

# 2024 ACA Small Group Plans

(HMO Exclusive, POS, PPO)

		PLATINUM					GOLD										SILVER		BRONZE
Benefits	PHP Platinum Optima	PHP Platinum Elite	PHP Platinum Complete	PHP Platinum Complete Plus	PHP Platinum Elite Plus	PHP Platinum HRA	PHP Gold Plus	PHP Gold Classic	PHP Gold Preferred	PHP Gold Select	PHP Gold Select Plus	PHP Gold Classic Plus HSA	PHP Gold Choice HSA	PHP Gold Choice Plus HRA	PHP Gold Core HRA	PHP Silver	PHP Silver HSA	PHP Bronze HSA	
In-Network Benefits (HMO Exclusive, POS, PPO)	Single/Family Deductible	\$0 \$0	\$250 \$500	\$500 \$1,000	\$500 \$1,000	\$750 \$1,500	\$2,000 \$4,000	\$500 \$1,000	\$1,000 \$2,000	\$1,400 \$2,800	\$2,000 \$4,000	\$2,500 \$5,000	\$1,600 \$3,200	\$3,200 \$6,400	\$3,500 \$7,000	\$5,000 \$10,000	\$4,000 \$8,000	\$4,400 \$8,800	\$7,100 \$14,200
	Member Coinsurance	20%	20%	10%	0%	20%	20%	20%	20%	20%	20%	30%	10%	0%	20%	20%	30%	0%	0%
	Single/Family Coinsurance Maximum	N/A	N/A	\$500 \$1,000	N/A	N/A	N/A	\$5,000 \$10,000	N/A	\$1,600 \$3,200	\$1,500 \$3,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Single/Family Maximum Out-of-Pocket	\$2,000 \$4,000	\$2,500 \$5,000	\$3,000 \$6,000	\$1,500 \$3,000	\$2,600 \$5,200	\$6,350 \$12,700	\$8,200 \$16,400	\$7,000 \$14,000	\$8,000 \$16,000	\$8,000 \$16,000	\$8,500 \$17,000	\$4,025 \$8,050	\$6,750 \$13,500	\$8,000 \$16,000	\$7,000 \$14,000	\$9,000 \$18,000	\$7,500 \$15,000	\$7,100 \$14,200
	Primary Care Provider/ Office Visit	\$20	\$20	\$10	\$20	\$20	\$20	\$25	\$35	\$25	\$25	\$0	10%*	0%*	\$30	\$40	\$60	0%*	0%*
	Outpatient Mental Health	\$20	\$20	\$10	\$20	\$20	\$20	\$25	\$35	\$25	\$25	\$0	10%*	0%*	\$30	\$40	\$60	0%*	0%*
	Specialist	\$40	\$40	\$20	\$30	\$40	\$40	\$50	\$70	\$50	\$50	\$40	10%*	0%*	\$60	\$40	\$80	0%*	0%*
	Urgent Care	\$50	\$50	\$50	\$20	\$50	\$50	\$60	\$60	\$60	\$60	\$50	10%*	0%*	\$60	\$60	\$70	0%*	0%*
	ER	\$150	\$150*	\$150	\$150*	\$150*	\$150*	20%*	\$350*	20%*	20%*	30%*	10%*	0%*	20%*	\$250	30%*	0%*	0%*
	Hi Tech Imaging	\$150	\$150*	\$150*	\$150*	\$150*	\$150*	\$150*	\$150*	\$150*	\$150*	30%*	10%*	0%*	\$200*	20%*	\$300*	0%*	0%*
	ST/PT/OT	\$40	\$40*	\$20*	\$30*	\$40*	\$40	\$50*	\$70	\$50*	\$50*	\$0	10%*	0%*	\$60*	20%*	\$80	0%*	0%*
	Chiropractor	\$30	\$30*	\$20*	\$30*	\$30*	\$30*	\$30*	\$30	\$30*	\$30*	\$30*	10%*	0%*	\$30*	\$30*	\$30	0%*	0%*
	Q4 Deductible Carryover	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No							
Employer Funding Single/Family	N/A	N/A	N/A	N/A	N/A	\$1,000 \$2,000	N/A	N/A	N/A	N/A	N/A	No Contribution	\$200 \$400	\$200 \$400	\$250 \$500	N/A	No Contribution	No Contribution	
Prescription	6-Tier	\$5 \$15 \$40 \$80 20% max \$200 20% max \$300	\$5 \$20 \$60 \$80 20% max \$200 20% max \$300	\$10 \$25 \$60 \$100 20% max \$200 20% max \$300	\$10 \$25 \$60 \$100 20% max \$200 20% max \$300	\$10 \$25 \$60 \$100 20% max \$200 20% max \$300	\$0 \$40 \$80 \$100 30% max \$300	\$15* \$40* \$80* \$200* 20%* max \$200 20%* max \$300	\$5* \$20* \$60* \$80* 20%* max \$200 20%* max \$300	\$5 \$20 \$60 \$80 20% max \$200 20% max \$300	\$15 \$40 \$80 \$200 20% max \$200 20% max \$300	\$15 \$40 \$80 \$200 20% max \$200 20% max \$300	\$15* \$40* \$80* \$200* 20%* max \$200 20%* max \$300	0%*					
		Out-of-Network Benefits (POS, PPO)	Single/Family Deductible	\$1,000 \$2,000	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000	\$2,500 \$5,000	\$4,000 \$8,000	\$3,000 \$6,000	\$3,500 \$7,000	\$4,000 \$8,000	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 \$8,000	\$6,000 \$12,000	\$6,000 \$12,000	\$8,000 \$16,000	\$6,000 \$12,000
Member Coinsurance	30%	30%	30%	30%	30%	40%	30%	30%	30%	40%	40%	40%	30%	40%	40%	40%	40%	40%	50%
Single/Family Maximum Out-of-Pocket	\$4,000 \$8,000	\$4,500 \$9,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$8,000 \$16,000	\$15,000 \$30,000	\$7,000 \$14,000	\$15,000 \$30,000	\$15,000 \$30,000	\$15,000 \$30,000	\$15,000 \$30,000	\$8,000 \$16,000	\$12,000 \$24,000	\$15,000 \$30,000	\$16,000 \$32,000	\$15,000 \$30,000	\$15,000 \$30,000	\$20,000 \$40,000

Disclaimer: These plan designs are pending DIFS approval.

\*After Deductible