



2014 Sliding Scale Benefits | SINGLE PERSON

Silver Plan (Eligible for Federal Subsidy)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 – \$45,960
Consumer Portion of Monthly Premium for Silver Plans (Balance paid by Federal subsidy)	\$19 – \$57	\$57 – \$121	\$121 – \$193	\$193 – \$364
Copays In the Yellow Sections are Not Subject to ANY Deductible and Count Toward the Annual Out-of-Pocket Maximum			Benefits In Blue are Subject to Either a Medical Deductible, Drug Deductible or Both	
Deductible (if any)	No Deductible	\$500	\$1,500 Medical Deductible	\$2,000 Medical Deductible
Preventative Care Copay	No Cost	No Cost	No Cost	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Specialty Care Visit Copay	\$5	\$20	\$50	\$65
Urgent Care Visit Copay	\$6	\$30	\$80	\$90
Lab Testing Copay	\$3	\$15	\$40	\$45
X-Ray Copay	\$5 Text	\$20	\$50	\$65
Generic Medication Copay	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care and Outpatient Surgery	10%	15%	20% of your plan's negotiated rate	20% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the Copay	No Deductible	\$50 then pay the copay amount	\$250 then pay the copay amount	\$250 then pay the copay amount
Preferred brand Copay after Drug Deductible	\$5	\$15	\$30	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$2,250	\$2,250	\$5,200	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,800