

# Individual EPO Plans Benefit Summary 2024

Benefit Plan	Deductible		Annual Maximum Out-of-Pocket <i>(includes all deductibles, co-pays and co-insurance)</i>		Co-insurance	Office Visit			Pediatric Dental <sup>1</sup>	Emergency Room	Urgent Care	Pharmacy Services				
	Per Covered Person	Per Family	Per Covered Person	Per Family		Primary Care Physician	Specialty Care Physician	Preventive Services				Deductible	Generic (most), Tier 1	Preferred Brand, Tier 2	Other Brand/ Non-Formulary, Tier 3	Brand/ Non-Formulary, Tier 4
<b>Bronze</b>																
<b>Bronze Preferred \$9,450 Deductible</b>	\$9,450	\$18,900	\$9,450	\$18,900	0%	0%	0%	No Cost to You	0%	0%	0%	Medical Deductible (Tier 1-4)	0%	0%	0%	0%
<b>Bronze Expanded Standard \$7,500 Deductible</b>	\$7,500	\$15,000	\$9,400	\$18,800	50%	\$50	\$100	No Cost to You	50%	50%	\$75	Medical Deductible (Tier 2-4)	\$25	\$50	\$100	\$500
<b>Silver</b>																
<b>Silver Connect 9 \$6,000 Deductible</b>	\$6,000	\$12,000	\$7,800	\$15,600	30%	\$40	\$75	No Cost to You	30%	\$200 Co-pay after Deductible	\$100	Medical Deductible (Tier 3-4)	\$25	\$60	30%	30%
<b>Silver Connect 9.4 (73% CSR) \$5,000 Deductible</b>	\$5,000	\$10,000	\$7,250	\$14,500	30%	\$20	\$45	No Cost to You	30%	\$150 Co-pay after Deductible	\$75	Medical Deductible (Tier 3-4)	\$20	\$45	30%	30%
<b>Silver Connect 9.5 (87% CSR) \$1,300 Deductible</b>	\$1,300	\$2,600	\$3,000	\$6,000	30%	\$10	\$30	No Cost to You	30%	\$100 Co-pay after Deductible	\$50	Medical Deductible (Tier 3-4)	\$0	\$25	30%	30%
<b>Silver Connect 9.6 (94% CSR) \$200 Deductible</b>	\$200	\$400	\$1,000	\$2,000	30%	\$5	\$20	No Cost to You	30%	\$75 Co-pay after Deductible	\$25	Medical Deductible (Tier 3-4)	\$0	\$25	30%	30%
<b>Silver Preferred \$3,500 Deductible</b>	\$3500	\$7,000	\$9000	\$18,000	50%	\$35	50%	No Cost to You	50%	50%	50%	Medical Deductible (Tier 2-4)	\$0	50%	50%	50%
<b>Silver Preferred (73% CSR) \$3,500 Deductible</b>	\$3500	\$7,000	\$6900	\$13,800	50%	\$35	50%	No Cost to You	50%	50%	50%	Medical Deductible (Tier 2-4)	\$0	50%	50%	50%
<b>Silver Preferred (87% CSR) \$500 Deductible</b>	\$500	\$1,000	\$2750	\$5,500	40%	\$20	40%	No Cost to You	40%	40%	40%	Medical Deductible (Tier 2-4)	\$0	40%	40%	40%
<b>Silver Preferred (94% CSR) \$0 Deductible</b>	\$0	\$0	\$1500	\$3,000	20%	\$5	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 2-4)	\$0	20%	20%	20%
<b>Silver Select \$5,250 Deductible</b>	\$5250	\$10,500	\$5500	\$11,000	20%	20%	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 1-3)	20%	20%	20%	\$200
<b>Silver Select (73% CSR) \$3,500 Deductible</b>	\$3500	\$7,000	\$5000	\$10,000	20%	20%	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 1-3)	20%	20%	20%	\$175
<b>Silver Select (87% CSR) \$500 Deductible</b>	\$500	\$1,000	\$3000	\$6,000	20%	20%	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 1-3)	20%	20%	20%	\$50
<b>Silver Select (94% CSR) \$100 Deductible</b>	\$100	\$200	\$800	\$1,600	20%	20%	20%	No Cost to You	20%	20%	20%	Medical Deductible (Tier 1-3)	20%	20%	20%	\$30
<b>Silver Standard \$5,900 Deductible</b>	\$5,900	\$11,800	\$9,100	\$18,200	40%	\$40	\$80	No Cost to You	40%	40%	\$60	Medical Deductible (Tier 3-4)	\$20	\$40	\$80	\$350
<b>Silver Standard (73% CSR) \$5,700 Deductible</b>	\$5,700	\$11,400	\$7,200	\$14,400	40%	\$40	\$80	No Cost to You	40%	40%	\$60	Medical Deductible (Tier 3-4)	\$20	\$40	\$80	\$350
<b>Silver Standard (87% CSR) \$700 Deductible</b>	\$700	\$1,400	\$3,000	\$6,000	30%	\$20	\$40	No Cost to You	30%	30%	\$30	Medical Deductible (Tier 3-4)	\$10	\$20	\$60	\$250
<b>Silver Standard (94% CSR) \$0 Deductible</b>	\$0	\$0	\$1,800	\$3,600	25%	\$0	\$10	No Cost to You	25%	25%	\$5	\$0	\$0	\$15	\$50	\$150
<b>Gold</b>																
<b>Gold Preferred \$500 Deductible</b>	\$500	\$1,000	\$7,500	\$15,000	40%	\$25	40%	No Cost to You	40%	37%	40%	Medical Deductible (Tier 2-4)	\$0	40%	40%	40%
<b>Gold Standard \$1,500 Deductible</b>	\$1,500	\$3,000	\$8,700	\$17,400	25%	\$30	\$60	No Cost to You	25%	25%	\$45	\$0	\$15	\$30	\$60	\$250

The benefit details are a summary for informational and comparison purposes only. Please review the Individual Health Plan EPO Policy for a detailed description of benefits, co-pays, co-insurance, deductibles, limitations and exclusions. The summary of benefits are based on in-network providers and member cost shares may be more for services received from an out-of-network provider.

Percentages demonstrate member's responsibility (after deductible is met).

\*D&C is used as an abbreviation for Deductible and Co-insurance.

<sup>1</sup>Dependent children through age 18.

**All Plans Are Qualified Health Plans**  
*(Plans Available Beginning: 1/1/2024)*