

2025 QHP Standardized Designs

Plan Feature/ Service <i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>	2025 Platinum	2025 High Gold	2025 High Silver	2025 Low Silver (HSA compatible, Small Group Only)	2025 Bronze #1	2025 Bronze #2 (HSA compatible) Option 1	
Annual Deductible – Combined	\$0	\$1,000	\$2,000	\$2,000	\$2,850	\$3,600	
	\$0	\$2,000	\$4,000	\$4,000	\$5,700	\$7,200	
Annual Deductible – Medical	N/A	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	N/A	
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	N/A	
Annual Out-of-Pocket Maximum	\$3,000	\$6,000	\$9,200	\$7,050	\$9,200	\$8,000	
	\$6,000	\$12,000	\$18,400	\$14,100	\$18,400	\$16,000	
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services	\$20	\$20	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60	
Specialist Office Visits	\$40	\$40	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90	
Urgent Care	\$40	\$40	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90	
Emergency Room	\$150	\$250	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875	
Emergency Transportation	\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	
Inpatient Hospitalization	\$500	Deductible then \$200	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500	
Skilled Nursing Facility	\$500	Deductible then \$200	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500	
Durable Medical Equipment	20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$40	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90	
Laboratory Outpatient and Professional Services	\$0	Deductible then \$25	Deductible then \$25	Deductible then \$60	Deductible then \$50	Deductible then \$55	
X-rays and Diagnostic Imaging	\$0	Deductible then \$35	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135	
High-Cost Imaging	\$150	Deductible then \$150	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750	
Outpatient Surgery: Ambulatory Surgery Center	\$250	Deductible then \$100	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	
Outpatient Surgery: Physician/Surgical Services	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	
Prescription Drug	Retail Tier 1	\$10	\$25	\$30	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$45	\$55	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	Deductible then \$75	Deductible then \$75	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$50	\$60	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$90	\$110	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	Deductible then \$225	Deductible then \$225	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator	90.51 percent	81.56 percent	71.34 percent	71.66 percent	64.64 percent	64.41 percent	