

2017 Marketplace Medical Benefits

	Gold	Silver Limited	Silver 1	Silver 2	Silver 3	Bronze	Zero Plans	Catastrophic
Deductible	\$1,000	\$3,300	\$3,250	\$950	\$350	\$6,650	\$0	\$7,150
Coinsurance	20% after deductible	30% after deductible	30% after deductible	15% after deductible	5% after deductible	40% after deductible	\$0	0% after deductible
Maximum Out-of-Pocket (Combined unless noted otherwise)	\$2,500 Medical \$2,000 Pharmacy	\$6,400	\$5,500	\$1,900	\$650	\$6,850	\$0	\$7,150
Primary Care visit	\$0	\$0	\$0	\$0	\$0	\$35	\$0	3 PCP visits
Emergency Room Services	\$250 after deductible	\$500 after deductible	\$350 after deductible	\$350 after deductible	\$325 after deductible	\$500 after deductible	\$0	0% Coinsurance after Deductible
Specialist Visit	\$40	\$50	\$40	\$10	\$0	\$75	\$0	0% Coinsurance after Deductible
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	\$175 after deductible	\$160 after deductible	\$125 after deductible	\$125 after deductible	\$200 after deductible	\$0	0% Coinsurance after Deductible
Urgent Care	\$75	\$75	\$75	\$0	\$0	\$100	\$0	0% Coinsurance after Deductible