



BRONZE HEALTH PLANS

PPO Network						
		Bronze 5000 HDHP		Bronze 5000		
Coverage		Network	Non-Network	Network	Non-Network	
		100%		100%		
Minimum Value Plan Benefits		Network	Non-Network	Network	Non-Network	
Deductible	Individual/Family	\$5,000 / \$12,700	\$6,000 / \$18,700	\$5,000 / \$12,700	\$6,000 / \$18,700	
Out-of-Pocket Maximum	Individual/Family	\$6,000 / \$12,700	None	\$6,000 / \$12,700	None	
	Coinsurance	70%	50%	70%	50%	
	Hospitalization In-Patient	70% after deductible	50% after deductible	70% after deductible	50% after deductible	
	Hospitalization Out-Patient	70% after deductible	50% after deductible	70% after deductible	50% after deductible	
Emergency Room Services - Covers emergency room services including hospital facility and physician charges. For MRIs performed during emergency room visit, a separate copay will not be applied. If surgery, PT, or DME is required during emergency room visit, they will be covered under emergency room benefit.		70% after deductible	50% after deductible	70% after deductible	50% after deductible	
	Urgent Care	70% after deductible	50% after deductible	\$100 Copay	50% after deductible	
	Primary Care Visits	70% after deductible	50% after deductible	\$10 Copay	50% after deductible	
	Specialist Visits	70% after deductible	50% after deductible	\$80 copay	50% after deductible	
Imaging - Covers charges for CT, PET scans, MRIs, and the charges for related supplies.		70% after deductible	50% after deductible	70% after deductible	50% after deductible	
Laboratory Outpatient and Professional Services - Covers professional components of labs, including office, outpatient, and inpatient charges.		70% after deductible	50% after deductible	70% after deductible	50% after deductible	
X-rays and Diagnostic Imaging - Covers the professional components of labs, including the office, outpatient, and inpatient charges.		70% after deductible	50% after deductible	70% after deductible	50% after deductible	
	Ambulance	70% after deductible	70% after deductible	70% after deductible	70% after deductible	
Hospice Care - Includes bereavement counseling.		70% after deductible	50% after deductible	70% after deductible	50% after deductible	
	Generic Prescription Drugs	70 %	Not Covered	\$1	Not Covered	
	Preferred Brand Drugs	70%	Not Covered	\$35	Not Covered	
	Non-Preferred Brand Drugs	70%	Not Covered	\$75	Not Covered	
	Specialty Drugs	70%	Not Covered	\$200	Not Covered	
	Organ Replacement	Covered	Not Covered	Covered	Not Covered	
			Bronze 5000 HDHP		Bronze 5000	
	# of Enrollees	Rates	Total	# of Enrollees	Rates	Total
Employee						
Employee + Spouse						
Employee + Child(ren)						
Family						
Monthly Total						
Annual Total						



BRONZE 6000

PPO Network

	Bronze 6000	
Minimum Essential Coverage	Network	Non-Network
	100%	50%
Minimum Value Plan Benefits	Network	Non-Network
Deductible ! Individual/Family	\$6,000 / \$9,000	\$6,000 / \$18,000
Out-of-Pocket Maximum ! Individual/Family	\$8,150 / \$12,000	None
Coinsurance	60%	50%
Hospitalization In-Patient	60% after deductible	50% after deductible
Hospitalization Out-Patient	60% after deductible	50% after deductible
Emergency Room Services - Covers emergency room services including hospital facility and physician charges. For MRIs performed during emergency room visit, a separate copay will not be applied. If surgery, PT, or DME is required during emergency room visit, they will be covered under emergency room benefit.	60% after deductible	50% after deductible
Urgent Care	\$100 Copay	50% after deductible
Primary Care Visits	\$10 Copay	50% after deductible
Specialist Visits	\$80 Copay	50% after deductible
Imaging - Covers charges for CT, PET scans, MRIs, and the charges for related supplies.	60% after deductible	50% after deductible
Laboratory Outpatient and Professional Services - Covers professional components of labs, including office, outpatient, and inpatient charges.	60% after deductible	50% after deductible
X-rays and Diagnostic Imaging - Covers the professional components of labs, including the office, outpatient, and inpatient charges.	60% after deductible	50% after deductible
Ambulance	60% after deductible	60% after deductible
Hospice Care - Includes bereavement counseling.	60% after deductible	50% after deductible
Generic Prescription Drugs	\$1	Not Covered
Preferred Brand Drugs	\$35	Not Covered
Non-Preferred Brand Drugs	\$75	Not Covered
Specialty Drugs	\$200	Not Covered
Organ Replacement	Covered	Not Covered

	Bronze 6000		
	# of Enrollees	Rates	Total
Employee			
Employee + Spouse			
Employee + Child(ren)			
Family			
Monthly Total			
Annual Total			