

Qualified Health Plans: 2021 Standardized Plan Designs

Plan Feature/ Service		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
<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>							
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,700	\$3,600
		\$0	\$0	\$4,000	\$4,000	\$5,400	\$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	\$5,000	\$8,550	\$6,850	\$8,550	\$7,000
		\$6,000	\$10,000	\$17,100	\$13,700	\$17,100	\$14,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$25	\$25	Deductible then \$30	Deductible then \$40	Deductible then \$100
Specialist Office Visits		\$40	\$50	\$50	Deductible then \$60	Deductible then \$90	Deductible then \$150
Urgent Care		\$40	\$50	\$50	Deductible then \$60	Deductible then \$90	Deductible then \$150
Emergency Room		\$150	\$300	Deductible then \$300	Deductible then \$300	Deductible then \$750	Deductible then \$1,750
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 \$1,200	Deductible then \$2,000
Skilled Nursing Facility		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,200	Deductible then \$2,000
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	\$50	\$50	Deductible then \$60	Deductible then \$90	Deductible then \$150
Laboratory Outpatient and Professional Services		\$0	\$50	Deductible then \$50	Deductible then \$60	Deductible then \$75	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$75	Deductible then \$75	Deductible then \$100	Deductible then \$140
High-Cost Imaging		\$150	\$400	Deductible then \$400	Deductible then \$500	Deductible then \$1,000	Deductible then \$1,000
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	\$25	\$25	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$50	\$50	Deductible then \$60	Deductible then \$100	Deductible then \$150
	Retail Tier 3	\$50	\$75	Deductible then \$75	Deductible then \$105	Deductible then \$150	Deductible then \$225
	Mail Tier 1	\$20	\$50	\$50	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$100	\$100	Deductible then \$120	Deductible then \$200	Deductible then \$300
	Mail Tier 3	\$150	\$225	Deductible then \$225	Deductible then \$315	Deductible then \$450	Deductible then \$675
Federal Actuarial Value Calculator		89.25 percent	81.40 percent	71.97 percent	69.10 percent	64.98 percent	64.98 percent