

DEPARTMENT OF REGULATORY AGENCIES

Division of Insurance

3 CCR 702-4

LIFE, ACCIDENT AND HEALTH

Emergency Regulation 23-E-01

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	2024 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, 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, 2024.

The Division of Insurance finds, pursuant to § 24-4-103(6)(a), C.R.S., that immediate adoption of this emergency regulation is imperatively necessary to comply with state and federal law, including federal regulation, and for the preservation of public health, safety, or welfare and compliance with the requirements of § 24-4-103, C.R.S., would be contrary to the public interests. On December 12, 2022, the Department of Health and Human Services ("HHS") released the Draft 2024 Actuarial Value Calculator Methodology, pursuant to 45 C.F.R. 156.135(g). Carriers are required to use the 2024 Actuarial Value Calculator Methodology for benefit year 2024, pursuant to 45 C.F.R. 156.135(a). Carriers must also notify the Division of Insurance by March 1, 2023, whether they have achieved the premium rate reduction requirements for their 2024 standardized plans, pursuant to § 10-16-1306(2)(b), C.R.S. This Emergency Regulation implements the Draft 2024 Actuarial Value Calculator Methodology developed by HHS in order for carriers to develop and adjust their standardized plans in accordance with the requirements in Appendix A to ensure compliance with state law, including the March 1, 2023, notification deadline under § 10-16-1306(2)(b), C.R.S., and federal law.

Section 3 Applicability

This emergency 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 federal law.

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. "Colorado Plans and Benefits Template" or "Colorado PBT" means, for the purposes of this regulation, the Colorado-specific modified version of the Federal PBT for submission of plans offered through the Public Benefit Corporation.
- E. "Colorado Supplement to the Summary of Benefits and Coverage Form" or "COSSBC" shall have the same meaning as found at Colorado Insurance Regulation 4-2-20.
- F. "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.
- G. "Essential health benefits" and "EHB" shall have the same meaning as found at § 10-16-102(22), C.R.S.
- H. "Federal law" shall have the same meaning as found at § 10-16-102(29), C.R.S.
- I. "Federal Plans and Benefits Template" or "Federal PBT" means, for the purposes of this regulation, the Plans & Benefits Template created by the Centers for Medicare & Medicaid Services.
- J. "Health benefit plan" shall have the same meaning as found at § 10-16-102(32), C.R.S.
- K. "Network" shall have the same meaning as found at § 10-16-102(45), C.R.S.
- L. "Preventive drug" shall have the same meaning as found at Colorado Insurance Regulation 4-2-58.
- M. "Provider" shall have the same meaning as found at § 10-16-102(56), C.R.S.
- N. "Public Benefit Corporation" shall have the same meaning as found at § 10-16-1303(12), C.R.S.
- O. "Standardized plan" shall have the same meaning as found at §10-16-1303(14), C.R.S.
- P. "Summary of Benefits and Coverage Form" or "SBC" means, for the purposes of this regulation, the Summary of Benefits and Coverage Form created by the Centers for Medicare & Medicaid Services.

Section 5 Colorado Option Standardized Health Benefit Plan

- A. Carriers shall offer a standardized plan at the bronze, silver, and gold metal level tiers, as required under §10-16-1304, and shall:
 - 1. Offer the individual market Standardized Plans On-Exchange, and Off-Exchange through the Public Benefit Corporation.

2. Use the following naming conventions in the Federal PBT and Colorado PBT as well as all consumer facing material including the SBC, COSSBC, Evidence of Coverage, Certification of Coverage, and advertisements:
 - 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.
 3. Use the following naming conventions on identification cards:
 - a. For all metal tier plans: "CO Option [Metal Tier]."
 - b. For silver cost-sharing reduction variant plans: "CO Option Silver [% AV value]."
 4. 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. Federal law.
 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 financial requirements and quantitative treatment limitations, the Division will make the minimum adjustments necessary to the cost sharing structure in the standardized plan to meet these requirements.
 3. United States Preventive Services Task Force A and B recommendations, Advisory Committee on Immunization Practices, and the Women's Preventive Services Guidelines published by the Health Resources and Services Administration (HRSA).
- C. As part of the 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, 4-2-58 and 4-2-64.
- D. Carriers must file all Colorado Option plans on both the federal Plans and Benefits Template, as well as the Colorado Plans and Benefits Template.
- E. 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

except that carriers may include reproductive health services in addition to the benefits in Colorado Regulation 4-2-42, subject to approval by the Division of Insurance. 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.

- F. 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.
 - c. Prenatal and postnatal visits shall be combined in instances where a number of visits is specified in Appendix A.
 3. Carrier formularies:
 - a. Formularies shall have five drug tiers that allow copay only cost sharing:
 - (1) Tier 1: The prescription drug tier which consists of drugs used for preventive purposes.
 - (2) Tier 2: The prescription drug tier which consists of the lowest cost tier of prescription drugs, most are generic.
 - (3) Tier 3: The prescription drug tier which consists of medium-cost prescription drugs, most are generic, and some brand-name prescription drugs.
 - (4) Tier 4: The prescription drug tier which consists of the higher-cost prescription drugs, most are brand-name prescription drugs, and some specialty drugs.
 - (5) Tier 5: The prescription drug tier which consists of the highest-cost prescription drugs, most are specialty drugs.
 - b. Carriers may assign prescription drugs to one of the five tiers based on drugs usage, cost and clinical effectiveness so long as such classification remains in compliance with applicable Federal and Colorado state law requirements.
 - c. The cost-share amounts in Appendix A are for a 30-day supply of a prescription drug. A carrier may apply up to three times the cost-share amount for a 90-day supply.
 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.

Section 6 Incorporation by Reference

45 CFR 156.135 published by the Government Printing Office shall mean 45 CFR 156.135 as published on the effective date of this regulation and does not include later amendments to or editions of 45 CFR 156.135. A copy of 45 CFR 156.135 may be examined during regular business hours at the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, Colorado, 80202. A certified copy of 45 CFR 156.135 may be requested from the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202. A charge for certification or copies may apply. A copy may also be obtained online at www.ecfr.gov.

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 United States Preventive Services Task Force A and B Recommendations, published by the United States Preventive Services Task Force shall mean the United States Preventive Services Task Force A and B Recommendations, as published on the effective date of this regulation and does not include later amendments to, or editions of, the United States Preventive Services Task Force A and B Recommendations. The United States Preventive Services Task Force 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 United States Preventive Services Task Force 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/womensguidelines/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 February 15, 2023.

Section 10 History

This emergency regulation shall become effective February 15, 2023.

Appendix A

This Appendix outlines the Standardized Plan designs across the Gold, Silver and Bronze metal tiers. The column “Member Cost Share (In Network)” 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. If there is no “x” in the “Deductible Applies” column, this indicates that the cost-share is pre-deductible or first dollar coverage.

Standardized Silver Cost Sharing Reduction Plans (73% AV, 87% AV, and 94% AV) are only required to be offered in the individual, on-Exchange market.

Gold Standardized Plan 2024

Actuarial Value			78.9%
Individual Deductible (Combined Medical & Drug)			\$1,700
Individual Out-of-Pocket Maximum			\$8,700
Family Deductible			\$3,400
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	\$0, unlimited	
	Specialist visit	\$50	
Pregnancy	Prenatal and postnatal visits	\$0, unlimited	
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	30%	X
	X-rays and diagnostic imaging	30%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	30%	X
Drugs to treat Illness or Condition	Tier 1	\$0	
	Tier 2	\$10	
	Tier 3	\$50	
	Tier 4	\$200	
	Tier 5	\$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	Speech Therapy	30%	X
	Physical Therapy	30%	X
	Occupational Therapy	30%	X

	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 2024

Actuarial Value			70.0%
Individual Deductible (Combined Medical & Drug)			\$4,750
Individual Out-of-Pocket Maximum			\$9,450
Family Deductible			\$9,500
Family Out-of-Pocket Maximum			\$18,900
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, unlimited	
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	40%	X
	X-rays and diagnostic imaging	40%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	40%	X
Drugs to treat Illness or	Tier 1	\$0	
	Tier 2	\$20	

Condition	Tier 3	\$125	
	Tier 4	\$300	
	Tier 5	\$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	Speech Therapy	40%	X
	Physical Therapy	40%	X
	Occupational Therapy	40%	X
	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 2024

Actuarial Value			73.0%
Individual Deductible (Combined Medical & Drug)			\$3,450
Individual Out-of-Pocket Maximum			\$7,450
Family Deductible			\$6,900
Family Out-of-Pocket Maximum			\$14,900
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, unlimited	
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	40%	X
	X-rays and diagnostic imaging	40%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	40%	X
Drugs to treat Illness or Condition	Tier 1	\$0	
	Tier 2	\$20	

	Tier 3	\$125	
	Tier 4	\$300	
	Tier 5	\$600	
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	Speech Therapy	40%	X
	Physical Therapy	40%	X
	Occupational Therapy	40%	X
	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 2024

Actuarial Value			87.2%
Individual Deductible (Combined Medical & Drug)			\$ 800
Individual Out-of-Pocket Maximum			\$ 3,150
Family Deductible			\$1,600
Family Out-of-Pocket Maximum			\$ 6,300
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, unlimited	
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	30%	X
	X-rays and diagnostic imaging	30%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	30%	X
Drugs to treat Illness or	Tier 1	\$0	
	Tier 2	\$0	

Condition	Tier 3	\$60	
	Tier 4	\$120	
	Tier 5	\$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	Speech Therapy	30%	X
	Physical Therapy	30%	X
	Occupational Therapy	30%	X
	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 2024

Actuarial Value			94.5%
Individual Deductible (Combined Medical & Drug)			\$100
Individual Out-of-Pocket Maximum			\$1,100
Family Deductible			\$200
Family Out-of-Pocket Maximum			\$2,200
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, unlimited	
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	20%	X
	X-rays and diagnostic imaging	20%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	20%	X
Drugs to treat Illness or	Tier 1	\$0	
	Tier 2	\$0	

Condition	Tier 3	\$20	
	Tier 4	\$40	
	Tier 5	\$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	Speech Therapy	20%	X
	Physical Therapy	20%	X
	Occupational Therapy	20%	X
	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 2024

Actuarial Value			70.0%
Individual Deductible (Combined Medical & Drug)			\$4,750
Individual Out-of-Pocket Maximum			\$9,450
Family Deductible			\$9,500
Family Out-of-Pocket Maximum			\$18,900
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, unlimited	
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	40%	X
	X-rays and diagnostic imaging	40%	X
	Advanced Imaging/Radiology (CT/PET scans, MRI)	40%	X
Drugs to treat Illness or	Tier 1	\$0	
	Tier 2	\$20	

Condition	Tier 3	\$125	
	Tier 4	\$300	
	Tier 5	\$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	Speech Therapy	40%	X
	Physical Therapy	40%	X
	Occupational Therapy	40%	X
	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 2024

Actuarial Value			63.8%
Individual Deductible (Combined Medical & Drug)			\$7,500
Individual Out-of-Pocket Maximum			\$9,450
Family Deductible			\$15,000
Family Out-of-Pocket Maximum			\$18,900
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	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	\$0, unlimited	
	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
	Tier 1	\$0	

Drugs to treat Illness or Condition	Tier 2	\$30	
	Tier 3	\$200	
	Tier 4	\$350	
	Tier 5	\$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	Speech Therapy	50%	X
	Physical Therapy	50%	X
	Occupational Therapy	50%	X
	Durable medical equipment ¹	50%	X
	Diabetes Self-Management Education ²	\$5	

¹Diabetes 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