2026 On-Exchange

Metal Tier	Cost Share Level	Plan Name	Medical Ded.	Rx Deductible	OOP Max	PCP Office Visit	Specialist Office Visit	Virtual 24/7 Care	Urgent Care	Labs Outpatient	Preferred Generic Rx	Generic Rx
Silver Level	Standard Cost Share	Clear Silver	$7,000	Integrated with medical deductible	$7,000	$50 Copay per visit	$100 Copay per visit	No charge	$75 Copay per visit	$25 Copay per visit	No charge after deductible	No charge after deductible
		Standard Silver	$6,000	Integrated with medical deductible	$8,900	$40 Copay per visit	$80 Copay per visit	$40 Copay per visit	$60 Copay per visit	40% Coinsurance after deductible	$20 Copay per prescription	$20 Copay per prescription
		Standard Silver + Vision + Adult Dental	$6,000	Integrated with medical deductible	$8,900	$40 Copay per visit	$80 Copay per visit	$40 Copay per visit	$60 Copay per visit	40% Coinsurance after deductible	$20 Copay per prescription	$20 Copay per prescription
	73% AV Cost Share	Clear Silver	$5,800	Integrated with medical deductible	$5,800	$45 Copay per visit	$90 Copay per visit	No charge	$60 Copay per visit	$25 Copay per visit	No charge after deductible	No charge after deductible
		Standard Silver	$3,000	Integrated with medical deductible	$7,400	$40 Copay per visit	$80 Copay per visit	$40 Copay per visit	$60 Copay per visit	40% Coinsurance after deductible	$20 Copay per prescription	$20 Copay per prescription
		Standard Silver + Vision + Adult Dental	$3,000	Integrated with medical deductible	$7,400	$40 Copay per visit	$80 Copay per visit	$40 Copay per visit	$60 Copay per visit	40% Coinsurance after deductible	$20 Copay per prescription	$20 Copay per prescription
	87% AV Cost Share	Clear Silver	$2,100	Integrated with medical deductible	$2,100	$25 Copay per visit	$45 Copay per visit	No charge	$35 Copay per visit	$15 Copay per visit	No charge after deductible	No charge after deductible
		Standard Silver	$700	Integrated with medical deductible	$3,300	$20 Copay per visit	$40 Copay per visit	$20 Copay per visit	$30 Copay per visit	30% Coinsurance after deductible	$10 Copay per prescription	$10 Copay per prescription
		Standard Silver + Vision + Adult Dental	$700	Integrated with medical deductible	$3,300	$20 Copay per visit	$40 Copay per visit	$20 Copay per visit	$30 Copay per visit	30% Coinsurance after deductible	$10 Copay per prescription	$10 Copay per prescription
	94% AV Cost Share	Clear Silver	$850	Integrated with medical deductible	$850	$5 Copay per visit	$25 Copay per visit	No charge	$15 Copay per visit	$5 Copay per visit	No charge after deductible	No charge after deductible
		Standard Silver	$0	Integrated with medical deductible	$2,200	No charge	$10 Copay per visit	No charge	$5 Copay per visit	25% Coinsurance	No charge	No charge
		Standard Silver + Vision + Adult Dental	$0	Integrated with medical deductible	$2,200	No charge	$10 Copay per visit	No charge	$5 Copay per visit	25% Coinsurance	No charge	No charge
Gold Level	Standard Cost Share	Everyday Gold	$800	Integrated with medical deductible	$7,250	$35 Copay per visit	$55 Copay per visit	No charge	$45 Copay per visit	$35 Copay per visit	$3 Copay per prescription	$15 Copay per prescription
		Elite Gold	$0	Integrated with medical deductible	$6,500	$5 Copay per visit	$60 Copay per visit	No charge	$35 Copay per visit	$40 Copay per visit	$3 Copay per prescription	$15 Copay per prescription
		Standard Gold	$2,000	Integrated with medical deductible	$8,200	$30 Copay per visit	$60 Copay per visit	$30 Copay per visit	$45 Copay per visit	25% Coinsurance after deductible	$15 Copay per prescription	$15 Copay per prescription
		Everyday Gold + Vision + Adult Dental	$800	Integrated with medical deductible	$7,250	$35 Copay per visit	$55 Copay per visit	No charge	$45 Copay per visit	$35 Copay per visit	$3 Copay per prescription	$15 Copay per prescription
		Elite Gold + Vision + Adult Dental	$0	Integrated with medical deductible	$6,500	$5 Copay per visit	$60 Copay per visit	No charge	$35 Copay per visit	$40 Copay per visit	$3 Copay per prescription	$15 Copay per prescription

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Metal Tier	Cost Share Level	Plan Name	Medical Ded.	Rx Deductible	OOP Max	PCP Office Visit	Specialist Office Visit	Virtual 24/7 Care	Urgent Care	Labs Outpatient	Preferred Generic Rx	Generic Rx
Gold Level	**Standard Cost Share**	Standard Gold + Vision + Adult Dental	$2,000	Integrated with medical deductible	$8,200	$30 Copay per visit	$60 Copay per visit	$30 Copay per visit	$45 Copay per visit	25% Coinsurance after deductible	$15 Copay per prescription	$15 Copay per prescription

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