



2022 Individual & Family Plan Monthly Premiums

Age	Min. Coverage	Bronze	Silver	Gold	Platinum	Age	Min. Coverage	Bronze	Silver	Gold	Platinum
0-14	\$177.00	\$229.41	\$328.60	\$423.37	\$485.25	40	N/A	\$383.25	\$548.95	\$707.28	\$810.66
15	\$192.73	\$249.80	\$357.81	\$461.01	\$528.39	41	N/A	\$390.44	\$559.26	\$720.57	\$825.88
16	\$198.74	\$257.60	\$368.97	\$475.40	\$544.88	42	N/A	\$397.34	\$569.14	\$733.30	\$840.47
17	\$204.76	\$265.39	\$380.14	\$489.79	\$561.37	43	N/A	\$406.94	\$582.88	\$751.00	\$860.77
18	\$211.24	\$273.79	\$392.17	\$505.28	\$579.13	44	N/A	\$418.93	\$600.06	\$773.14	\$886.14
19	\$217.72	\$282.19	\$404.20	\$520.78	\$596.89	45	N/A	\$433.03	\$620.25	\$799.15	\$915.96
20	\$224.43	\$290.88	\$416.65	\$536.83	\$615.29	46	N/A	\$449.82	\$644.31	\$830.15	\$951.48
21	\$231.37	\$299.88	\$429.54	\$553.43	\$634.32	47	N/A	\$468.71	\$671.37	\$865.01	\$991.44
22	\$231.37	\$299.88	\$429.54	\$553.43	\$634.32	48	N/A	\$490.30	\$702.29	\$904.86	\$1,037.11
23	\$231.37	\$299.88	\$429.54	\$553.43	\$634.32	49	N/A	\$511.59	\$732.79	\$944.15	\$1,082.15
24	\$231.37	\$299.88	\$429.54	\$553.43	\$634.32	50	N/A	\$535.58	\$767.15	\$988.43	1,132.89
25	\$232.29	\$301.08	\$431.26	\$555.64	\$636.86	51	N/A	\$559.28	\$801.09	\$1,032.15	1,183.01
26	\$236.92	\$307.08	\$439.85	\$566.71	\$649.54	52	N/A	\$585.36	\$838.46	\$1,080.30	1,238.19
27	\$242.47	\$314.27	\$450.16	\$579.99	\$664.77	53	N/A	\$611.75	\$876.26	\$1,129.00	1,294.01
28	\$251.49	\$325.97	\$466.91	\$601.58	\$689.51	54	N/A	\$640.24	\$917.06	\$1,181.57	1,354.27
29	\$258.90	\$335.57	\$480.65	\$619.29	\$709.80	55	N/A	\$668.73	\$957.87	\$1,234.15	1,414.53
30	\$262.60	\$340.36	\$487.53	\$628.14	\$719.95	56	N/A	\$699.62	\$1,002.11	\$1,291.15	1,479.87
31	N/A	\$347.56	\$497.83	\$641.43	\$735.18	57	N/A	\$730.81	\$1,046.78	\$1,348.71	1,545.84
32	N/A	\$354.76	\$508.14	\$654.71	\$750.40	58	N/A	\$764.09	\$1,094.46	\$1,410.14	1,616.25
33	N/A	\$359.26	\$514.59	\$663.01	\$759.91	59	N/A	\$780.59	\$1,118.09	\$1,440.58	1,651.13
34	N/A	\$364.05	\$521.46	\$671.86	\$770.06	60	N/A	\$813.87	\$1,165.77	\$1,502.01	1,721.54
35	N/A	\$366.45	\$524.90	\$676.29	\$775.14	61	N/A	\$842.66	\$1,207.00	\$1,555.14	1,782.44
36	N/A	\$368.85	\$528.33	\$680.72	\$780.21	62	N/A	\$861.55	\$1,234.06	\$1,590.01	1,822.40
37	N/A	\$371.25	\$531.77	\$685.15	\$785.29	63	N/A	\$885.24	\$1,268.00	\$1,633.73	1,872.51
38	N/A	\$373.65	\$535.20	\$689.57	\$790.36	64+	N/A	\$899.63	\$1,288.60	\$1,660.28	1,902.95
39	N/A	\$378.45	\$542.08	\$698.43	\$800.51						

*Premiums do not include eligible subsidies



2022 Patient-Centered Benefit Designs & Medical Cost-Shares

	Min. Coverage		Bronze 60		Silver 70		Gold 80		Platinum 90			
Annual Wellness Exam	✔ \$0		✔ \$0		✔ \$0		✔ \$0		✔ \$0			
Office Visits: Primary Care, Urgent Care, & Mental Health, Behavioral Health	After first 3 (combined) non-preventive visits. Full cost per instance until Out-of-Pocket Max. is met		\$65*		\$35		\$35		\$15			
MDLIVE Telehealth: Primary, Mental & Behavioral Care	Full Cost		\$65		\$35		\$35		\$15			
Specialist Visit	Full Cost per service until Out-of-Pocket Max. is met		\$95*		\$70		\$65		\$30			
Emergency Room (cost-share waived, if admitted)			40%		\$400		\$350		\$150			
Emergency Medical Transportation			40%		\$250		\$250		\$150			
Laboratory Tests			\$40		\$40		\$40		\$15			
X-Rays & Diagnostics			40%		\$85		\$75		\$30			
Imaging (CT/PET Scans & MRIs)			40%		\$325		\$150		\$75			
Pediatric Dental (Basic Services)			\$25		\$25		\$25		\$25		\$25	
Pediatric Vision			✔ \$0		✔ \$0		✔ \$0		✔ \$0		✔ \$0	
Tier 1 (Generic Drugs)	Full Cost		\$18		\$15*		\$15		\$5			
Tier 2 (Preferred Drugs)			40% up to \$500** per script		\$55**		\$55		\$15			
Tier 3 (Non-Preferred Drugs)					\$85**		\$80		\$25			
Tier 4 (Specialty Drugs)			20% up to \$250** per script		20% up to \$250 per script		10% up to \$250 per script					
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family		
Medical Deductible	Integrated Annual		\$6,300	\$12,600	\$3,700	\$7,400	✔ \$0	✔ \$0	✔ \$0	✔ \$0		
Pharmacy Deductible	Out-of-Pocket Max		\$500	\$1,000	\$10	\$20	✔ \$0	✔ \$0	✔ \$0	✔ \$0		
Annual Out-of-Pocket Maximum	\$8,700	\$17,400	\$8,200	\$16,400	\$8,200	\$16,400	\$8,200	\$16,400	\$4,500	\$9,000		

Prices (cost-share) in **green** are the member's per visit cost for their first three visits. Members are responsible for full cost of service after their first three visits, until their deductible has been met.

* Copay is for any combination of services (primary care, specialist, etc.) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.