

2023 Individual Plans

	GOLD				SILVER						BRONZE				HEALTHY
Benefits	PHP HMO/ Exclusive Gold 1000	PHP HMO/ Exclusive Gold 1400	<i>NEW PLAN</i> PHP HMO/ Exclusive Gold 2000 25%	PHP HMO/ Exclusive Gold 2000 30%	PHP HMO/ Exclusive Silver 2500 Basic	PHP HMO/ Exclusive Silver 3000 <i>(Off Exch Only)</i>	PHP HMO/ Exclusive Silver 4000	PHP Exclusive Silver 5000 <i>(Off Exch Only)</i>	<i>NEW PLAN</i> PHP HMO/ Exclusive Silver 5800	PHP HMO/ Exclusive Silver 7000	PHP HMO/ Exclusive Bronze 6500	PHP HMO/ Exclusive Bronze 6900 HSA	<i>NEW PLAN</i> PHP HMO/ Exclusive Bronze 7500	PHP HMO/ Exclusive Bronze 8500***	PHP HMO/ Exclusive Healthy
Single Deductible	\$1,000	\$1,400	\$2,000	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$5,800	\$7,000	\$6,500	\$6,900	\$7,500	\$8,500	\$9,100
Family Deductible	\$2,000	\$2,800	\$4,000	\$4,000	\$5,000	\$6,000	\$8,000	\$10,000	\$11,600	\$14,000	\$13,000	\$13,800	\$15,000	\$17,000	\$18,200
Member Coinsurance	20%*	20%*	25%*	30%*	40%*	30%*	40%*	30%*	40%*	40%*	50%*	0%*	50%*	0%*	0%*
Single Maximum Out-of-Pocket	\$8,000	\$6,750	\$8,700	\$6,800	\$8,500	\$8,500	\$8,500	\$8,500	\$8,900	\$8,000	\$8,500	\$6,900	\$9,000	\$8,500	\$9,100
Family Maximum Out-of-Pocket	\$16,000	\$13,500	\$17,400	\$13,600	\$17,000	\$17,000	\$17,000	\$17,000	\$17,800	\$16,000	\$17,000	\$13,800	\$18,000	\$17,000	\$18,200
PCP or Mental Health Office Visit	\$30	\$30	\$30	\$30	\$40	\$35	\$50	\$50	\$40	\$45	50%*	0%*	\$50	\$35	\$0**
Specialist	\$50	\$50	\$60	\$60	40%*	\$60	\$80	\$80	\$80	\$80	50%*	0%*	\$100	0%*	0%*
Urgent Care	\$75	\$60	\$45	\$75	40%*	\$60	\$85	\$60	\$60	\$85	50%*	0%*	\$75	\$75	0%*
ER	20%*	20%*	25%*	30%*	40%*	30%*	40%*	30%*	40%*	40%*	50%*	0%*	50%*	0%*	0%*
RX (4-Tier or 6-Tier)	\$5	\$5	\$15	\$5	\$15	\$15	\$10	\$15	\$20	\$10	\$15		\$25		
	\$20	\$40	\$30	\$20	\$40	\$40	\$30	\$40	\$40	\$30	\$40		\$50*		
	\$60	\$65	\$60	\$60	50%*	50%*	\$80	\$75	\$80*	\$80	50%*	0%*	\$100*	0%*	0%*
	\$80	\$125	\$250	\$80	50%*	50%*	\$200	\$200	\$350*	\$200	50%*		\$500*		
	20%	30%	-	20%	50%*	50%*	20%	30%*	-	20%	50%*		-		
40%	30%	-	40%	50%*	50%*	40%	30%*	-	40%	50%*		-			
Hi Tech Imaging	\$150*	20%*	25%*	\$150*	40%*	\$350*	\$150*	30%*	40%*	\$150*	50%*	0%*	50%*	0%*	0%*
ST/PT/OT	\$50*	\$50	\$30	\$60*	40%*	\$60	\$80*	30%*	\$40	\$80*	50%*	0%*	\$50	0%*	0%*
Chiropractor	\$30*	\$30*	\$30*	\$30*	40%*	30%*	\$30*	\$30*	\$30*	\$30*	50%*	0%*	\$30*	0%*	0%*

Pending DIFS (Department of Insurance and Financial Services) approval

* After deductible

** 3 PCP visits and preventive services paid 100%; otherwise all eligible expenses subject to deductible.

*** \$10 copay for OP lab & professional services; deductible is waived.