

2017 Premium Assistance Program Plan Benefit Design

2017 Final

Deductible (\$)	\$350.00	
Coins (Insurer's %)	100%	
OOP Maximum (\$)	\$950.00	
<u>Medical</u>		
Emergency Room Services	Deductible	
All IP Hosp (inc. MHSA)	Deductible Then \$125	
PCP (exc. Well Baby, Prev., X-rays)	\$3.00	
Specialist Visit	\$8.00	
MH/SA	\$3.00	
Imaging (CT/PET Scans, MRIs)	\$35.00	
Rehabilitative ST	\$8.00	
PT/OT	\$3.00	
Lab OP and Prof Services	\$3.00	
X-rays and Diagnostic Imaging	\$0.00	
Skilled Nursing Facility	Deductible	
OP Facility (e.g., ASC)	Deductible	
OP Surg Phys/Surg Services	Deductible	
<u>Drugs</u>		
Generics	\$4.00	
Preferred Brand Drugs	\$8.00	
Non-Preferred Brand Drugs	\$8.00	
Specialty High-Cost Drugs	\$8.00	
2017 Actuarial Value Calculator Result	94.98%	