

# 2016 VIRGINIA Individual Marketplace Plan Options At-A-Glance



Plan Name	Coplay Plans				H.S.A. Plans	
	Bronze Compass 6500	Silver Compass 4500	Gold Compass 1000	Gold Compass 0	Bronze Compass H.S.A. 5500	Silver Compass H.S.A. 2000
License	UnitedHealthcare of the MidAtlantic	UnitedHealthcare of the MidAtlantic	UnitedHealthcare of the MidAtlantic	UnitedHealthcare of the MidAtlantic	UnitedHealthcare of the MidAtlantic	UnitedHealthcare of the MidAtlantic

## Deductible and Coinsurance

<b>Deductible (Individual)</b>	You pay:	\$6,500	\$4,500	\$1,000	\$0	\$5,500	\$2,000
<b>Deductible (Family)</b>	You pay:	\$13,000	\$9,000	\$2,000	\$0	\$11,000	\$6,000
<b>Coinsurance</b>	You pay:	40%	0%	20%	30%	100%	100%

## Out-of-pocket Maximum (Medical and Pharmacy Combined)

<b>Individual</b>	You pay:	\$6,850	\$6,850	\$6,850	\$6,850	\$6,500	\$6,500
<b>Family</b>	You pay:	\$13,700	\$13,700	\$13,700	\$13,700	\$13,000	\$6,850

## Medical

<b>Primary Care Physician (PCP)</b>	You pay:	\$45 copay	\$10 copay	\$10 copay	\$30 copay	No charge after deductible	\$25 copay after deductible
<b>Preventive Care</b>	You pay:	No charge -- 100% covered in-network	No charge -- 100% covered in-network	No charge -- 100% covered in-network	No charge -- 100% covered in-network	No charge -- 100% covered in-network	No charge -- 100% covered in-network
<b>Specialist</b>	You pay:	\$100 copay	\$30 copay	\$30 copay	\$60 copay	No charge after deductible	\$50 copay after deductible
<b>Urgent Care Visit</b>	You pay:	40% after deductible	No charge after deductible	20% after deductible	30%	No charge after deductible	No charge after deductible
<b>Emergency Room Fees</b>	You pay:	40% after deductible	\$500 copay, then deductible and	\$400 copay, after deductible	\$500 copay	No charge after deductible	\$500 copay after deductible
<b>Outpatient Surgery (Doctor's Office or Freestanding Surgery Center)</b>	You pay:	40% after deductible	No charge after deductible	20% after deductible	30%	No charge after deductible	\$350 after deductible
<b>Outpatient Surgery (Hospital)</b>	You pay:	\$500 copay after deductible	\$400 copay after deductible	\$250 copay after deductible	\$400 copay	30% after deductible	\$500 after deductible
<b>Lab and X-ray (Doctor's Office, Freestanding Center or Lab)</b>	You pay:	40% after deductible (not included in office)	No charge after deductible	20% after deductible (not included in office)	30% (not included in office visit copay)	No charge after deductible	No charge after deductible
<b>Lab and X-ray (Hospital)</b>		50% after deductible	20% after deductible	60% after deductible	50%	30% after deductible	30% after deductible
<b>Hospital Stay</b>	You pay:	40% after deductible	No charge after deductible	20% after deductible	30%	No charge after deductible	\$1,250 after deductible
<b>Maternity Stay</b>	You pay:	40% after deductible	No charge after deductible	20% after deductible	30%	No charge after deductible	\$1,250 after deductible

## Retail Pharmacy

<b>Prescription Deductible</b>	You pay:	N/A	\$1,000	\$500	N/A	N/A	N/A
<b>Tier 1</b>	You pay:	\$10 copay after deductible	\$5 copay	\$5 copay	\$5 copay	\$10 copay after deductible	\$10 copay after deductible
<b>Tier 2</b>	You pay:	\$50 copay after deductible	\$40 copay	\$35 copay	\$40 copay	\$50 copay after deductible	\$50 copay after deductible
<b>Tier 3</b>	You pay:	\$150 copay after deductible	\$95 copay after deductible	\$95 copay after deductible	\$95 copay	\$150 copay after deductible	\$95 copay after deductible
<b>Tier 4</b>	You pay:	\$300 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay	\$300 copay after deductible	\$250 copay after deductible