

# 2017 Individual Rates

	STANDARD PLANS						TRADITION PLANS				VALUE PLANS			
	Platinum	Gold	Silver	Bronze	Bronze HSA	Catastrophic	Platinum 30/30	Gold 30/50	Silver 40/60	Bronze HSA 70%	Platinum 100%	Gold 100%	Silver 100%	Silver 75%
<b>IN-NETWORK COST-SHARE</b>														
Primary Care	\$15	\$25 after deductible	\$30 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	3 Free PCP Visits/Covered in full after deductible	\$30	\$30	\$40	30% coinsurance after deductible	2 Free PCP Visits/Covered in full after deductible	2 Free PCP Visits/Covered in full after deductible	2 Free PCP Visits/Covered in full after deductible	2 Free PCP Visits/25% coinsurance after deductible
Specialist	\$35	\$40 after deductible	\$50 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	\$30	\$50	\$60	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	\$100	\$150 after deductible	\$250 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	\$200	\$200	\$350	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Inpatient Surgery Facility Fee	\$500 per admission	\$1,000 per admit after deductible	\$1,500 per admit after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	\$500 per admission	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Outpatient Surgery Facility Fee	\$100	\$100 after deductible	\$100 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	\$200	10% coinsurance after deductible	\$350	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Deductible (2x for Family)	\$0	\$600	\$2,000	\$4,000	\$5,500	\$7,150	\$0	\$1,000	\$4,250	\$5,500	\$1,200	\$2,250	\$4,600	\$3,000
Coinsurance	10%	20%	30%	50%	50%	0%	10%	10%	20%	30%	0%	0%	0%	25%
Maximum Out-Of-Pocket (2x for Family)	\$2,000	\$4,000	\$6,750	\$7,150	\$6,550	\$7,150	\$1,000	\$3,000	\$7,150	\$6,550	\$1,200	\$2,250	\$4,600	\$6,850
Prescription Drugs	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 after deductible	\$10/\$35/\$70 after deductible	Covered in full after deductible	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	\$10/\$50/50% coinsurance (up to max \$250)	\$10/\$50/50% coinsurance (up to max \$250)	\$15/\$35/\$75 after deductible	\$0 Generic/Tier 2 and 3 covered in full after deductible	\$0 Generic/Tier 2 and 3 covered in full after deductible	\$0 Generic/Tier 2 and 3 covered in full after deductible	\$0 Generic/Tier 2 and 3 25% coinsurance after deductible (max \$500)
<b>2017 RATES</b>														
Single	\$746	\$637	\$544	\$430	\$443	\$203	\$761	\$649	\$565	\$436	\$688	\$625	\$501	\$487
Couple	\$1,492	\$1,274	\$1,088	\$860	\$886	\$406	\$1,522	\$1,298	\$1,130	\$872	\$1,376	\$1,250	\$1,002	\$974
Parent with Child(ren)	\$1,268	\$1,083	\$925	\$731	\$753	\$345	\$1,294	\$1,103	\$961	\$741	\$1,170	\$1,063	\$852	\$828
Family	\$2,126	\$1,815	\$1,550	\$1,226	\$1,263	\$579	\$2,169	\$1,850	\$1,610	\$1,243	\$1,961	\$1,781	\$1,428	\$1,388