



# 2014 Sliding Scale Benefits | SINGLE PERSON

Silver Plan (Eligible for Federal Subsidy)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 – \$45,960
<b>Consumer Portion of Monthly Premium for Silver Plans</b> (Balance paid by Federal subsidy)	<b>\$19 – \$57</b>	<b>\$57 – \$121</b>	<b>\$121 – \$193</b>	<b>\$193 – \$364</b>
Copays In the Yellow Sections are Not Subject to <b>ANY</b> Deductible and Count Toward the Annual Out-of-Pocket Maximum			Benefits In Blue are Subject to Either a Medical Deductible, Drug Deductible or Both	
Deductible (if any)	No Deductible	\$500	\$1,500 Medical Deductible	\$2,000 Medical Deductible
Preventative Care Copay	No Cost	No Cost	No Cost	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Specialty Care Visit Copay	\$5	\$20	\$50	\$65
Urgent Care Visit Copay	\$6	\$30	\$80	\$90
Lab Testing Copay	\$3	\$15	\$40	\$45
X-Ray Copay	\$5	\$20	\$50	\$65
Generic Medication Copay	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care and Outpatient Surgery	10%	15%	20% of your plan's negotiated rate	20% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the Copay	No Deductible	\$50 then pay the copay amount	\$250 then pay the copay amount	\$250 then pay the copay amount
Preferred brand Copay after Drug Deductible	\$5	\$15	\$30	\$50
<b>MAXIMUM OUT-OF-POCKET FOR ONE</b>	<b>\$2,250</b>	<b>\$2,250</b>	<b>\$5,200</b>	<b>\$6,350</b>
<b>MAXIMUM OUT-OF-POCKET FOR FAMILY</b>	<b>\$4,500</b>	<b>\$4,500</b>	<b>\$10,400</b>	<b>\$12,700</b>