Delaware SHOP Marketplace Plans--Summary of Coverage Beginning January 1, 2014

Each plan offers its own design for benefit coverage. Employers are encouraged to visit www.Healthcare.gov to view and compare the various plan options available to determine which health plan best meets their the coverage and budget needs.

Lowest and Highest Cost Plans by Metal Level (based on Plan Level Base Monthly Premium Rate)	Bronze		Silver		Gold	
	Low	High	Low	High	Low	High
Annual deductibles and out-of-pocket limit on your expenses (all costs assume you use in-network doctors, hospitals, etc.)						
Medical EHB Deductible (Individual/Family)			$2000 / $4000		$1250 / $2500	$1000 / $2000
Drug EHB Deductible (Individual/Family)			$1000 / $2000		$250 / $500	$0 / $0
Combined Medical and Drug EHB Deductible (Individual/Family)	$6300 / $12,600	$5250 / $10500		$2000 / $4000		
Medical Services - your share of costs (Copay*/Coinsurance)**						
Preventive Care/Screening/Immunization	No Charge / No Charge	No Charge / No Charge	No Charge / No Charge	No Charge / No Charge	No Charge / No Charge	No Charge / No Charge
Primary Care Visit to Treat an Injury or Illness	No Charge after deductible / No Charge after dedcutible	$5 / No Charge	$10 / 0%	$25 / No Charge	No Charge / 0%	$25 / No Charge
Specialist Visit	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$75 / 0%	No Charge / 25% after deductible	$50 / 0%	No Charge / 25% after deductible
Urgent Care Centers or Facilities	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$75 / 0%	No Charge / 25% after deductible	$75 / 0%	No Charge / 25% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$250 before deductible / No charge after deductible	No Charge / 25% after deductible	$250 before deductible / No Charge after deductible	No Charge / 25% after deductible
Emergency Room Services	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$500 / 0%	No Charge / 25% after deductible	$250 / 0%	No Charge / 25% after deductible
Emergency Transportation/Ambulance	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$0 / 30% after deductible	No Charge / 25% after deductible	$500 / 0%	No Charge / 25% after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	$0 per stay / No Charge after deductible	$0 per day / 10% after deductible	$500 per stay / 30% after deductible	$0 per day / 25% after deductible	$0 per stay / 20% after deductible	$0 per day / 25% after deductible
Delivery and All Inpatient Services for Maternity Care	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$0 / 30% after deductible	No Charge / 25% after deductible	$0 / 20% after deductible	No Charge / 25% after deductible
Well Baby Visits and Care	No Charge after deductible / No Charge after dedcutible	No Charge / No Charge	No Charge / 30% after deductible	No Charge / No Charge	No Charge / 20% after deductible	No Charge / No Charge
X-rays	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	No Charge / 30% after deductible	No Charge / 25% after deductible	No Charge / 20% after deductible	No Charge / 25% after deductible
Diabetes Care Management	No Charge after deductible / No Charge after dedcutible	No Charge / 10% after deductible	$75 / 0%	No Charge / 25% after deductible	$50 / 0%	No Charge / 25% after deductible
Prescription Drugs - your share of costs (Copay*/Coinsurance)**						
Generic Drugs	No Charge after deductible / No Charge after dedcutible	No Charge / 50% after deductible	$5 / No charge	$15 / No Charge	$3 / No Charge	$15 / No Charge
Preferred Brand Drugs	No Charge after deductible / No Charge after dedcutible	No Charge / 50% after deductible	$45 after deductible / No charge	No Charge / 25% after deductible	$30 after deductible / No Charge	$40 / No Charge
Non-Preferred Brand Drugs	No Charge after deductible / No Charge after dedcutible	No Charge / 50% after deductible	$75 Copay after deductible / No Charge	No Charge / 25% after deductible	$60 after deductible / No Charge	$90 / No Charge
Specialty Drugs	No Charge after deductible / No Charge after dedcutible	No Charge after deductible / 50% after deductible	$150 Copay after deductible / 0%	No Charge / 25% after deductible	$150 after deductible / 0%	$90 / No Charge

**Copay is a set amount that must be paid out-of-pocket for medical services and prescriptions; the health insurance pays the rest of the amount. Each service or prescription may have a set copayment that is the responsibility of the insured. Copays do not apply to the enrollee's deductible, coinsurance, or out-of-pocket maximum. In addition, not all services may require a copay.*

***Coinsurance is a health care cost sharing between the consumer and their insurance company. Coinsurance is the percentage you pay when your health plan pays less than 100% for covered services. In some cases, your health plan will not pay toward services with a coinsurance until you have paid your annual deductible.*