## **Tennessee PY25 Individual Exchange Plan Designs**

Plan Name	Metal Level		eductible al/Family)		of Pocket al/Family)	PCP Visit (In Person & Virtual)	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery	Office Based Labs
UHC Bronze Value (No Referrals)	Bronze	\$7,900	\$15,800	\$9,200	\$18,400	\$15	<b>√</b> 40%	<b>√</b> 40%	\$0	<b>√</b> 40%	<b>√</b> 40%	\$20
UHC Bronze Copay Focus (No Referrals)	Bronze	\$0	\$0	\$9,200	\$18,400	\$15	\$70	\$100	\$0	\$3,000 (3-day max)	\$375	\$20
<b>UHC Bronze Copay Focus+</b> (Dental + Vision, No Referrals)	Bronze	\$0	\$0	\$9,200	\$18,400	\$15	\$70	\$100	\$0	\$3,000 (3-day max)	\$375	\$20
UHC Bronze Standard (No Referrals)	Bronze	\$7,500	\$15,000	\$9,200	\$18,400	\$50	\$50	\$100	\$75	<b>√</b> 50%	<b>√</b> 50%	<b>√</b> 50%
UHC Silver Copay Focus (No Referrals)	Silver	\$0	\$0	\$9,200	\$18,400	\$10	\$45	\$100	\$0	\$2,500 (3-day max)	\$375	\$20
UHC Silver Advantage (No Referrals)	Silver	\$2,750	\$5,500	\$9,200	\$18,400	\$10	\$36	\$90	\$0	<b>√</b> 30%	<b>✓</b> \$375	\$15
<b>UHC Silver Advantage+</b> (Dental + Vision, No Referrals)	Silver	\$2,750	\$5,500	\$9,200	\$18,400	\$10	\$36	\$90	\$0	<b>√</b> 30%	<b>✓</b> \$375	\$15
UHC Silver Standard (No Referrals)	Silver	\$5,000	\$10,000	\$8,000	\$16,000	\$40	\$40	\$80	\$60	<b>√</b> 40%	<b>√</b> 40%	<b>√</b> 40%
UHC Gold Copay Focus (No Referrals)	Gold	\$0	\$0	\$8,000	\$16,000	\$5	\$40	\$70	\$0	\$2,000 (3-day max)	\$300	\$10
UHC Gold Advantage (No Referrals)	Gold	\$1,200	\$2,400	\$8,000	\$16,000	\$5	\$30	\$70	\$0	<b>√</b> 25%	<b>✓</b> \$300	\$10
UHC Gold Advantage+ (Dental + Vision, No Referrals)	Gold	\$1,200	\$2,400	\$8,000	\$16,000	\$5	\$30	\$70	\$0	<b>√</b> 25%	<b>✓</b> \$300	\$10
UHC Gold Standard (No Referrals)	Gold	\$1,500	\$3,000	\$7,800	\$15,600	\$30	\$30	\$60	\$45	<b>√</b> 25%	<b>√</b> 25%	<b>√</b> 25%

Check (✓) indicates that this benefit is subject to the annual deductible.



## **Tennessee PY25 Individual Exchange Plan Designs**

Plan Name	Rx Deductible (Individual/Family)	Tier 1 Zero Cost Share Preventive Drugs	Tier 2 <b>Generic</b>	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 <b>Specialty</b>	Adult Dental & HSA Vision
UHC Bronze Value (No Referrals)	Same As Medical	\$0	\$5	<b>✓</b> \$50	<b>√</b> 40%	<b>√</b> 50%	
UHC Bronze Copay Focus (No Referrals)	\$4,500 \$9,000	\$0	\$25	<b>√</b> 40%	<b>√</b> 45%	<b>√</b> 50%	
<b>UHC Bronze Copay Focus+</b> (Dental + Vision, No Referrals)	\$4,500 \$9,000	\$0	\$25	<b>√</b> 40%	<b>√</b> 45%	<b>√</b> 50%	•
UHC Bronze Standard (No Referrals)	Same As Medical	\$0	\$25	<b>√</b> \$50	<b>√</b> \$100	<b>✓</b> \$500	
UHC Silver Copay Focus (No Referrals)	\$2,500 \$5,000	\$0	\$10	<b>√</b> \$85	<b>√</b> 40%	<b>√</b> 50%	
UHC Silver Advantage (No Referrals)	Same As Medical	\$0	\$3	<b>√</b> \$85	<b>√</b> 40%	<b>√</b> 50%	
UHC Silver Advantage+ (Dental + Vision, No Referrals)	Same As Medical	\$0	\$3	<b>√</b> \$85	<b>√</b> 40%	<b>√</b> 50%	•
UHC Silver Standard (No Referrals)	Same As Medical	\$0	\$20	\$40	<b>√</b> \$80	<b>✓</b> \$350	
UHC Gold Copay Focus (No Referrals)	\$500 \$1,000	\$0	\$1	\$50	<b>√</b> 45%	<b>√</b> 50%	
UHC Gold Advantage (No Referrals)	Same As Medical	\$0	\$1	\$40	<b>√</b> 30%	<b>√</b> 40%	
UHC Gold Advantage+ (Dental + Vision, No Referrals)	Same As Medical	\$0	\$1	\$40	<b>√</b> 30%	<b>√</b> 40%	•
UHC Gold Standard (No Referrals)	Same As Medical	\$0	\$15	\$30	\$60	\$250	

Check (✓) indicates that this benefit is subject to Medical or Rx deductible.

