

2027 Plan Marketing Name	22 Health Gold HSA	22 Health Gold Plus, \$0 Ded, \$0 PCP visits, \$0 Generic Drugs	22 Health Standard Gold
HIOS ID	13887FL0010007(00,01,03)	13887FL0010001(00,01,03)	13887FL0010010(00,01,03)
In Network			
Deductible Individual	\$3,500.00	\$0.00	\$2,500.00
Deductible Family	\$7,000.00	\$0.00	\$5,000.00
Coinsurance	25%	35%	25%
OOP Max Individual	\$4,500.00	\$12,000.00	\$8,600.00
OOP Max Family	\$9,000.00	\$24,000.00	\$17,200.00
ER IN	25%	35%	25%
Inpatient Hospital	25%	35%	25%
Office Visit PCP	25%	\$0.00	\$30.00
Office Visit Specialist	25%	35%	\$60.00
Office Visit Mental Health	25%	35%	\$30.00
Imaging (CT/PET Scans, MRIs)	25%	35%	25%
Speech Therapy	25%	35%	\$30.00
Occupational/Physical Therapy	25%	35%	\$30.00
Preventative/Screening/Immunization	No Charge	No Charge	No Charge
Lab Outpatient/Prof Svcs	25%	35%	25%
X-Rays/Diagnsostic Imaging	25%	35%	25%
Skilled Nursing Facility	25%	35%	25%
Outpatient Facility (Ambulatory)	25%	35%	25%
Outpatient Surgery Physician/Surgical	25%	35%	25%
Urgent Care	\$45.00	\$45.00	\$45.00
Drugs			
Tier 1 (Generic)	25%	\$0.00	\$15.00
Tier 2 (Preferred Brand)	25%	35%	\$30.00
Tier 3 (Non-Preferred Brand)	25%	35%	\$60.00
Tier 4 (Specialty)	25%	35%	\$250.00
Out-of-Network	Not Covered	Not Covered	Not Covered

2027 Plan Marketing Name	22 Health Silver 4000	22 Health Silver 3000	22 Health Silver 500	22 Health Silver 100
HIOS ID	13887FL0010009(00,01,03)	13887FL0010009(04)	13887FL0010009(05)	13887FL0010009(06)
In Network				
Deductible Individual	\$4,000.00	\$3,000.00	\$500.00	\$100.00
Deductible Family	\$8,000.00	\$6,000.00	\$1,000.00	\$200.00
Coinsurance	20%	20%	20%	10%
OOP Max Individual	\$8,500.00	\$8,000.00	\$4,000.00	\$3,500.00
OOP Max Family	\$17,000.00	\$16,000.00	\$8,000.00	\$7,000.00
ER IN	20%	20%	20%	10%
Inpatient Hospital	20%	20%	20%	10%
Office Visit PCP	20%	20%	20%	10%
Office Visit Specialist	20%	20%	20%	10%
Office Visit Mental Health	20%	20%	20%	10%
Imaging (CT/PET Scans, MRIs)	20%	20%	20%	10%
Speech Therapy	20%	20%	20%	10%
Occupational/Physical Therapy	20%	20%	20%	10%
Preventative/Screening/Immunization	No Charge	No Charge	No Charge	No Charge
Lab Outpatient/Prof Svcs	20%	20%	20%	10%
X-Rays/Diagnsostic Imaging	20%	20%	20%	10%
Skilled Nursing Facility	20%	20%	20%	10%
Outpatient Facility (Ambulatory)	20%	20%	20%	10%
Outpatient Surgery Physician/Surgical	20%	20%	20%	10%
Urgent Care	\$75.00	\$75.00	\$30.00	\$5.00
Drugs				
Tier 1 (Generic)	20%	20%	20%	10%
Tier 2 (Preferred Brand)	20%	20%	20%	10%
Tier 3 (Non-Preferred Brand)	20%	20%	20%	10%
Tier 4 (Specialty)	20%	20%	20%	10%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

2027 Plan Marketing Name		22 Health Standard Silver			
HIOS ID	13887FL0010002(00,01,03)	13887FL0010002(04)	13887FL0010002(05)	13887FL0010002(06)	
In Network					
Deductible Individual	\$6,400.00	\$2,900.00	\$800.00	\$0.00	
Deductible Family	\$12,800.00	\$5,800.00	\$1,600.00	\$0.00	
Coinsurance	40%	40%	30%	25%	
OOP Max Individual	\$10,300.00	\$9,000.00	\$3,600.00	\$3,500.00	
OOP Max Family	\$20,600.00	\$18,000.00	\$7,200.00	\$7,000.00	
ER IN	40%	40%	30%	25%	
Inpatient Hospital	40%	40%	30%	25%	
Office Visit PCP	\$40.00	\$40.00	\$20.00	\$0.00	
Office Visit Specialist	\$80.00	\$80.00	\$40.00	\$10.00	
Office Visit Mental Health	\$40.00	\$40.00	\$20.00	\$0.00	
Imaging (CT/PET Scans, MRIs)	40%	40%	30%	25%	
Speech Therapy	\$40.00	\$40.00	\$20.00	\$0.00	
Occupational/Physical Therapy	\$40.00	\$40.00	\$20.00	\$0.00	
Preventative/Screening/Immunization	No Charge	No Charge	No Charge	No Charge	
Lab Outpatient/Prof Svcs	40%	40%	30%	25%	
X-Rays/Diagnsostic Imaging	40%	40%	30%	25%	
Skilled Nursing Facility	40%	40%	30%	25%	
Outpatient Facility (Ambulatory)	40%	40%	30%	25%	
Outpatient Surgery Physician/Surgical	40%	40%	30%	25%	
Urgent Care	\$60.00	\$60.00	\$30.00	\$5.00	
Drugs					
Tier 1 (Generic)	\$20.00	\$20.00	\$10.00	\$0.00	
Tier 2 (Preferred Brand)	\$40.00	\$40.00	\$20.00	\$15.00	
Tier 3 (Non-Preferred Brand)	\$80.00 After DED	\$80 After DED	\$60 After DED	\$50.00	
Tier 4 (Specialty)	\$350 After DED	\$350 After DED	\$250 After DED	\$150.00	
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	

2027 Plan Marketing Name	22 Health Silver Focused				22 Health Off Exchange Only Silver
HIOS ID	13887FL0010005(00,01,03)	13887FL0010005(04)	13887FL0010005(05)	13887FL0010005(06)	13887FL0010006(00)
In Network					
Deductible Individual	\$4,250.00	\$3,000.00	\$400.00	\$100.00	\$4,000.00
Deductible Family	\$8,500.00	\$6,000.00	\$800.00	\$200.00	\$8,000.00
Coinsurance	30%	30%	30%	15%	20%
OOP Max Individual	\$7,500.00	\$6,500.00	\$3,150.00	\$2,500.00	\$8,500.00
OOP Max Family	\$15,000.00	\$13,000.00	\$6,300.00	\$5,000.00	\$17,000.00
ER IN	30%	30%	30%	15%	20%
Inpatient Hospital	30%	30%	30%	15%	20%
Office Visit PCP	30%	30%	30%	15%	20%
Office Visit Specialist	30%	30%	30%	15%	20%
Office Visit Mental Health	30%	30%	30%	15%	20%
Imaging (CT/PET Scans, MRIs)	30%	30%	30%	15%	20%
Speech Therapy	30%	30%	30%	15%	20%
Occupational/Physical Therapy	30%	30%	30%	15%	20%
Preventative/Screening/Immunization	No Charge	No Charge	No Charge	No Charge	No Charge
Lab Outpatient/Prof Svcs	30%	30%	30%	15%	20%
X-Rays/Diagnsostic Imaging	30%	30%	30%	15%	20%
Skilled Nursing Facility	30%	30%	30%	15%	20%
Outpatient Facility (Ambulatory)	30%	30%	30%	15%	20%
Outpatient Surgery Physician/Surgical	30%	30%	30%	15%	20%
Urgent Care	30% Coins After DED	30% Coins After DED	30% Coins After DED	15% Coins After DED	\$75.00
Drugs					
Tier 1 (Generic)	\$20.00	\$20.00	\$15.00	\$7.00	20%
Tier 2 (Preferred Brand)	30%	30%	30%	15%	20%
Tier 3 (Non-Preferred Brand)	30%	30%	30%	15%	20%
Tier 4 (Specialty)	30%	30%	30%	15%	20%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

2027 Plan Marketing Name	22 Health Standard Bronze	22 Health Bronze, 3 \$0 Copay PCP visits
HIOS ID	13887FL0010003(00,01,03)	13887FL0010008(00,01,03)
In Network		
Deductible Individual	\$7,500.00	\$12,000.00
Deductible Family	\$15,000.00	\$24,000.00
Coinsurance	50%	0%
OOP Max Individual	\$12,000.00	\$12,000.00
OOP Max Family	\$24,000.00	\$24,000.00
ER IN	50%	0%
Inpatient Hospital	50%	0%
Office Visit PCP	\$50.00	First 3 visits free, then 0%
Office Visit Specialist	\$100.00	0%
Office Visit Mental Health	\$50.00	0%
Imaging (CT/PET Scans, MRIs)	50%	0%
Speech Therapy	\$50.00	0%
Occupational/Physical Therapy	\$50.00	0%
Preventative/Screening/Immunization	No Charge	No Charge
Lab Outpatient/Prof Svcs	50%	0%
X-Rays/Diagnostic Imaging	50%	0%
Skilled Nursing Facility	50%	0%
Outpatient Facility (Ambulatory)	50%	0%
Outpatient Surgery Physician/Surgical	50%	0%
Urgent Care	\$75.00	\$75.00
Drugs		
Tier 1 (Generic)	\$25.00	0%
Tier 2 (Preferred Brand)	\$50 After DED	0%
Tier 3 (Non-Preferred Brand)	\$100 After DED	0%
Tier 4 (Specialty)	\$500 After DED	0%
Out-of-Network	Not Covered	Not Covered