

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
COSTS										
Medical Deductible - In Network - Individual	\$0	\$600	\$2,000	\$1,650	\$300	\$0	\$4,000 \$7,150(N/S)	\$7,150	\$0	
Medical Deductible - In Network - Family	\$0	\$1,200	\$4,000	\$3,300	\$600	\$0	\$8,000 \$14,300(N/S)	\$14,300	\$0	
Medical EHB Default Coinsurance In Network (Tier 1)	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Max OOP - In Network - Individual	\$2,000	\$4,000	\$6,750	\$5,700	\$2,350	\$1,000	\$7,150	\$7,150	\$0	
Max OOP - In Network - Family	\$4,000	\$8,000	\$13,500	\$11,400	\$4,700	\$2,000	\$14,300	\$14,300	\$0	
OUTPATIENT SERVICES										
Home Health Care Services	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Outpatient Facility	\$100	\$100	\$100	\$100	\$75	\$25	50% 0%(N/S)	No Charge	Covered in full	
Outpatient Surgery Physician/Surgical Services	\$100	\$100	\$100	\$100	\$75	\$25	50% 0%(N/S)	No Charge	Covered in full	

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
Primary Care Visit to Treat an Injury or Illness	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Specialist Visit	\$35	\$40	\$50	\$50	\$35	\$20	50% 0%(N/S)	No Charge	Covered in full	
PREVENTATIVE AND WELLNESS	All are not subject to deductible (NSD)									
Gym Membership Reimbursement	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	
Prenatal and Postnatal Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	
Preventative Care/Screening/Immunization	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	
Well Baby Visits and Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	
EMERGENCY SERVICES										
Emergency Room Services	\$100	\$150	\$250	\$250	\$75	\$50	50% 0%(N/S)	No Charge	Covered in full	
Emergency Transportation/Ambulance	\$100	\$150	\$150	\$150	\$75	\$50	50% 0%(N/S)	No Charge	Covered in full	

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/ Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
Urgent Care Centers or Facilities	\$55	\$60	\$70	\$70	\$50	\$30	50% 0%(N/S)	No Charge	Covered in full	
HOSPITALIZATION										
Delivery and All Inpatient Services for Maternity Care	\$600	\$1,100	\$1,600	\$1,600	\$325	\$125	50% 0%(N/S)	No Charge	Covered in full	
Inpatient Hospital Services	\$500	\$1,000	\$1,500	\$1,500	\$250	\$100	50% 0%(N/S)	No Charge	Covered in full	
Inpatient Physician and Surgical Services	\$100	\$100	\$100	\$100	\$75	\$25	50% 0%(N/S)	No Charge	Covered in full	
Skilled Nursing Facility	\$500	\$1,000	\$1,500	\$1,500	\$250	\$100	50% 0%(N/S)	No Charge	Covered in full	
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES										
Mental/Behavioral Health Inpatient Services	\$500	\$1,000	\$1,500	\$1,500	\$250	\$100	50% 0%(N/S)	No Charge	Covered in full	
Mental/Behavioral Health Outpatient Services	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Substance Abuse Disorder Inpatient Services	\$500	\$1,000	\$1,500	\$1,500	\$250	\$100	50% 0%(N/S)	No Charge	Covered in full	

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/ Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
Substance Abuse Disorder Outpatient Services	\$15	\$25	\$30	\$30	\$15	\$10	50%	No Charge	Covered in full	
PRESCRIPTION DRUGS OTHER	**Prescription drugs for all Platinum, Gold, and Silver plans are NOT subject to the deductible. Bronze and Catastrophic are subject to deductible.									
Generic Drugs (Tier1)	\$10 (retail) \$25 (mail order)	\$10 (retail) \$25 (mail order)	\$10 (retail) \$25 (mail order)	\$10 (retail) 25 (mail order)	\$9(retail) 22.50(mail order)	\$6(retail) \$15 (mail order)	\$10 (retail) \$25 (mail order) 0%(N/S)	No Charge	Covered in full	
Preferred Brand Drugs (Tier 2)	\$30 (retail) \$75 (mail order)	\$35 (retail) \$87.50 (mail order)	\$35 (retail) \$87.50(mail order)	\$35 (retail) \$87.50 (mail order)	\$20 (retail) \$50 (mail order)	\$15 (retail) \$37.50 (mail order)	\$35 (retail) \$87.50(mail order) 0%(N/S)	No Charge	Covered in full	
Non-Preferred Brand Drugs and Specialty Tier drugs (Tier 3)	\$60 (retail) \$150 (mail order)	\$70 (retail) \$175 (mail order)	\$70 (retail) \$175 (mail order)	\$70 (retail) \$175 (mail order)	\$40 (retail) \$100 (mail order)	\$30 (retail) \$75 (mail order)	\$70 (retail) \$175 (mail order) 0%(N/S)	No Charge	Covered in full	
REHABILITATIVE AND HABILITATIVE										
Chiropractic Care	\$35	\$40	\$50	\$50	\$35	\$20	50% 0%(N/S)	No Charge	Covered in full	
Durable Medical Equipment	10%	20%	30%	25%	10%	5%	50% 0%(N/S)	No Charge	Covered in full	

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/ Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
Diabetic Equipment, Supplies (30 days), Education	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Habilitation Services (Physical Therapy, Occupational Therapy, or Speech Therapy)	\$25	\$30	\$30	\$30	\$25	\$15	50% 0%(N/S)	No Charge	Covered in full	60 visits per condition per lifetime combined therapies
Prosthetic Devices (External)	10%	20%	30%	25%	10%	5%	50% 0%(N/S)	No Charge	Covered in full	1 external prosthetic device per limb per lifetime (limit does not apply to internal devices)
LABORATORY										
Imaging (CT/PET scans, MRIs)	\$35	\$40	\$50	\$50	\$35	\$20	50% 0%(N/S)	No Charge	Covered in full	
Lab Outpatient and Specialist Services	\$35	\$40	\$50	\$50	\$35	\$20	50% 0%(N/S)	No Charge	Covered in full	
Lab PCP	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
X-rays and Diagnostic Imaging Outpatient and Specialist Services	\$35	\$40	\$50	\$50	\$35	\$20	50% 0%(N/S)	No Charge	Covered in full	
OTHER SERVICES										
Autism Spectrum Disorders	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Chemotherapy	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/ Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
Transplant	\$600	\$1,100	\$1,600	\$1,600	\$325	\$125	50% 0%(N/S)	No Charge	Covered in full	
***PEDIATRIC DENTAL CARE										
Preventive, Routine & Major Dental Care – Child	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Orthodontia – Child	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
***PEDIATRIC VISION CARE										
Exams	\$15	\$25	\$30	\$30	\$15	\$10	50% 0%(N/S)	No Charge	Covered in full	
Lenses, Frames & Contact Lenses	10%	20%	30%	25%	10%	5%	50% 0%(N/S)	No Charge	Covered in full	

	Access Platinum	Access Gold	Access Silver	Access Silver 73	Access Silver 87	Access Silver 94	Access Bronze	Access Catastrophic	Access American Indian/ Alaskan Native (AI/AN)* plan with subsidy option	Custom Descriptions (default otherwise)
ADULT DENTAL										
Preventative & Routine Care	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	0% (N/S)	No Charge (N/S)	Covered in full	Preventative & Diagnostic Care One (1) dental exam and cleaning per six (6) month period intervals
Comprehensive Dental Visit	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	0% (N/S)	No Charge (N/S)	Covered in full	Comprehensive Dental Visit Bitewing x-rays at (6) month period intervals
Whitening Treatment	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	0% (N/S)	No Charge (N/S)	Covered in full	Whitening Treatment One (1) whitening per plan year
ADULT VISION CARE										
Adult Vision	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	No Charge (N/S)	0% (N/S)	No Charge (N/S)	Covered in full	Adult Vision One (1) exam per plan year

MORE INFORMATION

Affinity Links used by NYSOH:

- 1) Company Website: https://www.affinityplan.org/Plans/Health_Benefit_Exchange.aspx
- 2) Summary of Benefits and Coverage: <https://affinityplan.org/HIX-Summary-of-Benefits>
- 3) Prescription Drug List: www.affinityplan.org/HIX-Pharmacy-Formulary
- 4) Provider Network: www.affinityplan.org/HIX-Provider-Directory
- 5) Plan Brochure: www.affinityplan.org/HIX-plan-brochure
- 6) Payment Information: www.Affinityplan.org/HIX-enrollment-payment

Treatment cost Calculator: www.affinityplan.org/HIX-treatment-cost-calculator

*This plan is for qualifying American Indian/Alaskan Native individuals or families with incomes between 201% - 300% FPL (\$23,878- \$35,640 for single individual or \$48,843 - \$72,990 for a family of 4).

**Cost sharing values are the individual co-pay amounts after the deductible has been met. Prescription drugs for all Platinum, Gold, and Silver plans are not subject to the deductible. Retail prescription drug benefits are for a 30-day supply; Mail Order prescription drug benefits are for a 90-day supply.

***Coverage available **for covered children** only if you have selected this benefit at the point of initial enrollment will it be included in your plan.