# 2019-2020 Cost Sharing Changes

## Neighborhood INNOVATION Bronze Plan

Cost sharing changes are displayed in green text

### 2019
- Individual/Family Deductible: $6,550/$13,100
- Individual/Family OOP Max: $7,350/$14,700
- Coinsurance: 30% after deductible
- Primary Care Visit: $20 copay
- Specialist Visit: 30% after deductible
- ER Visit: 30% after deductible
- Prescription Drug Cost:
  - Tier 1: $10 after deductible
  - Tier 2: $15 after deductible
  - Tier 3: $40 after deductible
  - Tier 4: $55 after deductible
  - Tier 5: 30% after deductible
  - Tier 6: 30% after deductible

### 2020
- Individual/Family Deductible: $6,550/$13,100
- Individual/Family OOP Max: $7,350/$14,700
- Coinsurance: 30% after deductible
- Primary Care Visit: $20 copay
- Specialist Visit: 30% after deductible
- ER Visit: 30% after deductible
- Prescription Drug Cost:
  - Tier 1: $10 after deductible
  - Tier 2: $15 after deductible
  - Tier 3: $40 after deductible
  - Tier 4: $55 after deductible
  - Tier 5: 30% after deductible
  - Tier 6: 30% after deductible

## Neighborhood ECONOMY Bronze Plan

Cost sharing changes are displayed in green text

### 2019 HSA Qualified
- Individual/Family Deductible: $6,000/$12,000
- Individual/Family OOP Max: $6,550/$13,100
- Coinsurance: 0% after deductible
- Primary Care Visit: 0% after deductible
- Specialist Visit: 0% after deductible
- ER Visit: 0% after deductible
- Prescription Drug Cost:
  - Tier 1: $5 after deductible
  - Tier 2: $10 after deductible
  - Tier 3: $35 after deductible
  - Tier 4: $50 after deductible
  - Tier 5: 30% after deductible
  - Tier 6: 30% after deductible

### 2020 HSA Qualified
- Individual/Family Deductible: $6,000/$12,000
- Individual/Family OOP Max: $6,550/$13,100
- Coinsurance: 0% after deductible
- Primary Care Visit: 0% after deductible
- Specialist Visit: 0% after deductible
- ER Visit: 0% after deductible
- Prescription Drug Cost:
  - Tier 1: $5 after deductible
  - Tier 2: $10 after deductible
  - Tier 3: $35 after deductible
  - Tier 4: $50 after deductible
  - Tier 5: 30% after deductible
  - Tier 6: 30% after deductible
Neighborhood COMMUNITY Silver Plan
Cost sharing changes are displayed in green text

2019 HSA Qualified
• Individual/Family Deductible: $2,850/$5,700
• Individual/Family OOP Max: $6,550/$13,100
• Coinsurance: 10% after deductible
• Primary Care Visit: 10% after deductible
• Specialist Visit: 10% after deductible
• ER Visit: 10% after deductible
• Prescription Drug Cost:
  » Tier 1: $5 after deductible
  » Tier 2: $10 after deductible
  » Tier 3: $35 after deductible
  » Tier 4: $50 after deductible
  » Tier 5: 30% after deductible
  » Tier 6: 30% after deductible

2020 HSA Qualified
• Individual/Family Deductible: $2,950/$5,900
• Individual/Family OOP Max: $6,750/$13,500
• Coinsurance: 15% after deductible
• Primary Care Visit: 15% after deductible
• Specialist Visit: 15% after deductible
• ER Visit: 15% after deductible
• Prescription Drug Cost:
  » Tier 1: $5 after deductible
  » Tier 2: $10 after deductible
  » Tier 3: $35 after deductible
  » Tier 4: $50 after deductible
  » Tier 5: 50% after deductible
  » Tier 6: 50% after deductible

Neighborhood VALUE Silver Plan
Cost sharing changes are displayed in green text

2019
• Individual/Family Deductible: $3,600/$7,200
• Individual/Family OOP Max: $7,900/$15,800
• Coinsurance: 25% after deductible
• Primary Care Visit: $25 copay
• Specialist Visit: $60 copay
• ER Visit: 25% after deductible
• Prescription Drug Cost:
  » Tier 1: $10
  » Tier 2: $15
  » Tier 3: $40
  » Tier 4: $55
  » Tier 5: 30% after deductible
  » Tier 6: 30% after deductible

2020
• Individual/Family Deductible: $3,700/$7,400
• Individual/Family OOP Max: $7,950/$15,900
• Coinsurance: 35% after deductible
• Primary Care Visit: $30 copay
• Specialist Visit: $65 copay
• ER Visit: 35% after deductible
• Prescription Drug Cost:
  » Tier 1: $10
  » Tier 2: $15
  » Tier 3: $40
  » Tier 4: $55
  » Tier 5: 50% after deductible
  » Tier 6: 50% after deductible
Neighborhood COMMUNITY CSR 73 Silver Plan
Cost sharing changes are displayed in green text

2019
- Individual/Family Deductible: $2,500/$5,000
- Individual/Family OOP Max: $6,000/$12,000
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
  » Tier 1: $5 after deductible
  » Tier 2: $10 after deductible
  » Tier 3: $35 after deductible
  » Tier 4: $50 after deductible
  » Tier 5: 10% after deductible
  » Tier 6: 10% after deductible

2020
- Individual/Family Deductible: $2,550/$5,100
- Individual/Family OOP Max: $6,150/$12,300
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
  » Tier 1: $5 after deductible
  » Tier 2: $10 after deductible
  » Tier 3: $35 after deductible
  » Tier 4: $50 after deductible
  » Tier 5: 10% after deductible
  » Tier 6: 10% after deductible

Neighborhood VALUE CSR 73 Silver Plan
Cost sharing changes are displayed in green text

2019
- Individual/Family Deductible: $3,550/$7,100
- Individual/Family OOP Max: $6,300/$12,600
- Coinsurance: 20% after deductible
- Primary Care Visit: $20 copay
- Specialist Visit: $60 copay
- ER Visit: 20% after deductible
- Prescription Drug Cost:
  » Tier 1: $10
  » Tier 2: $15
  » Tier 3: $40
  » Tier 4: $55
  » Tier 5: 20% after deductible
  » Tier 6: 20% after deductible

2020
- Individual/Family Deductible: $3,700/$7,400
- Individual/Family OOP Max: $6,500/$13,000
- Coinsurance: 35% after deductible
- Primary Care Visit: $20 copay
- Specialist Visit: $65 copay
- ER Visit: 35% after deductible
- Prescription Drug Cost:
  » Tier 1: $10
  » Tier 2: $15
  » Tier 3: $40
  » Tier 4: $55
  » Tier 5: 50% after deductible
  » Tier 6: 50% after deductible
Neighborhood COMMUNITY CSR 87 Silver Plan
Cost sharing changes are displayed in green text

2019
• Individual/Family Deductible: $600/$1,200
• Individual/Family OOP Max: $2,600/$5,200
• Coinsurance: 10% after deductible
• Primary Care Visit: 10% after deductible
• Specialist Visit: 10% after deductible
• ER Visit: 10% after deductible
• Prescription Drug Cost:
  » Tier 1: $5 after deductible
  » Tier 2: $7 after deductible
  » Tier 3: $30 after deductible
  » Tier 4: $45 after deductible
  » Tier 5: 10% after deductible
  » Tier 6: 10% after deductible

2020
• Individual/Family Deductible: $600/$1,200
• Individual/Family OOP Max: $2,600/$5,200
• Coinsurance: 10% after deductible
• Primary Care Visit: 10% after deductible
• Specialist Visit: 10% after deductible
• ER Visit: 10% after deductible
• Prescription Drug Cost:
  » Tier 1: $5 after deductible
  » Tier 2: $7 after deductible
  » Tier 3: $30 after deductible
  » Tier 4: $45 after deductible
  » Tier 5: 10% after deductible
  » Tier 6: 10% after deductible

Neighborhood VALUE CSR 87 Silver Plan
Cost sharing changes are displayed in green text

2019
• Individual/Family Deductible: $950/$1,900
• Individual/Family OOP Max: $2,600/$5,200
• Coinsurance: 10% after deductible
• Primary Care Visit: $10 copay
• Specialist Visit: $20 copay
• ER Visit: 10% after deductible
• Prescription Drug Cost:
  » Tier 1: $5
  » Tier 2: $10
  » Tier 3: $35
  » Tier 4: $50
  » Tier 5: 10% after deductible
  » Tier 6: 10% after deductible

2020
• Individual/Family Deductible: $950/$1,900
• Individual/Family OOP Max: $2,600/$5,200
• Coinsurance: 10% after deductible
• Primary Care Visit: $10 copay
• Specialist Visit: $20 copay
• ER Visit: 10% after deductible
• Prescription Drug Cost:
  » Tier 1: $5
  » Tier 2: $10
  » Tier 3: $35
  » Tier 4: $50
  » Tier 5: 10% after deductible
  » Tier 6: 10% after deductible
### Neighborhood COMMUNITY CSR 94 Silver Plan

Cost sharing changes are displayed in green text

**2019**
- Individual/Family Deductible: $0/$0
- Individual/Family OOP Max: $2,250/$4,500
- Coinsurance: 10%
- Primary Care Visit: 10%
- Specialist Visit: 10%
- ER Visit: 10%
- Prescription Drug Cost:
  - Tier 1: $2
  - Tier 2: $5
  - Tier 3: $15
  - Tier 4: $30
  - Tier 5: 10%
  - Tier 6: 10%

**2020**
- Individual/Family Deductible: $0/$0
- Individual/Family OOP Max: $2,250/$4,500
- Coinsurance: 10%
- Primary Care Visit: 10%
- Specialist Visit: 10%
- ER Visit: 10%
- Prescription Drug Cost:
  - Tier 1: $2
  - Tier 2: $5
  - Tier 3: $15
  - Tier 4: $30
  - Tier 5: 10%
  - Tier 6: 10%

### Neighborhood VALUE CSR 94 Silver Plan

Cost sharing changes are displayed in green text

**2019**
- Individual/Family Deductible: $0/$0
- Individual/Family OOP Max: $2,150/$4,300
- Coinsurance: 10%
- Primary Care Visit: $5 copay
- Specialist Visit: $15 copay
- ER Visit: 10%
- Prescription Drug Cost:
  - Tier 1: $2
  - Tier 2: $5
  - Tier 3: $15
  - Tier 4: $30
  - Tier 5: 10%
  - Tier 6: 10%

**2020**
- Individual/Family Deductible: $0/$0
- Individual/Family OOP Max: $2,150/$4,300
- Coinsurance: 10%
- Primary Care Visit: $5 copay
- Specialist Visit: $15 copay
- ER Visit: 10%
- Prescription Drug Cost:
  - Tier 1: $2
  - Tier 2: $5
  - Tier 3: $15
  - Tier 4: $30
  - Tier 5: 10%
  - Tier 6: 10%
Neighborhood PLUS Gold Plan
Cost sharing changes are displayed in green text

2019
• Individual/Family Deductible: $1,000/$2,000
• Individual/Family OOP Max: $5,900/$11,800
• Coinsurance: 20% after deductible
• Primary Care Visit: $20 copay
• Specialist Visit: $40 copay
• ER Visit: $200 copay
• Prescription Drug Cost:
  » Tier 1: $5
  » Tier 2: $10
  » Tier 3: $35
  » Tier 4: $50
  » Tier 5: 30% after deductible
  » Tier 6: 30% after deductible

2020
• Individual/Family Deductible: $1,200/$2,400
• Individual/Family OOP Max: $6,250/$12,500
• Coinsurance: 20% after deductible
• Primary Care Visit: $20 copay
• Specialist Visit: $40 copay
• ER Visit: $200 copay
• Prescription Drug Cost:
  » Tier 1: $5
  » Tier 2: $10
  » Tier 3: $35
  » Tier 4: $50
  » Tier 5: 30% after deductible
  » Tier 6: 30% after deductible

Neighborhood ESSENTIAL Gold Plan
Cost sharing changes are displayed in green text

2019
• Individual/Family Deductible: $2,100/$4,200
• Individual/Family OOP Max: $4,000/$8,000
• Coinsurance: 0% after deductible
• Primary Care Visit: $25 copay
• Specialist Visit: $40 copay
• ER Visit: $350 copay
• Prescription Drug Cost:
  » Tier 1: $5
  » Tier 2: $10
  » Tier 3: $35
  » Tier 4: $50
  » Tier 5: 30% after deductible
  » Tier 6: 30% after deductible

2020
• Individual/Family Deductible: $2,300/$4,600
• Individual/Family OOP Max: $4,700/$9,400
• Coinsurance: 0% after deductible
• Primary Care Visit: $25 copay
• Specialist Visit: $40 copay
• ER Visit: $350 copay
• Prescription Drug Cost:
  » Tier 1: $5
  » Tier 2: $10
  » Tier 3: $35
  » Tier 4: $50
  » Tier 5: 30% after deductible
  » Tier 6: 30% after deductible