Deductible/OOP Max	AV Input	Proposed Standard Silver	Proposed 73% CSR	Proposed 87% CSR	Proposed 94% CSR
Medical Ded	Yes	$2,500	$2,500	$850	$100
Rx Ded	Yes	$0	$0	$0	$0
Integrated Ded	Yes	No	No	No	No
Medical OOPM	Yes	**$6,850***	**$4,750***	**$1,650***	$750
Rx OOPM	Yes	N/A	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes	Yes	Yes
Deductible does not apply to	Yes	Prev, OV, UC	Prev, OV, UC	Prev, OV, UC	Prev, OV, UC
Rx Deductible Applies to Tiers	Yes	N/A	N/A	N/A	N/A
Service Category		**Copay/ Coinsurance**	**Copay/ Coinsurance**	**Copay/ Coinsurance**	**Copay/ Coinsurance**
Inpatient	Yes	30%	30%	10%	10%
Outpatient	Yes	30%	30%	10%	10%
ER	Yes	30%	30%	10%	10%
Radiology (MRI, CT, PET)	Yes	30%	30%	10%	10%
Preventive	Yes	$0	$0	$0	$0
PCP Office Visit	Yes	$35	$35	$15	$10
Non-Specialist Visit	Yes	$35	$35	$15	$10
Specialist Office Visit	Yes	$70	$70	$30	$20
Urgent Care (UC)	No	**$70***	**$70***	$40	$30
Ambulance	No	30%	30%	10%	10%
Rx Generic	Yes	$15	$15	$10	$5
Rx Preferred Brand	Yes	$50	$50	$25	$10
Rx Non-Preferred Brand	Yes	50%	50%	50%	25%
Specialty Drug	Yes	50%	50%	50%	25%
2017 AV		**70.44%**	**73.97%**	**87.95%**	**94.74%**

***Changes from 2016.**