

**Maryland Health Connection Standardized Plan Design 2018**

		HDHP Bronze	Bronze	Silver				Gold
Variant		Standard	Standard	Standard	CSR I	CSR II	CSR III	Standard
AV%		60.49%	64%	71%	73%	88%	93%	81%
Benefit Categories								
Deductible	Medical (individual/family)	\$6550 / \$6550 per person	\$5500 / \$5500 per person	\$3000 / \$3000 per person	\$3000 / \$3000 per person	\$0 / \$0 per person	\$0 / \$0 per person	\$1000 / \$1000 per person
	Prescription Drug (individual/family)	Included in deductible	\$1000 / \$1000 per person	\$250 / \$250 per person	\$250 / \$250 per person	\$0 / \$0 per person	\$0 / \$0 per person	\$150 / \$150 per person
	Before deductible services	Preventive care/ screening/ immunizations · some services if you are pregnant · some services for children	Visting a health care provider's office clinic · getting some tests done · generic drugs · urgent care · outpatient mental health services · some services if you are pregnant · services for children	Visting a health care provider's office clinic · getting tests done · generic drugs · urgent care · outpatient mental health services · some services if you are pregnant · services for children · rehabilitation services	Visting a health care provider's office clinic · getting tests done · generic drugs · urgent care · outpatient mental health services · some services if you are pregnant · services for children · rehabilitation services	Visting a health care provider's office clinic · getting tests done · generic drugs · urgent care · outpatient mental health services · some services if you are pregnant · services for children · rehabilitation services	Visting a health care provider's office clinic · getting tests done · prescription drugs · services for outpatient surgery · emergency room & urgent care · outpatient mental health services · services if you are pregnant · services for children · services for when you are recovering or have other special health needs	Visting a health care provider's office clinic · getting tests done · prescription drugs · services for outpatient surgery · emergency room & urgent care · outpatient mental health services · services if you are pregnant · services for children · services for when you are recovering or have other special health needs
Maximum Out-of-pocket	Combined medical and prescription (individual/family)	\$6550 / \$6550 per person	\$7350 / \$7350 per person	\$7350 / \$7350 per person	\$5850 / \$5850 per person	\$2250 / \$2250 per person	\$1300 / \$1300 per person	\$6500 / \$6500 per person
Visiting a health care provider's office clinic	Preventive care/ screening/immunizations	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Preventive care/ screen/ immunization services include	All Maryland Health Connection plans must cover a set of preventive health services at no cost. The set of no cost preventive services is varied and expansive. For more information on what preventive services are covered for you click on these links below: Preventive care benefits for adults: <a href="https://www.healthcare.gov/preventive-care-adults/">https://www.healthcare.gov/preventive-care-adults/</a> · Preventive care benefits for women: <a href="https://www.healthcare.gov/preventive-care-women/">https://www.healthcare.gov/preventive-care-women/</a> · Preventive care benefits for children: <a href="https://www.healthcare.gov/preventive-care-children/">https://www.healthcare.gov/preventive-care-children/</a>						
	Primary care visit to treat an injury or illness	No Charge after deductible	\$50.00	\$30.00	\$30.00	\$10.00	\$10.00	\$10.00
	Specialist Visit	No Charge after deductible	75	50	50	15	15	30
	Retail Health Clinic	No Charge after deductible	\$50.00	\$30.00	\$30.00	\$10.00	\$10.00	\$10.00
Getting tests done	Diagnostic Test (x-ray, bloodwork)	No Charge after deductible	100	75	75	50	30	50
	Imaging (CT/PET scans, MRIs)	No Charge after deductible	\$450.00 Copay after deductible	450	450	250	100	250
	Generic drugs	No Charge after deductible	25	10	\$10.00	\$10.00	No Charge	No Charge
	Preferred brand drugs	No Charge after deductible	\$100.00 Copay after deductible	\$75.00 Copay after deductible	\$75.00 Copay after deductible	75	30	\$50.00 Copay after deductible

Prescription Drugs for your illness or condition	Non-preferred brand drugs	No Charge after deductible	\$125.00 Copay after deductible	\$100.00 Copay after deductible	\$100.00 Copay after deductible	100	\$25.00	\$75.00 Copay after deductible
	Preferred Specialty Drugs*	No Charge after deductible						
	Non-preferred specialty drugs*	No Charge after deductible	\$150.00 Copay after deductible	\$150.00 Copay after deductible	\$150.00 Copay after deductible	150	\$50.00	\$100.00 Copay after deductible
If you have outpatient surgery	Facility Fee	No Charge after deductible	\$300.00 Copay after deductible	\$300.00 Copay after deductible	\$300.00 Copay after deductible	100	50	300
	Physician/Surgen Fees	No Charge after deductible	\$75.00 Copay after deductible	\$50.00 Copay after deductible	\$50.00 Copay after deductible	15	15	30
If you need immediate medical care	Emergency room care	No Charge after deductible	\$300.00 Copay after deductible	\$300.00 Copay after deductible	\$300 Copay after deductible	\$200.00	\$100.00	\$300.00 Copay after deductible
	Emergency medical transportation	No Charge after deductible	No Charge after deductible	No Charge after deductible	No Charge after deductible	No Charge	No Charge	No Charge after deductible
	Urgent care	No Charge after deductible	75	50	50	30	30	50
If you have a hospital stay	Facility Fee	No Charge after deductible	\$550.00 Copay per Day after deductible	\$500.00 Copay per Day after deductible	\$500 Copay per Day after deductible	\$300.00 Copay per Day	\$150.00 Copay per Day	\$450.00 Copay per Day after deductible
	Physicial/surgeon fees	No Charge after deductible	\$50.00 Copay after deductible	\$50.00 Copay after deductible	\$50.00 Copay after deductible	50	30	\$30.00 Copay after deductible
If you need to mental health, behavioral health, or substance abuse services	Outpatient services	No Charge after deductible	50	30	\$30.00	\$10.00	\$10.00	No Charge
	Inpatient services	No Charge after deductible	\$550.00 Copay per Stay after deductible	\$500.00 Copay per Day after deductible	\$500 Copay per Day after deductible	\$300.00 Copay per Day	\$150.00 Copay per Day	\$450.00 Copay per Day after deductible
If you are pregnant	Pre-natal and post-natal care**	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Childbirth/delivery professional services	No Charge after deductible	75	50	50	15	15	30
	Childbirth/delivery facility services	No Charge after deductible	\$500.00 Copay after deductible	\$500.00 Copay after deductible	\$500 Copay after deductible	300	150	\$450.00 Copay after deductible
Services for your children	Well-baby Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Children's eye exam	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Children's glasses	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Children's dental check-up	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Basic Dental Care	No Charge after deductible	35%	30%	30%	30%	30%	20%
	Orthodontia	50.00% Coinsurance after deductible	50%	50%	50%	50%	50%	50%
Major Dental Care	20.00% Coinsurance after deductible	45%	40%	40%	40%	40%	30%	
Services for when you are recovering or have other special health	Home health care†	No Charge after deductible	No Charge after deductible	No Charge after deductible	No Charge after deductible	No Charge	No Charge	No Charge
	Rehabilitation Services	No Charge after deductible	\$50.00 Copay after deductible	50	50	30	10	30
	Skilled nursing care	No Charge after deductible	\$125.00 Copay per Stay after deductible	\$100 Copay per Stay after deductible	\$100 Copay per Stay after deductible	\$100.00 Copay per Stay	\$50 Copay per Stay	\$75.00 Copay per Stay after deductible

needs	Durable medical equipment	No Charge after deductible	40.00% Coinsurance after deductible	35.00% Coinsurance after deductible	35.00% Coinsurance after deductible	35%	10%	20.00% Coinsurance after deductible
	Hospice services††	No Charge after deductible	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

\*Issuers may split the Specialty drug tier into two tiers - Preferred and Non-Preferred. The Preferred tier must be of a cost-sharing between Non-Preferred Brand Drugs and Non-Preferred Specialty Drugs

\*\*Cost sharing for the pre-natal and post-natal benefit for the HDHP Bronze plan only applies to preventive pre-natal and post-natal care. Non-preventive pre-natal and post-natal care must include a deductible for HDHP plans.

†See § 15-812(g) of the Insurance Article. Cost sharing cannot be applied to home visits for mothers and newborns following childbirth, except for HDHP plans that can only apply a deductible.

††Hospice service benefit is based on a minimum of outpatient hospice services.