3%
Individual Deductible (Combined Medical & Drug)			\$100
Individual Out-of-Pocket Maximum			\$800
Family Deductible			\$200
Family Out-of-Pocket Maximum			\$1,600
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$0, unlimited	
	Specialist visit	\$40	
Pregnancy	Prenatal and postnatal visits	\$0	
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	\$0, unlimited	
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	20%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	20%	X
Tests	Laboratory tests	\$25	
	X-rays and diagnostic imaging	20%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	20%	X
Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$0	

	Tier 3: Preferred brand Drugs	\$20	
	Tier 4: Non-preferred brand Drugs	\$40	
	Tier 5: Specialty Drugs	\$60	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	20%	X
	Physician/Surgical Services	20%	X
Need Immediate Attention	Urgent care centers or facilities	\$40	
	Emergency room services	20%	X
	Emergency medical transportation (ambulance)	20%	X
Hospital Stay	Inpatient Hospital services	20%	X
	Inpatient Physician and Surgical Services	20%	X
	Inpatient Rehabilitation Services	20%	X
	Inpatient Habilitation Services	20%	X
Help recovering or other health needs	Durable medical equipment ¹	20%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

Silver Off Exchange Standardized Plan 2023

Actuarial Value			68.8%
Individual Deductible (Combined Medical & Drug)			\$5,000
Individual Out-of-Pocket Maximum			\$8,550
Family Deductible			\$10,000
Family Out-of-Pocket Maximum			\$17,100
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$0, unlimited	
	Specialist visit	\$80	
Pregnancy	Prenatal and postnatal visits	\$0	
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	\$0, unlimited	
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	40%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	40%	X
Tests	Laboratory tests	\$45	
	X-rays and diagnostic imaging	40%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	40%	X
Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$20	

	Tier 3: Preferred brand Drugs	\$125	
	Tier 4: Non-preferred brand Drugs	\$300	
	Tier 5: Specialty Drugs	\$650	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	40%	X
	Physician/Surgical Services	40%	X
Need Immediate Attention	Urgent care centers or facilities	\$80	
	Emergency room services	40%	X
	Emergency medical transportation (ambulance)	45%	X
Hospital Stay	Inpatient Hospital services	40%	X
	Inpatient Physician and Surgical Services	40%	X
	Inpatient Rehabilitation Services	40%	X
	Inpatient Habilitation Services	40%	X
Help recovering or other health needs	Durable medical equipment ¹	40%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

Bronze Standardized Plan 2023

Actuarial Value			64.6%
Individual Deductible (Combined Medical & Drug)			\$7,000
Individual Out-of-Pocket Maximum			\$8,700
Family Deductible			\$14,000
Family Out-of-Pocket Maximum			\$17,400
Common Medical Event	Service Type	Member Cost Share (In Network)	Deductible Applies
Health Care Provider's Office or Clinic Visit	Preventive care/screening/immunization	\$0	
	Primary care visit or non-specialist practitioner visit to treat an injury or illness	First 3 visits \$0, then deductible, then \$50	X
	Specialist visit	50%	X
Pregnancy	Prenatal and postnatal visits	First 3 visits \$0, then deductible, then \$50	X
Mental/ Behavioral Health and Substance Use Needs	Mental/Behavioral Health and Substance Use Disorder Office Visit	First 3 visits \$0, then deductible, then \$50	X
	Mental/Behavioral Health and Substance Use Disorder Outpatient services	50%	X
	Mental/Behavioral Health and Substance Use Disorder Inpatient services	50%	X
Tests	Laboratory tests	50%	X
	X-rays and diagnostic imaging	50%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	50%	X

Drugs to treat Illness or Condition	Tier 1: Preventive Care Drugs	\$0	
	Tier 2: Generic Drugs	\$30	
	Tier 3: Preferred brand Drugs	\$200	
	Tier 4: Non-preferred brand Drugs	\$350	
	Tier 5: Specialty Drugs	\$700	
Outpatient Surgery	Facility Fee (e.g. Ambulatory Surgery Center)	50%	X
	Physician/Surgical Services	50%	X
Need Immediate Attention	Urgent care centers or facilities	50%	X
	Emergency room services	50%	X
	Emergency medical transportation (ambulance)	50%	X
Hospital Stay	Inpatient Hospital services	50%	X
	Inpatient Physician and Surgical Services	50%	X
	Inpatient Rehabilitation Services	50%	X
	Inpatient Habilitation Services	50%	X
Help recovering or other health needs	Durable medical equipment ¹	50%	X
	Diabetes Self-Management Education ²	\$5	

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no-cost sharing

² At a minimum 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis