

## ACA Compliant Benefits at a Glance

### Annual Maximum (deductibles are based on a coverage year)

### Unlimited

#### Member Benefits

#### In Network Out of Network

Individual Deductible	\$5,500	\$11,000
Family Deductible	\$11,000	\$22,000
Coinsurance (payable by employee)	20%	40%

#### Out-of-Pocket Maximum (includes deductible)

Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400

#### Essential Health Benefits (coinsurance payable by employee after the Deductible)

Preventive Care/ Screening/Immunization (if in network the deductible is waived)	0%	40%
Physician Office Visits	20%	40%
Ambulatory Patient Services	20%	40%
Hospitalization (In-Patient and Out-Patient)	20%	40%
Hospice	20%	40%
Mental Health and Substance Abuse/Behavioral Health	20%	40%
Maternity And Newborn Care	20%	40%
Laboratory Services	20%	40%
Rehabilitative And Habilitative Services/Devices	20%	40%
Emergency Services	20%	40%

#### Prescription Drugs (coinsurance payable by employee after the deductible)

Generic	20%	40%
Preferred Brand	30%	50%
Non-Preferred Brand	40%	50%
Specialty	50%	N/A