

**FINAL 2024 beWellnm Standardized |**

<b>Standardized Turquoise Variants</b>			
<b>Plan</b>	<b>Turquoise 1</b>	<b>Turquoise 2</b>	<b>Turquoise 3</b>
FPL	Up to 150%	150-200%	200-300%
Deductible	\$0	\$100	\$500
Max Out of Pocket	\$200	\$1,000	\$2,400
Actuarial Value	99.2%	95.1%	90.1%
<b>Medical</b>			
<b>Low Co-Pay Medical Services</b>			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$0	\$5	\$7
Speech Therapy	\$0	\$5	\$7
Occupational and Physical Therapy	\$0	\$5	\$7
<b>Mid Co-Pay Medical Services</b>			
Specialist Visit	\$3	\$10	\$20
Imaging (CT/PET Scans, MRIs)	\$3	\$10	\$20
Laboratory Outpatient and Professional Services	\$3	\$10	\$20
X-rays and Diagnostic Imaging	\$3	\$10	\$20
Skilled Nursing Facility	\$3	\$10	\$20
Urgent Care Facility	\$3	\$10	\$20
<b>Higher Co-Pay Medical Services</b>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$5	\$35	\$60
Outpatient Surgery Physician/Surgical Services	\$5	\$35	\$60
Emergency Room Services	\$30	\$40	\$75
All Inpatient Hospital Services (inc. MH/SUD)	\$30	\$40	\$75
<b>Prescription Medications</b>			
<b>Generics</b>	\$0	\$3	\$5
<b>Preferred Brand Drugs</b>	\$3	\$10	\$10
<b>Preferred Specialty Drugs</b>	\$10	\$25	\$50
<b>Non-Preferred Brand Drugs</b>	\$15	\$50	\$100
<b>Non-Preferred Specialty Drugs</b>	\$25	\$65	\$125
Specialty Drugs (weighted average of copays):	\$13	\$33	\$65
Services Highlighted in Blue are Subject to Deductible			

## Health Plans

Standardized Standard/Base Variants	
Gold 80	Silver 70
N/A	
\$3,000	\$5,000
\$5,300	\$8,950
80.0%	70.0%
Medical	
Low Co-Pay Medical	
\$0	\$0
\$0	\$0
\$20	\$50
\$20	\$50
\$20	\$50
Mid Co-Pay Medical Services	
\$60	\$100
\$60	\$100
\$60	\$100
\$60	\$100
\$60	\$100
\$60	\$100
High Co-Pay Medical Services	
\$125	\$300
\$125	\$300
\$150	\$300
\$150	\$300
Prescription Medications	
\$20	\$35
\$30	\$50
\$75	\$100
\$100	\$250
\$190	\$250
\$98	\$130

Standardized Federal CSR Variants		
Silver 94	Silver 87	Silver 73
Up to 150%	150-200%	200-250%
\$150	\$1,100	\$4,500
\$1,250	\$2,950	\$7,450
94.0%	87.1%	73.1%
Medical		
Low Co-Pay Medical Services		
\$0	\$0	\$0
\$0	\$0	\$0
\$5	\$12	\$40
\$5	\$12	\$40
\$5	\$12	\$40
Mid Co-Pay Medical Services		
\$12	\$35	\$90
\$12	\$35	\$90
\$12	\$35	\$90
\$12	\$35	\$90
\$12	\$35	\$90
\$12	\$35	\$90
High Co-Pay Medical Services		
\$40	\$85	\$250
\$40	\$85	\$250
\$45	\$105	\$255
\$45	\$105	\$255
Prescription Medications		
\$3	\$8	\$30
\$10	\$15	\$45
\$30	\$65	\$95
\$60	\$100	\$205
\$75	\$165	\$240
\$39	\$85	\$124