

MercyCare Individual Plans

2017 Gold Plans

Individual	MercyCare HMO Gold Option A	MercyCare HMO Gold Option B Standard	MercyCare HMO Gold Option C
Deductible	\$1,500 Single/ \$3,000 Family	\$1,250 Single/ \$2,500 Family	\$2,000 Single/ \$4,000 Family
Coinsurance	20% coinsurance	20% coinsurance	0% Coinsurance
Primary care office visits	\$30 copay	\$20 copay	Deductible, then 0% coinsurance
Specialist office visits	\$60 copay	\$50 copay	Deductible, then 0% coinsurance
Maximum out-of-pocket	\$4,000 Single/ \$8,000 Family	\$4,750 Single/ \$9,500 Family	\$2,000 Single/ \$4,000 Family
Preventative services/well child care	No charge	No charge	No charge
Diagnostic tests: x-rays, lab/radiology	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient services	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient services	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Emergency care	\$200 copay	\$250 copay after deductible	Deductible, then 0% coinsurance
Ambulance services	No charge	No charge	Deductible, then 0% coinsurance
Urgent care	\$60 copay	\$65 copay	Deductible, then 0% coinsurance
Urgent care non-Mercyhealth	\$75 copay	\$80 copay	Deductible, then 0% coinsurance
Mental health inpatient	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Mental health day treatment	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Mental health outpatient	\$60 copay	\$20 copay	Deductible, then 0% coinsurance
Durable Medical Equipment (DME)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Physical, speech, occupational therapy	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs			
Tier 1- Generic	\$20 copay	\$10 copay	Deductible, then 0% coinsurance
Tier 2- Preferred brand	\$40 copay	\$30 copay	Deductible, then 0% coinsurance
Tier 3- Non-preferred brand, generic	\$60 copay	\$75 copay	Deductible, then 0% coinsurance
Tier 4 - Specialty	25% coinsurance	30% coinsurance	Deductible, then 0% coinsurance

MercyCare is a Qualified Health Plan issuer in the Health Insurance Marketplace.

MercyCare Individual Plans

2017 Silver Plans

Individual	MercyCare HMO Silver Option A	MercyCare HMO Silver Option B Standard	MercyCare HMO Silver Option C*
Deductible	\$5,000 Single/ \$10,000 Family	\$3,500 Single/ \$7,000 Family	\$4,000 Single/ \$8,000 Family
Coinsurance	30% coinsurance	20% coinsurance	0% Coinsurance
Primary care office visits	\$30 copay	\$30 copay	Deductible, then 0% coinsurance
Specialist office visits	\$60 copay	\$65 copay	Deductible, then 0% coinsurance
Maximum out-of-pocket	\$6,850 Single/ \$13,700 Family	\$7,150 Single/ \$14,300 Family	\$4,000 Single/ \$8,000 Family
Preventative services/well child care	No charge	No charge	No charge
Diagnostic tests: x-rays, lab/radiology	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient services	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient services	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Emergency care	\$200 copay	\$400 copay after deductible	Deductible, then 0% coinsurance
Ambulance services	No charge	No charge	Deductible, then 0% coinsurance
Urgent care	\$60 copay	\$75 copay	Deductible, then 0% coinsurance
Urgent care non-Mercyhealth	\$75 copay	\$90 copay	Deductible, then 0% coinsurance
Mental health inpatient	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Mental health day treatment	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Mental health outpatient	\$60 copay	\$30 copay	Deductible, then 0% coinsurance
Durable Medical Equipment (DME)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Physical, speech, occupational therapy	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs			
Tier 1- Generic	\$20 copay	\$15 copay	Deductible, then 0% coinsurance
Tier 2- Preferred brand	\$40 copay	\$50 copay	Deductible, then 0% coinsurance
Tier 3- Non-preferred brand, generic	\$60 copay	\$100 copay	Deductible, then 0% coinsurance
Tier 4 - Specialty	25% coinsurance	40% coinsurance	Deductible, then 0% coinsurance

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*HSA Eligible

MercyCare Individual Plans

2017 Bronze Plans

Individual	MercyCare HMO Bronze Option A	MercyCare HMO Bronze Option B Standard	MercyCare HMO Bronze Option C*
Deductible	\$5,000 Single/ \$10,000 Family	\$6,650 Single/ \$13,300 Family	\$6,550 Single/ \$13,100 Family
Coinsurance	30% coinsurance	50% coinsurance	0% Coinsurance
Primary care office visits	Deductible, then 30% coinsurance	\$45 copay, then deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Specialist office visits	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Maximum out-of-pocket	\$6,850 Single/ \$13,700 Family	\$7,150 Single/ \$14,300 Family	\$6,550 Single/ \$13,100 Family
Preventative services/well child care	No charge	No charge	No charge
Diagnostic tests: x-rays, lab/radiology	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient services	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient services	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Emergency care	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Ambulance services	Deductible, then 30% coinsurance	No charge	Deductible, then 0% coinsurance
Urgent care	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Urgent care non-Mercyhealth	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Mental health inpatient	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Mental health day treatment	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Mental health outpatient	Deductible, then 30% coinsurance	\$45 copay	Deductible, then 0% coinsurance
Durable Medical Equipment (DME)	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Physical, speech, occupational therapy	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Prescription drugs			
Tier 1- Generic	Deductible, then 30% coinsurance	\$35 copay	Deductible, then 0% coinsurance
Tier 2- Preferred brand	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance
Tier 3- Non-preferred brand, generic	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Tier 4 - Specialty	Deductible, then 30% coinsurance	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance

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