

[COMPANY NAME]  
INDIVIDUAL MARKET  
[Standard Silver Coinsurance Plan – 87%]  
SCHEDULE OF BENEFITS

<b>Deductible and Out-of-Pocket Maximum</b>	<b>In-Network (INET) Member Pays</b>	<b>Out-of-Network (OON) Member Pays</b>
<b>Plan Deductible</b> <i>Individual</i>	\$500 per member	\$7,400 per member
<i>Family</i>	\$1,000 per family	\$14,800 per family
<b>Separate Prescription Drug Deductible</b> <i>Individual</i>	\$50 per member	\$500 per member
<i>Family</i>	\$100 per family	\$1,000 per family
<b>Out-of-Pocket Maximum</b> <i>Individual</i>	\$2,300 per member	\$15,800 per member
<i>Family</i> (Includes deductible, copayments and coinsurance)	\$4,600 per family	\$31,600 per family
<b>Benefits</b>	<b>In-Network (INET) Member Pays</b>	<b>Out-of-Network (OON) Member Pays</b>
<b>Provider Office Visits</b>		
Adult Preventive Visit	No Cost	40% coinsurance per visit
Infant / Pediatric Preventive Visit	No Cost	40% coinsurance per visit
Primary Care Provider Office Visits (includes services for illness, injury, follow-up care and consultations)	20% coinsurance per visit	40% coinsurance per visit after OON plan deductible is met
Specialist Office Visits	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
Mental Health and Substance Abuse Office Visit	20% coinsurance per visit	40% coinsurance per visit after OON plan deductible is met
<b>Outpatient Diagnostic Services</b>		
Advanced Radiology (CT/PET Scan, MRI)	20% coinsurance per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met

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Laboratory Services	20% coinsurance per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	20% coinsurance per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
Mammography Ultrasound	20% coinsurance per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
<b>Prescription Drugs – Retail Pharmacy (30 day supply per prescription)</b>		
Tier 1	\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Tier 2	20% coinsurance per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Tier 3	20% coinsurance per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Tier 4	20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
<b>Outpatient Rehabilitative and Habilitative Services</b>		
Speech Therapy (40 visits per calendar year limit combined for Rehabilitative physical, speech, and occupational therapies, separate 40 visits per calendar year limit combined for Habilitative speech, physical and occupational therapies.)	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
Physical and Occupational Therapy (40 visits per calendar year limit combined for Rehabilitative physical, occupational, and speech therapies, separate 40 visits per calendar year limit combined for Habilitative physical, occupational and speech therapies.)	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>Other Services</b>		

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Chiropractic Services (up to 20 visits per calendar year)	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
Diabetic Equipment and Supplies	20% coinsurance per equipment/supply after INET plan deductible is met	40% coinsurance per equipment/supply after OON plan deductible is met
Durable Medical Equipment (DME)	20% coinsurance per equipment/supply after INET plan deductible is met	40% coinsurance per equipment/supply after OON plan deductible is met
Home Health Care Services (up to 100 visits per calendar year)	25% coinsurance per visit after separate \$50 deductible is met	25% coinsurance per visit after separate \$50 deductible is met
Outpatient Services (in a hospital or ambulatory facility)	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>Inpatient Hospital Services</b>		
Inpatient Hospital Services (including mental health, substance abuse, maternity, hospice and skilled nursing facility*)  *(skilled nursing facility stay is limited to 90 days per calendar year)	20% coinsurance per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
<b>Emergency and Urgent Care</b>		
Ambulance Services	20% coinsurance per service after INET plan deductible is met	20% coinsurance per service after INET plan deductible is met
Emergency Room	20% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET deductible is met
Urgent Care Centers	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
<b>Pediatric Dental Care (for children under age 19)</b>		
Diagnostic & Preventive	No Cost	50% coinsurance per visit after OON plan deductible is met
Basic Services	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Major Services	40% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Orthodontia Services (medically necessary only)	50% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Pediatric Vision Care</b>		

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Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Prescription Eye Glasses (one pair of frames and lenses or contact lens per calendar year)	20% coinsurance after INET medical deductible	Not Covered
Routine Eye Exam by Specialist (one exam per calendar year)	20% coinsurance per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met