

## MINIMUM VALUE—ANCHOR BRONZE PLANS

	Minimum Value	Anchor Bronze
<b>Calendar Year Out-of-Pocket (OOP) Maximums</b>	<b>Member Pays</b>	
<b>Individual/Family Deductibles</b>	\$5,000/\$10,000	
<b>Individual/Family Out-of-Pocket Maximums</b> (includes deductibles and co-pays)	\$6,350/\$12,700	
<b>Professional Services</b>		
<b>Office Visit/Urgent Care Co-pay</b>	30% <b>after deductible</b>	
<b>Specialists/Consultants Co-pay</b>	30% <b>after deductible</b>	
<b>Prenatal, Postnatal Office Visit Co-Pay</b>	30% <b>after deductible</b>	
<b>Scans: CT, CAT, MRI, PET, etc.</b>	30%	
<b>Diagnostic X-ray and Laboratory Procedures</b>	30%	
<b>Infertility</b> (see benefit booklet for details)	Not covered	
<b>Preventive Care Services</b> (includes physical exams and screenings)	0%, deductible waived	
<b>Hospital and Skilled Nursing Facility Services</b>		
<b>Emergency Room Visit Co-pay</b> (waived if admitted)	30% after \$100 co-pay	
<b>Inpatient Hospital Co-pay</b> (preauthorization required)	30%	
<b>Outpatient Hospital Co-pay</b>	30%	
<b>Surgery, Outpatient</b> (performed in an ambulatory surgery center)	30%	
<b>Surgery, Outpatient</b> (performed in a hospital)	30%	
<b>Mental Health Services and Substance Abuse Treatment</b>		
<b>Inpatient Care</b> Facility-based care (preauthorization required)	30%	
<b>Outpatient Care</b> Facility-based care (preauthorization required)	30%	
<b>Other Services</b>		
<b>Acupuncture</b> —Limits apply	30%	
<b>Ambulance</b> (ground or air)	30% after \$100 co-pay	
<b>Chiropractic</b> —Limits apply	30%	
<b>Durable Medical Equipment (DME)</b>	30%	
<b>Hearing Aids</b> (\$700 benefit allowance per 24-month period)	30% plus any cost in excess of allowance	
<b>Physical and Occupational Therapy</b> —Limits apply	30%	
<b>Prescription Drug Plans</b>		
<b>Generic Co-pay/Days Supply</b>	<b>After deductible, \$9/30-day</b>	
<b>Brand Co-pay/Days Supply</b>	<b>After deductible, \$35/30-day</b>	
<b>Mail Order</b> (generic-brand co-pay/days supply)	<b>After deductible, \$0–90/90-day</b>	

This is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.