

PLATINUM	2015 Platinum - Old AVC 91.8%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible		
<i>Individual</i>	\$0	\$2,000
<i>Family</i>	\$0	\$4,000
<i>(copayments are not applied to deductible)</i>		
Out-of-Pocket Maximum		
<i>Individual</i>	\$2,000	\$4,000
<i>Family</i>	\$4,000	\$8,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	20% coinsurance
Primary Care (injury or illness)	\$10 copayment	20% coinsurance after OON deductible is met
Specialist	\$30 copayment	20% coinsurance after OON deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	\$50 copayment	20% coinsurance after OON deductible is met
Emergency Room	\$100 copayment	\$100 copayment
Ambulance	\$0	\$0
Hospital Services		
Inpatient	\$250 copayment per day to a maximum of \$500 per admission	20% coinsurance after OON deductible is met
Outpatient (performed at hospital or ambulatory facility)	\$250 copayment	20% coinsurance after OON deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$250 copayment per day to a maximum of \$500 per admission	20% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0	20% coinsurance after OON deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	\$0	20% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	20% coinsurance after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 copayment	20% coinsurance after OON deductible is met
Outpatient Services		
Laboratory Services	\$10 copayment	20% coinsurance after OON deductible is met

2016 - New Option 1 - AVC 90.05%	
In-Network Member Pays	Out-of-Network Member Pays
\$150	\$2,000
\$300	\$4,000
\$2,000	\$4,000
\$4,000	\$8,000
Physician Office Visits	
\$0	20% coinsurance
\$15 copay	20% coinsurance after OON deductible is met
\$30 copay	20% coinsurance after OON deductible is met
\$50 copay	20% coinsurance after OON deductible is met
\$100 copay	\$100 copay
\$0	\$0
\$300 copay per day after INET deductible is met to a maximum of \$600 per admission	20% coinsurance after OON deductible is met
\$300 copay after INET deductible is met	20% coinsurance after OON deductible is met
\$300 copay per day after INET deductible is met to a maximum of \$600 per admission	20% coinsurance after OON deductible is met
Covered same as any other illness	Covered same as any other illness
\$0	20% coinsurance after OON deductible is met
\$0	20% coinsurance subject to a \$50 deductible
\$75 copay per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	20% coinsurance after OON deductible is met
\$30 copay	20% coinsurance after OON deductible is met
\$15 copay	20% coinsurance after OON deductible is met

PLATINUM	2015 Platinum - Old AVC 91.8%		2016 - New Option 1 - AVC 90.05%	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$10 copayment	20% coinsurance after OON deductible is met	\$15 copay	20% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	20% coinsurance after OON deductible is met	\$30 copay	20% coinsurance after OON deductible is met
Other Services				
Durable Medical Equipment	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance	20% coinsurance after OON deductible is met
Prosthetics	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance	20% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance	20% coinsurance after OON deductible is met
Prescription Drugs				
Tier 1	\$5 copayment	20% coinsurance after OON deductible is met	\$5 copay	20% coinsurance after OON deductible is met
Tier 2	\$15 copayment	20% coinsurance after OON deductible is met	\$15 copay	20% coinsurance after OON deductible is met
Tier 3	\$30 copayment	20% coinsurance after OON deductible is met	\$30 copay	20% coinsurance after OON deductible is met
Tier 4	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance up to a maximum of \$100 per prescription	20% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)				
Pediatric Dental Care				
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	20% coinsurance	50% coinsurance after OON deductible is met	20% coinsurance	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)	40% coinsurance	50% coinsurance after OON deductible is met	40% coinsurance	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON deductible is met	50% coinsurance	50% coinsurance after OON deductible is met
Pediatric Vision Care				
Routine Eye Exam	\$10 copayment	20% coinsurance	\$10 copay	20% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

GOLD

2015 Gold - Old AVC 80.5%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$1,000 \$2,000	\$3,000 \$6,000
Prescription Drug Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$0 \$0	\$350 \$700
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$3,000 \$6,000	\$6,000 \$12,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	30% coinsurance
Primary Care (injury or illness)	\$20 copayment	30% coinsurance after OON medical deductible is met
Specialist	\$45 copayment	30% coinsurance after OON medical deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	\$75 copayment	30% coinsurance after OON medical deductible is met
Emergency Room	\$150 copayment	\$150 copayment
Ambulance	\$0	\$0
Hospital Services		
Inpatient	\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Outpatient (performed at hospital or ambulatory facility)	\$500 copayment after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		

2016 - Cmte recommendation 2 - AVC 81.04%

In-Network Member Pays	Out-of-Network Member Pays
\$1,000 \$2,000	\$3,000 \$6,000
\$25 \$50	\$350 \$700
\$3,000 \$6,000	\$6,000 \$12,000
Physician Office Visits	
\$0	30% coinsurance
\$20 copayment	30% coinsurance after OON medical deductible is met
\$40 copayment	30% coinsurance after OON medical deductible is met
Emergency/Urgent Care	
\$50 copayment	30% coinsurance after OON medical deductible is met
\$100 copayment	\$100 copayment
\$0	\$0
Hospital Services	
\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
\$500 copayment after INET medical deductible is met	30% coinsurance after OON medical deductible is met
\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care	

GOLD

2015 Gold - Old AVC 80.5%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Mental Health, Substance Abuse & Behavioral	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0	30% coinsurance after OON medical deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	\$75 copay per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	30% coinsurance after OON medical deductible is met
Outpatient Services		
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	30% coinsurance after OON medical deductible is met
Laboratory Services	\$30 copayment	30% coinsurance after OON medical deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$30 copayment	30% coinsurance after OON medical deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$45 copayment	30% coinsurance after OON medical deductible is met
Other Services		
Durable Medical Equipment	30% coinsurance	30% coinsurance after OON medical deductible is met
Prosthetics	30% coinsurance	30% coinsurance after OON medical deductible is met
Diabetic Supplies & Equipment	30% coinsurance	30% coinsurance after OON medical deductible is met
Prescription Drugs		
Tier 1	\$5 copayment	30% coinsurance after OON prescription drug deductible is met

2016 - Cmte recommendation 2 - AVC 81.04%

In-Network Member Pays	Out-of-Network Member Pays
Covered same as any other illness	Covered same as any other illness
\$0	30% coinsurance after OON medical deductible is met
\$0	25% coinsurance subject to a \$50 deductible
\$65 copay per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	30% coinsurance after OON medical deductible is met
\$40 copayment	30% coinsurance after OON medical deductible is met
\$25 copayment	30% coinsurance after OON medical deductible is met
\$20 copayment	30% coinsurance after OON medical deductible is met
\$40 copayment	30% coinsurance after OON medical deductible is met
30% coinsurance	30% coinsurance after OON medical deductible is met
30% coinsurance	30% coinsurance after OON medical deductible is met
30% coinsurance	30% coinsurance after OON medical deductible is met
\$5 copayment	30% coinsurance after OON prescription drug deductible is met

GOLD

2015 Gold - Old AVC 80.5%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Tier 2	\$25 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 3	\$50 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 4	\$60 copayment	30% coinsurance after OON prescription drug deductible is met

Pediatric-Only Services (for children under age 19)

Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met
Basic Restorative (Filling, Simple Extraction)	20% coinsurance	50% coinsurance after OON medical deductible is met
Major Restorative (Endodontic, Crown)	40% coinsurance	50% coinsurance after OON medical deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$45 copayment	30% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - Cmte recommendation 2 - AVC 81.04%

In-Network Member Pays	Out-of-Network Member Pays
\$25 copayment	30% coinsurance after OON prescription drug deductible is met
\$50 copayment	30% coinsurance after OON prescription drug deductible is met
20% coinsurance after INET deductible is met up to a maximum of \$100 per prescription	30% coinsurance after OON prescription drug deductible is met

\$0	50% coinsurance after OON medical deductible is met
20% coinsurance	50% coinsurance after OON medical deductible is met
40% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance
lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

SILVER STANDARD Plan - 70%		2015 Standard Silver - Old AVC 71.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Medical Deductible			
<i>Individual</i>	\$2,600	\$6,000	
<i>Family</i>	\$5,200	\$12,000	
<i>(copayments are not applied to deductible)</i>			
Prescription Drug Deductible			
<i>Individual</i>	\$25	\$350	
<i>Family</i>	\$50	\$700	
<i>(copayments are not applied to deductible)</i>			
Out-of-Pocket Maximum			
<i>Individual</i>	\$6,600	\$12,500	
<i>Family</i>	\$13,200	\$25,000	
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance	
Primary Care (injury or illness)	\$30 copayment	40% coinsurance after OON medical deductible is met	
Specialist	\$50 copayment	40% coinsurance after OON medical deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility	\$75 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Emergency Room	\$150 copayment	\$150 copayment	
Ambulance	\$0	\$0	
Hospital Services			
Inpatient	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Outpatient (performed at hospital or ambulatory facility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	
Hospice Care			
Hospice Services	\$0	40% coinsurance after OON medical deductible is met	
Outpatient Services			
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible	
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	

2016 - New Option A - AVC 71.10%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$2,900	\$6,000
\$5,800	\$12,000
\$150	\$350
\$300	\$700
\$6,850	\$12,500
\$13,700	\$25,000
\$0	40% coinsurance
\$30 copayment	40% coinsurance after OON medical deductible is met
\$50 copayment	40% coinsurance after OON medical deductible is met
\$75 copayment	40% coinsurance after OON medical deductible is met
\$150 copayment	\$150 copayment
\$0	\$0
\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Covered same as any other illness	Covered same as any other illness
\$0	40% coinsurance after OON medical deductible is met
\$0	25% coinsurance subject to a \$50 deductible
\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met

SILVER STANDARD Plan - 70%		2015 Standard Silver - Old AVC 71.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met	
Laboratory Services	\$35 copayment	40% coinsurance after OON medical deductible is met	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met	
Chiropractic Care <i>20 visit calendar maximum</i>	\$50 copayment	40% coinsurance after OON medical deductible is met	
Other Services			
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prescription Drugs			
Tier 1	\$5 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 2	\$30 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 3	\$55 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 4	\$60 copayment after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met	
Pediatric-Only Services (for children under age 19)			
Pediatric Dental Care			
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met	
Basic Restorative (Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Major Restorative (Endodontic, Crown)	50% coinsurance	50% coinsurance after OON medical deductible is met	
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance	

2016 - New Option A - AVC 71.10%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$50 copayment	40% coinsurance after OON medical deductible is met
\$40 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
\$50 copayment	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
\$5 copayment	40% coinsurance after OON prescription drug deductible is met
\$35 copayment	40% coinsurance after OON prescription drug deductible is met
\$55 copayment	40% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$150 per prescription after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met
\$0	50% coinsurance after OON medical deductible is met
40% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
\$50 copayment	40% coinsurance

SILVER STANDARD Plan - 70%		2015 Standard Silver - Old AVC 71.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

2016 - New Option A - AVC 71.10%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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SILVER CSR PLAN 73%		2015 Silver 73% CSR - Old AVC 73.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Medical Deductible			
<i>Individual</i>	\$1,900	\$6,000	
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$3,800	\$12,000	
Prescription Drug Deductible			
<i>Individual</i>	\$25	\$350	
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$50	\$700	
Out-of-Pocket Maximum			
<i>Individual</i>	\$5,200	\$12,500	
<i>Family</i>	\$10,400	\$25,000	
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance	
Primary Care (injury or illness)	\$30 copayment	40% coinsurance after OON medical deductible is met	
Specialist	\$50 copayment	40% coinsurance after OON medical deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility	\$75 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Emergency Room	\$150 copayment	\$150 copayment	
Ambulance	\$0	\$0	
Hospital Services			
Inpatient	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Outpatient (performed at hospital or ambulatory facility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	
Hospice Care			
Hospice Services	\$0	40% coinsurance after OON medical deductible is met	
Outpatient Services			
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible	

2016 - New Option 1 - AVC 73.83%	
In-Network Member Pays	Out-of-Network Member Pays
\$2,200 \$4,400	\$6,000 \$12,000
\$100 \$200	\$350 \$700
\$5,200 \$10,400	\$12,500 \$25,000
\$0	40% coinsurance
\$30 copayment	40% coinsurance after OON medical deductible is met
\$50 copayment	40% coinsurance after OON medical deductible is met
\$75 copayment	40% coinsurance after OON medical deductible is met
\$150 copayment	\$150 copayment
\$0	\$0
\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Covered same as any other illness	Covered same as any other illness
\$0	40% coinsurance after OON medical deductible is met
\$0	25% coinsurance subject to a \$50 deductible

SILVER CSR PLAN 73%		2015 Silver 73% CSR - Old AVC 73.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met	
Laboratory Services	\$35 copayment	40% coinsurance after OON medical deductible is met	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met	
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met	
Other Services			
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prescription Drugs			
Tier 1	\$5 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 2	\$30 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 3	\$55 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 4	\$60 copayment after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met	
Pediatric-Only Services (for children under age 19)			
Pediatric Dental Care			
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met	

2016 - New Option 1 - AVC 73.83%	
In-Network Member Pays	Out-of-Network Member Pays
\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
\$45 copayment	40% coinsurance after OON medical deductible is met
\$35 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
Other Services	
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
Prescription Drugs	
\$5 copayment	40% coinsurance after OON prescription drug deductible is met
\$35 copayment	40% coinsurance after OON prescription drug deductible is met
\$55 copayment	40% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met
Pediatric-Only Services (for children under age 19)	
Pediatric Dental Care	
\$0	50% coinsurance after OON medical deductible is met

SILVER CSR PLAN 73%		2015 Silver 73% CSR - Old AVC 73.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Basic Restorative (Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Major Restorative (Endodontic, Crown)	50% coinsurance	50% coinsurance after OON medical deductible is met	
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance	
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

2016 - New Option 1 - AVC 73.83%	
In-Network Member Pays	Out-of-Network Member Pays
40% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care	
\$50 copayment	40% coinsurance
lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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SILVER CSR PLAN 87%		2015 Silver 87% CSR - Old AVC 87.3%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Medical Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$400 \$800	\$6,000 \$12,000	
Prescription Drug Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$25 \$50	\$350 \$700	
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$1,750 \$3,500	\$12,500 \$25,000	
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance	
Primary Care (injury or illness)	\$20 copayment	40% coinsurance after OON medical deductible is met	
Specialist	\$35 copayment	40% coinsurance after OON medical deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility	\$50 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Emergency Room	\$100 copayment	\$100 copayment	
Ambulance	\$0	\$0	
Hospital Services			
Inpatient	\$200 copayment per day to a maximum of \$800 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Outpatient (performed at hospital or ambulatory facility)	\$200 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$200 copayment per day to a maximum of \$800 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	
Hospice Care			
Hospice Services	\$0	40% coinsurance after OON medical deductible is met	
Outpatient Services			

2016 -New Option 1 - AVC 87.15%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$500 \$1000	\$6,000 \$12,000
\$50 \$100	\$350 \$700
\$1,800 \$3,600	\$12,500 \$25,000
\$0	40% coinsurance
\$20 copayment	40% coinsurance after OON medical deductible is met
\$35 copayment	40% coinsurance after OON medical deductible is met
\$35 copayment	40% coinsurance after OON medical deductible is met
\$75 copayment	\$75 copayment
\$0	\$0
\$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$100 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Covered same as any other illness	Covered same as any other illness
\$0	40% coinsurance after OON medical deductible is met

SILVER CSR PLAN 87%		2015 Silver 87% CSR - Old AVC 87.3%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible	
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met	
Laboratory Services	\$25 copayment	40% coinsurance after OON medical deductible is met	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$20 copayment	40% coinsurance after OON medical deductible is met	
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met	
Other Services			
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prescription Drugs			
Tier 1	\$5 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 2	\$20 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 3	\$35 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 4	\$50 copayment after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met	
Pediatric-Only Services (for children under age 19)			
Pediatric Dental Care			

2016 -New Option 1 - AVC 87.15%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$0	25% coinsurance subject to a \$50 deductible
\$60 copayment per service up to a combined calendar year maximum of \$360 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
\$25 copayment	40% coinsurance after OON medical deductible is met
\$20 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
\$5 copayment	40% coinsurance after OON prescription drug deductible is met
\$20 copayment	40% coinsurance after OON prescription drug deductible is met
\$35 copayment	40% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met

SILVER CSR PLAN 87%		2015 Silver 87% CSR - Old AVC 87.3%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met	
Basic Restorative (Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Major Restorative (Endodontic, Crown)	50% coinsurance	50% coinsurance after OON medical deductible is met	
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$35 copayment	40% coinsurance	
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

2016 -New Option 1 - AVC 87.15%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$0	50% coinsurance after OON medical deductible is met
40% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care	
Routine Eye Exam by Specialist	\$35 copayment
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount

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SILVER CSR PLAN 94%		2015 Silver 94% CSR - Old AVC 94.1%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Medical Deductible			
<i>Individual</i>	\$0		\$6,000
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$0		\$12,000
Prescription Drug Deductible			
<i>Individual</i>	\$0		
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$0		
Out-of-Pocket Maximum			
<i>Individual</i>	\$600		\$12,500
<i>Family</i>	\$1,200		\$25,000
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0		40% coinsurance
Primary Care (injury or illness)	\$20 copayment		40% coinsurance after OON medical deductible is met
Specialist	\$35 copayment		40% coinsurance after OON medical deductible is met
Emergency/Urgent Care			
Urgent Care Center or Facility	\$50 copayment		40% coinsurance after OON medical deductible is met
Emergency Room	\$75 copayment		\$75 copayment
Ambulance	\$0		\$0
Hospital Services			
Inpatient	\$100 copayment per day to a maximum of \$400 per admission		40% coinsurance after OON medical deductible is met
Outpatient (performed at hospital or ambulatory facility)	\$100 copayment		40% coinsurance after OON medical deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$100 copayment per day to a maximum of \$400 per admission		40% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness		Covered same as any other illness
Hospice Care			
Hospice Services	\$0		40% coinsurance after OON medical deductible is met
Outpatient Services			
Home Health Care <i>100 visit calendar year maximum</i>	\$0		25% coinsurance subject to a \$50 deductible

2016 - New Option 1 - AVC 94.62%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$0	\$6,000
\$0	\$12,000
\$0	\$350
\$0	\$700
\$800 \$1,600	\$12,500 \$25,000
\$0	40% coinsurance
\$10 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
\$25 copayment	40% coinsurance after OON medical deductible is met
\$50 copayment	\$50 copayment
\$0	\$0
\$75 copayment per day to a maximum of \$300 per admission	40% coinsurance after OON medical deductible is met
\$75 copayment	40% coinsurance after OON medical deductible is met
\$75 copayment per day to a maximum of \$300 per admission	40% coinsurance after OON medical deductible is met
Covered same as any other illness	Covered same as any other illness
\$0	40% coinsurance after OON medical deductible is met
\$0	25% coinsurance subject to a \$50 deductible

SILVER CSR PLAN 94%		2015 Silver 94% CSR - Old AVC 94.1%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met	
Laboratory Services	\$20 copayment	40% coinsurance after OON medical deductible is met	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$20 copayment	40% coinsurance after OON medical deductible is met	
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met	
Other Services			
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prescription Drugs			
Tier 1	\$5 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 2	\$20 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 3	\$35 copayment	40% coinsurance after OON prescription drug deductible is met	
Tier 4	\$50 copayment	40% coinsurance after OON prescription drug deductible is met	
Pediatric-Only Services (for children under age 19)			
Pediatric Dental Care			

2016 - New Option 1 - AVC 94.62%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
\$25 copayment	40% coinsurance after OON medical deductible is met
\$15 copayment	40% coinsurance after OON medical deductible is met
\$20 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
40% coinsurance	40% coinsurance after OON medical deductible is met
\$5 copayment	40% coinsurance after OON prescription drug deductible is met
\$10 copayment	40% coinsurance after OON prescription drug deductible is met
\$30 copayment	40% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance after OON prescription drug deductible is met

SILVER CSR PLAN 94%		2015 Silver 94% CSR - Old AVC 94.1%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met	
Basic Restorative (Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Major Restorative (Endodontic, Crown)	50% coinsurance	50% coinsurance after OON medical deductible is met	
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$35 copayment	40% coinsurance	
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

2016 - New Option 1 - AVC 94.62%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$0	50% coinsurance after OON medical deductible is met
40% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care	
Routine Eye Exam by Specialist	40% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount

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BRONZE	2015 Standard Bronze - Old AVC 61.9%		2016 - New option 6 - AVC 60.75%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$5,000 \$10,000	\$10,000 \$20,000	\$5,500 \$11,000	\$10,000 \$20,000
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$6,600 \$13,200	\$13,200 \$26,400	\$6,850 \$13,700	\$13,200 \$26,400
Physician Office Visits				
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance	\$0	50% coinsurance
Primary Care (injury or illness)	\$40 copayment after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes	50% coinsurance after OON deductible is met	\$40 copayment	50% coinsurance after OON deductible is met
Specialist	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care				
Urgent Care Center or Facility	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$75 copayment	50% coinsurance after OON deductible is met
Emergency Room	40% coinsurance after INET deductible is met	40% coinsurance after INET deductible is met	\$200 copayment after INET deductible is met	\$200 copayment after INET deductible is met
Ambulance	\$0 after INET deductible is met	\$0 after INET deductible is met	\$0 after INET deductible is met	\$0 after INET deductible is met
Hospital Services				
Inpatient	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
Outpatient (performed at hospital or ambulatory facility)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$500 copayment after INET medical deductible is met	50% coinsurance after OON deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care				

BRONZE	2015 Standard Bronze - Old AVC 61.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Laboratory Services	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prosthetics	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prescription Drugs		
Tier 1	\$5 copayment	50% coinsurance after OON deductible is met
Tier 2	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 3	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 4	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)		
Pediatric Dental Care		

2016 - New option 6 - AVC 60.75%	
In-Network Member Pays	Out-of-Network Member Pays
Covered same as any other illness	Covered same as any other illness
\$0 after INET deductible is met	50% coinsurance after OON deductible is met
25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible
\$75 copay per service after INET deductible is met up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	50% coinsurance after OON deductible is met
\$45 copay after INET deductible is met	50% coinsurance after OON deductible is met
\$35 copay after INET deductible is met	50% coinsurance after OON deductible is met
\$30 copay after INET deductible is met	50% coinsurance after OON deductible is met
\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
\$5 copayment after INET deductible is met	50% coinsurance after OON deductible is met
50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
50% coinsurance up to a maximum of \$500 per prescription after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)	
Pediatric Dental Care	

BRONZE	2015 Standard Bronze - Old AVC 61.9%		2016 - New option 6 - AVC 60.75%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	45% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	45% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care				
Routine Eye Exam by Specialist	\$50 copayment	50% coinsurance after OON deductible is met	\$50 copayment	50% coinsurance after OON deductible is met
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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BRONZE HSA	2015 Standard Bronze HSA- Old AVC 61.4%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>Individual Family</i> <i>(copayments are not applied to deductible)</i>	\$4,600 \$9,200	\$9,200 \$18,400
Out-of-Pocket Maximum <i>Individual Family</i>	\$6,450 \$12,900	\$12,900 \$25,800
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance
Primary Care (injury or illness)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Specialist	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency Room	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met
Ambulance	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met
Hospital Services		
Inpatient	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient (performed at hospital or ambulatory facility)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	25% coinsurance after INET deductible is met	25% coinsurance after OON deductible is met
Advanced Radiology (CT/PET Scan, MRI)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met

2016 - New Option 6 (HSA) - AVC 61.52%	
In-Network Member Pays	Out-of-Network Member Pays
5,300 \$10,600	\$9,200 \$18,400
\$6,500 \$13,000	\$12,900 \$25,800
Physician Office Visits	
\$0	50% coinsurance
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care	
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met
10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met
Hospital Services	
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care	
Covered same as any other illness	Covered same as any other illness
Hospice Care	
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services	
10% coinsurance after INET deductible is met	25% coinsurance after INET deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met

BRONZE HSA	2015 Standard Bronze HSA- Old AVC 61.4%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Laboratory Services	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Other Services		
Durable Medical Equipment	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Prosthetics	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Prescription Drugs		
Tier 1	\$5 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Tier 2	\$35 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Tier 3	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 4	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)		
Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$0	50% coinsurance after OON deductible is met

2016 - New Option 6 (HSA) - AVC 61.52%	
In-Network Member Pays	Out-of-Network Member Pays
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Other Services	
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prescription Drugs	
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
15% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
25% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
30% coinsurance up to a maximum of \$500 per prescription after INET prescription drug deductible is met	50% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)	
Pediatric Dental Care	
\$0	50% coinsurance after OON deductible is met
40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care	
\$0	50% coinsurance after OON deductible is met

BRONZE HSA	2015 Standard Bronze HSA- Old AVC 61.4%		2016 - New Option 6 (HSA) - AVC 61.52%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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