

**Attachment C - STANDARD BENEFIT WITH 3 PCP VISITS DESIGN COST SHARING DESCRIPTION CHART (05-7-2021)**

**NOTE: Standard benefit with 3 PCP visits plan design descriptions are based on current HHS Regulations and the Actuarial Value Calculator (final version for 2022) and NYS Laws/Regulations. Each of these plans allows three visits to a primary care provider (PCP) that are not subject to the deductible (PCP copayment applies).**

TYPE OF SERVICE	Gold	Silver	Silver CSR		
	AV = 0.76 to 0.82	AV = 0.70 to 0.72	200 - 250% FPL AV = 0.72 to 0.74	150 - 200% FPL AV = 0.86 to 0.88	100 - 150% FPL AV = 0.93 to 0.95
DEDUCTIBLE (single)	\$650	\$1,875	\$1,725	\$400	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$5,000	\$8,500	\$6,625	\$2,300	\$1,000
COST SHARING – MEDICAL SERVICES					
Inpatient facility/SNF/Hospice	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission
Outpatient facility – surgery, including freestanding am/surg centers	\$100	\$150	\$150	\$75	\$25
	\$100	\$150	\$150	\$75	\$25
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or a hospital outpatient facility setting, including freestanding am/surg centers, not to office surgery.				
Surgeon – inpatient facility, outpatient facility, including freestanding am/surg centers	See also “Maternity delivery and post-natal care - physician/midwife” under “physician services”.				
PCP	\$25	\$35	\$35	\$15	\$10
Specialist	\$40	\$55	\$55	\$35	\$20
PT/OT/ST – rehabilitative & habilitative therapies	\$30	\$35	\$35	\$25	\$15
ER	\$150	\$300	\$250	\$75	\$50
Ambulance	\$150	\$150	\$150	\$75	\$50
Urgent care	\$60	\$70	\$70	\$50	\$30
DME/Medical supplies	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing
Hearing aids	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing
Eyewear	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing
COST SHARING – INPATIENT HOSPITAL SERVICES					
Observation stay/care unit	ER copay per case; copay is waived if direct transfer from outpatient surgery setting to an observation care unit.				
Hospital services – non-maternity	Inpatient facility copay per admission #				
Maternity care stay (covers mother and well newborn combined)	Inpatient facility copay per admission #				
Mental/Behavioral health care	Inpatient facility copay per admission #				
Substance use disorder services	Inpatient facility copay per admission #				
	Inpatient facility copay per admission #				
Skilled nursing facility	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility.				
	Inpatient facility copay per admission #				
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility.				
COST SHARING – EMERGENCY MEDICAL SERVICES					
Facility charge – emergency room	ER copay per case; copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room.				
Physician charge – emergency room visit	\$0 copay per visit				
Facility charge – freestanding urgent care center	Urgent care copay per visit				
Physician charge – freestanding urgent care visit	\$0 copay per visit				
Pre-hospital emergency services, transportation, includes air ambulance	Ambulance copay per case e				
COST SHARING – OUTPATIENT HOSPITAL/FACILITY SERVICES					
Outpatient facility surgery – hospital facility charge, including freestanding am/surg centers	Outpatient facility - surgery copay per case				
Pre-admission/Pre-operative testing	\$0 copay				
Diagnostic and routine laboratory and pathology	Specialist copay per visit				
	Specialist copay per visit	\$75		Specialist copay per visit	
Diagnostic and routine imaging services, including X-ray, excluding CAT/PET scans, MRI	Specialist copay per visit	\$75		Specialist copay per visit	
Imaging: CAT/PET scans, MRI					
Chemotherapy			PCP copay per visit		
Radiation therapy			PCP copay per visit		
Hemodialysis/Renal dialysis			PCP copay per visit		
Mental/Behavioral health care			PCP copay per visit		
Substance use disorder services			PCP copay per visit		
Covered therapies (PT, OT, ST) – rehabilitative & habilitative			PT/OT/ST copay per visit		
Home care			PCP copay per visit		
Hospice			PCP copay per visit		

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TYPE OF SERVICE	Silver CSR				
	Gold AV = 0.76 to 0.82	Silver AV = 0.70 to 0.72	200 - 250% FPL AV = 0.72 to 0.74	150 - 200% FPL AV = 0.86 to 0.88	100 - 150% FPL AV = 0.93 to 0.95
COST SHARING – PREVENTIVE AND PRIMARY CARE SERVICES					
NOTE: For preventive care visits/services as defined in 42 USC § 300gg-13 or as required by state law, no cost-sharing (including deductible) applies. Such preventive care visits/services include, but are not limited to, those found in this section.					
Bone mineral density testing					
Gynecological exams / cervical cancer screening					
Immunizations					
Mammograms / breast cancer screening					
Prostate cancer screening					
Routine / annual exams					
Women's preventive health services, including prenatal care					
COST SHARING – PHYSICIAN/PROFESSIONAL SERVICES					
Inpatient hospital surgery - surgeon			Surgeon copay per case		
Outpatient hospital and freestanding am/surg centers – surgeon			Surgeon copay per case		
Office surgery			PCP/Specialist copay per visit (based on type of physician performing the service)		
Anesthesia (any setting)			Covered in full, no deductible and no cost sharing applies		
Covered therapies (PT, OT, ST) – rehabilitative and habilitative			PT/OT/ST copay per visit		
Additional surgical opinion			Specialist copay per visit		
Second medical opinion for cancer			Specialist copay per visit		
Maternity delivery and post-natal care – physician or midwife			Surgeon copay per case for delivery and post-natal care services combined (only one such copay per pregnancy)		
In-hospital physician visits			\$0 copay per visit		
Diagnostic office visits			PCP/Specialist copay per visit (based on type of physician performing the service)		
Diagnostic and routine laboratory and pathology			PCP/Specialist copay per visit		
Diagnostic and routine imaging services, including X-ray, excluding CAT/PET scans, MRI		PCP/Specialist copay per visit	\$75	PCP/Specialist copay per visit	
Imaging: CAT/PET scans, MRI		Specialist copay per visit	\$75	Specialist copay per visit	
Allergy testing			PCP/Specialist copay per visit		
Allergy shots			PCP/Specialist copay per visit		
Office/Outpatient consultations			PCP/Specialist copay per visit (based on type of physician performing the service)		
Mental/Behavioral health care			PCP copay per visit		
Substance abuse disorder services			PCP copay per visit		
Chemotherapy			PCP copay per visit		
Radiation therapy			PCP copay per visit		
Hemodialysis/Renal dialysis			PCP copay per visit		
Chiropractic care			Specialist copay per visit		
COST SHARING – ADDITIONAL BENEFITS/SERVICES					
ABA treatment for Autism Spectrum Disorder			PCP copay per visit		
Assistive communication devices for Autism Spectrum Disorder			PCP copay per device		
Durable medical equipment and medical supplies			DME/Medical supplies coinsurance cost sharing applies		
Hearing evaluations/testing			Specialist copay per visit		
Hearing aids			Hearing aid coinsurance cost sharing applies		
Diabetic drugs and supplies			PCP copay per 30-day supply but no more than \$100 (including deductible) paid for a 30-day supply of insulin		
Diabetic education and self-management			PCP copay per visit		
Home care			PCP copay per visit		
Exercise facility reimbursements					
COST SHARING – PEDIATRIC DENTAL SERVICES					
Dental office visit			PCP copay per visit		
COST SHARING – PEDIATRIC VISION SERVICES					
Eye exam visit			PCP copay per visit		
Prescribed lenses and frames			Eyewear coinsurance cost sharing applies to combined cost of lenses and frames		
Contact lenses			Eyewear coinsurance cost sharing applies		

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TYPE OF SERVICE	Gold	Silver	Silver CSR		
	AV = 0.76 to 0.82	AV = 0.70 to 0.72	200 - 250% FPL AV = 0.72 to 0.74	150 - 200% FPL AV = 0.86 to 0.88	100 - 150% FPL AV = 0.93 to 0.95
<b>COST SHARING – PRESCRIPTION DRUGS</b>					
Generic or Tier 1	\$10	\$10	\$10	\$9	\$6
Formulary brand or Tier 2	\$40	\$40	\$40	\$20	\$15
Non-formulary brand or Tier 3	\$80	\$80	\$80	\$40	\$30
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic plans) for a 90-day supply.					

**ADDITIONAL INSTRUCTIONS:**

- The following applies to Gold, Silver and Silver CSR plans:  
For an inpatient admission, the only copayment that applies during an inpatient stay is the inpatient facility per admission copayment; and if surgery is performed, a surgeon copayment; and if a maternity delivery is performed, a maternity delivery copayment (which is the same as the surgeon copayment) if this copayment has not already been collected as part of another maternity related claim.  
There are no additional copayments for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc. For a maternity stay, the inpatient per admission copay covers charges for the mother and newborn.  
# The inpatient facility copayment per admission is waived for a readmission within 90 days of a previous discharge for the same or a related condition.
- For all the standard plan designs, the deductible must be met first, and then the copayment or coinsurance is applied to the remainder of the allowed amount until the maximum out-of-pocket limit is reached.
- For all standard plans with 3 PCP visits not subject to the deductible, the copayment is still applicable to the first 3 visits. For purposes of using these 3 PCP visits not subject to the deductible, a PCP visit is defined as a visit to a provider whose primary specialty is in family medicine, internal medicine, pediatric medicine, obstetrics/gynecology, or outpatient mental/behavior health services or substance use disorder services. Additional services, like laboratory tests, which are delivered during these 3 PCP visits may be subject to deductible or cost sharing. After the first 3 visits, the applicability of the deductible and the copayment will adhere to the guideline in Item #2.
- If the copayment payable is more than the allowed amount (or the remainder of the allowed amount), the copayment payable is reduced to the allowed amount.
- The maximum out-of-pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs) and includes the deductible.
- The deductible is over a calendar year for individual products and over the calendar year or plan year (an option of the insurer) for small group products.  
For Gold, Silver and Silver CSR plans, the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames) and does not apply to prescription drugs.
- No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA but additional services, like laboratory tests, which are delivered at the preventive care visit may be subject to the deductible or cost sharing.
- The family deductible is two times the single deductible; the family out-of-pocket limit is two times the single maximum out-of-pocket limit. For plan designs that are non-HSA plan designs, each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount), then no family member needs to accumulate any more dollars toward the deductible (or out-of-pocket limit).
- The pediatric dental cost-sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan may have its own deductible and cost-sharing, and associated premium.