

**ATTACHMENT C**

	Gold Plan		Silver Plan		Bronze Plan	
	Network Provider	Out-Network	Network Provider	Out-of-Network	Network Provider	Out-of-Network
<b>Medical Benefits</b>						
<b>Deductible*</b>						
You	\$1,500	n/a	\$2,000	n/a	\$2,500	n/a
You + Child(ren) or Spouse	\$2,250	n/a	\$3,000	n/a	\$3,750	n/a
You + Family	\$3,000	n/a	\$4,000	n/a	\$5,000	n/a
<b>Plan Pays</b>	85%	n/a	80%	n/a	75%	n/a
<b>ACA Preventive Care</b>	100%	n/a	100%	n/a	100%	n/a
<b>Out-of-Pocket Limit*</b>		n/a		n/a		n/a
You	\$4,000	n/a	\$5,000	n/a	\$6,000	n/a
You + Child(ren) or Spouse	\$6,000	n/a	\$7,500	n/a	\$9,000	n/a
You + Family	\$8,000	n/a	\$10,000	n/a	\$12,000	n/a
<b>Base HRA Contribution</b>						n/a
You	\$400		\$200		\$100	
You + Child(ren) or Spouse	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
<b>Pharmacy Benefits</b>						
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125	
* See ACA Glossary of Health Coverage and Medical Terms for definition; ** of Allowed Amount, See ACA Glossary for definition						
This is a high level plan design summary.						