PLATINUM	2015 Platinum - Old AVC 91.8%		2016 - New Option 1 - AVC 90.05%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Deductible Individual Family (copayments are not applied to deductible)	\$0 \$0	\$2,000 \$4,000	\$150 \$300	\$2,000 \$4,000
Out-of-Pocket Maximum Individual Family	\$2,000 \$4,000	\$4,000 \$8,000	\$2,000 \$4,000	\$4,000 \$8,000
Physician Office Visits				
Preventive Care / Screenings / Immunizations	\$0	20% coinsurance	\$0	20% coinsurance
Primary Care (injury or illness)	\$10 copayment	20% coinsurance after OON deductible is met	\$15 copay	20% coinsurance after OON deductible is met
Specialist	\$30 copayment	20% coinsurance after OON deductible is met	\$30 copay	20% coinsurance after OON deductible is met
Emergency/Urgent Care				
Urgent Care Center or Facility	\$50 copayment	20% coinsurance after OON deductible is met	\$50 copay	20% coinsurance after OON deductible is met
Emergency Room	\$100 copayment	\$100 copayment	\$100 copay	\$100 copay
Ambulance	\$0	\$0	\$0	\$0
Hospital Services			· ·	
Inpatient	\$250 copayment per day to a maximum of \$500 per admission	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
Outpatient (performed at hospital or ambulatory facility)	\$250 copayment	20% coinsurance after OON deductible is met	\$300 copay after INET deductible is met	20% coinsurance after OON deductible is met
<b>Skilled Nursing Facility</b> 90 day calendar year maximum	\$250 copayment per day to a maximum of \$500 per admission	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
Mental Health, Substance Abuse & Behavioral Health Ca	çoco per damission			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness
Hospice Care				
Hospice Services	\$0	20% coinsurance after OON deductible is met	\$0	20% coinsurance after OON deductible is met
Outpatient Services				
<b>Home Health Care</b> 100 visit calendar year maximum	\$0	20% coinsurance subject to a \$50 deductible	\$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	\$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
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 copayment	20% coinsurance after OON deductible is met	\$30 copay	20% coinsurance after OON deductible is met
Outpatient Services				
Laboratory Services	\$10 copayment	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 1 - AVC 90.05%
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) combined 40 visit calendar year maximum	\$10 copayment	20% coinsurance after OON deductible is met	\$15 copay	20% coinsurance after OON deductible is met
Chiropractic Care 20 visit calendar maximum	\$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				
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 medically necessary only	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 one pair of frames & lenses per calendar year	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

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible Individual Family (copayments are not applied to deductible)	\$1,000 \$2,000	\$3,000 \$6,000
Prescription Drug Deductible Individual Family (copayments are not applied to deductible)	\$0 \$0	\$350 \$700
Out-of-Pocket Maximum Individual	\$3,000	\$6,000
Family	\$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
<b>Skilled Nursing Facility</b> 90 day calendar year maximum	\$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 & Behavior	al Health Care	

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			
\$0	30% coinsurance			
\$20 copayment	30% coinsurance after OON medical deductible is met			
\$40 copayment	30% coinsurance after OON medical deductible is met			
\$50 copayment	30% coinsurance after OON medical deductible is met			
\$100 copayment	\$100 copayment			
\$0	\$0			
\$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			

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 100 visit calendar year maximum	\$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) combined 40 visit calendar year maximum	\$30 copayment	30% coinsurance after OON medical deductible is met
Chiropractic Care		
20 visit calendar maximum	\$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

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		

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GOLD	2013 Gold - Ol	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		30% coinsurance after OON	
	\$60 copayment	prescription drug deductible is met	
Pediatric-Only Services (for children under a	ge 19)		
Pediatric Dental Care			
<b>Diagnostic &amp; Preventive</b> (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		F00/ 1	
(Endodontic, Crown)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Orthodontia Services		Epp( , Va )	
medically necessary only	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			
one pair of frames & lenses per calendar	lenses: \$0; collection frames: \$0 non-		
year	collection frames: Members choosing to		
	upgrade from a collection frame to a non-	100% coincurance	
	collection frame will be given a credit equal	100% coinsurance	
	to the cost of the collection frame and will		
	be entitled to a negotiated discount		

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% coinsuranceafter 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)	Out-of-Network (OON)	
	Member Pays	Member Pays	
Medical Deductible			
Individual	\$2,600	\$6,000	
Family	\$5,200	\$12,000	
(copayments are not applied to deductible)			
Prescription Drug Deductible			
Individual	\$25	\$350	
Family	\$50	\$700	
(copayments are not applied to deductible)			
Out-of-Pocket Maximum	45.500	442.500	
Individual	\$6,600	\$12,500 \$35,000	
Family  Dhysician Office Visits	\$13,200	\$25,000	
Physician Office Visits Preventive Care / Screenings / Immunizations	ćn	40% coincurance	
Primary Care (injury or illness)	\$0	40% coinsurance	
Primary Care (injury or limess)	\$30 copayment	40% coinsurance after OON medical deductible is met	
Specialist	\$50 copayment	40% coinsurance after OON medical deductible is met	
Emergency/Urgent Care	1		
Urgent Care Center or Facility	4		
,	\$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  90 day calendar year maximum	\$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	
	INET medical deductible is met		
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral	Covered same as any other illness	Covered same as any other illness	
Health Services	Covered same as any other inness	Covered same as any other inness	
Hospice Care			
Hospice Services	\$0	40% coinsurance after OON medical deductible is met	
Outpatient Services			
Home Health Care	ćn	3E% coincurance cubicet to a CEO dodat:bla	
100 visit calendar year maximum	\$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)	Out-of-Network (OON)			
Member Pays	Member Pays			
\$2,900	\$6,000			
\$5,800	\$12,000			
44-0	4250			
\$150 \$300	\$350 \$700			
\$300	\$700			
\$6,850	\$12,500			
\$13,700	\$25,000			
\$0	40% coinsurance			
\$30 copayment	40% coinsurance after OON medical deductible is met			
	area oon medical deductible is filet			
\$EO consument	40% coinsurance			
\$50 copayment	after OON medical deductible is met			
	40% coinsurance			
\$75 copayment	after OON medical deductible is met			
4450				
\$150 copayment \$0	\$150 copayment \$0			
ÇÜ	<b>\$</b> 0			
\$500 copayment per day to a				
maximum of \$2,000 per admission after	40% coinsurance			
INET medical deductible is met	after OON medical deductible is met			
\$500 copayment	40% coinsurance			
after INET medical deductible is met	after OON medical deductible is met			
\$500 copayment per day to a				
maximum of \$2,000 per admission after	40% coinsurance			
INET medical deductible is met	after OON medical deductible is met			
Covered same as any other illness	Covered same as any other illness			
Covered same as any other inness	Covered same as any other inness			
\$0	40% coinsurance			
Ų.	after OON medical deductible is met			
\$0	25% coinsurance subject to a \$50			
·	deductible			
\$75 copayment per service up to a	40% coinsurance			
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET	after OON medical deductible is met			
scans	a.sa. Oon medical deductible is filet			

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) combined 40 visit calendar year maximum	\$30 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care 20 visit calendar maximum	\$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 medically necessary only	50% coinsurance	50% coinsurance
Pediatric Vision Care		after OON medical deductible is met
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		

\$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)	Out-of-Network (OON)
	Member Pays	Member Pays
Prescription Eye Glasses	lenses: \$0;	100% coinsurance
one pair of frames & lenses per calendar year	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	
	-	

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



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		
Individual	\$1,900	\$6,000
Family	\$3,800	\$12,000
(copayments are not applied to deductible)	\$3,500	Ų12,000
Prescription Drug Deductible		
Individual	\$25	\$350
Family	\$50	\$700
(copayments are not applied to deductible)	Ų50	Ψ,00
Out-of-Pocket Maximum		
Individual	\$5,200	\$12,500
Family	\$10,400	\$25,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance
Primary Care (injury or illness)		40% coinsurance
	\$30 copayment	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	40% coinsurance after OON medical
	deductible is met	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
<b>Skilled Nursing Facility</b> 90 day calendar year maximum	\$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 C	are	
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	\$0	25% coinsurance subject to a \$50 deductible
100 visit calendar year maximum		,,,

2016 - New Option 1 - AVC 73.83%			
In-Network	Out-of-Network		
Member Pays	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 \$150 copayment	40% coinsurance after OON medical deductible is met \$150 copayment		
\$150 copayment \$0	\$150 copayment \$0		
Ų.	Ψ.		
\$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% C		SR - 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) combined 40 visit calendar year maximum	\$30 copayment	40% coinsurance after OON medical deductible is met	
<b>Chiropractic Care</b> 20 visit calendar maximum	\$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		
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 \$100 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		

2015 Silver 73% CS	2015 Silver 73% CSR - Old AVC 73.9%	
In-Network (INET) Member Pays	Out-of-Network (OON) 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	
\$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	
	In-Network (INET) Member Pays  40% coinsurance  50% coinsurance  50% coinsurance  \$50 copayment  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	

2016 - New Option	n 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
\$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

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			
Individual	\$400	\$6,000	
Family	\$800	\$12,000	
(copayments are not applied to deductible)	2000	Ģ12,000	
Prescription Drug Deductible			
Individual	\$25	\$350	
Family	\$50	\$700	
(copayments are not applied to deductible)	Ų30	ψ, σσ	
Out-of-Pocket Maximum			
Individual	\$1,750	\$12,500	
Family	\$3,500	\$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		40% coinsurance	
	\$35 copayment	after OON medical deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility	\$50 copayment after INET medical	40% coinsurance	
	deductible is met	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	40% coinsurance	
	deductible is met	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			
90 day calendar year maximum	\$200 copayment per day to a maximum of	40% coinsurance	
so day carendar year maamam	\$800 per admission after INET medical deductible is met	after OON medical deductible is met	
Mental Health, Substance Abuse & Behavioral Health			
Care	1		
Mental Health, Substance Abuse & Behavioral			
Health Services	Covered same as any other illness	Covered same as any other illness	
Hospice Care			
Hospice Services		40% coinsurance	
	\$0	after OON medical deductible is met	
Outpatient Services			

2016 -New Option 1 - AVC 87.15%			
In-Network (INET)	Out-of-Network (OON)		
Member Pays	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		
medical deductible is met \$100 copayment after INET medical	after OON medical deductible is met  40% coinsurance		
\$100 copayment after INET medical deductible is met  \$100 copayment per day to a maximum of \$400 per admission after INET	after OON medical deductible is met  40% coinsurance after OON medical deductible is met  40% coinsurance		
\$100 copayment after INET medical deductible is met  \$100 copayment per day to a maximum of \$400 per admission after INET	after OON medical deductible is met  40% coinsurance after OON medical deductible is met  40% coinsurance		
\$100 copayment after INET medical deductible is met  \$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	after OON medical deductible is met  40% coinsurance after OON medical deductible is met  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)	Out-of-Network (OON)	
	Member Pays	Member Pays	
Home Health Care 100 visit calendar year maximum	\$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) combined 40 visit calendar year maximum	\$20 copayment	40% coinsurance after OON medical deductible is met	
Chiropractic Care 20 visit calendar maximum	\$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  Pediatric-Only Services (for children under age 19)	\$50 copayment after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met	

\$0	25% coinsurance subject to a \$50
Ç.	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

2016 -New Option 1 - AVC 87.15%

Out-of-Network (OON) Member Pays

In-Network (INET)

**Member Pays** 

Pediatric-Only Services (for children under age 19)

**Pediatric Dental Care** 

SILVER CSR PLAN 87%	2015 Silver 87% CSR - Old AVC 87.3%		
Plan Overview	In-Network (INET)	Out-of-Network (OON)	
	Member Pays	Member Pays	
Diagnostic & Preventive		50% coinsurance	
(Oral Exam, Cleaning, X-ray)	\$0	after OON medical deductible is met	
Basic Restorative		EO9/ coincurance	
(Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Major Restorative		50% coinsurance	
(Endodontic, Crown)	50% coinsurance	after OON medical deductible is met	
Orthodontia Services		50% coinsurance	
medically necessary only	50% coinsurance	after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$35 copayment	40% coinsurance	
Prescription Eye Glasses			
one pair of frames & lenses per calendar year			
	lenses: \$0;		
	collection frames: \$0		
	non-collection frames: Members		
	choosing to upgrade from a collection	100% coinsurance	
	frame to a non-collection frame will be	20070 00111541141700	
	given a credit equal to the cost of the		
	collection frame and will be entitled to a negotiated discount		

	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	
4			
	\$35 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	

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		
Individual	\$0	\$6,000
Family	\$0	\$12,000
(copayments are not applied to deductible)	ΨO	¥12,000
Prescription Drug Deductible		
Individual	\$0	
Family	\$0	
(copayments are not applied to deductible)	ų,	
Out-of-Pocket Maximum		
Individual	\$600	\$12,500
Family	\$1,200	\$25,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance
Primary Care (injury or illness)		100/
	\$20 copayment	40% coinsurance after OON medical deductible is met
Specialist		
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
<b>Skilled Nursing Facility</b> 90 day calendar year maximum	\$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	¢o.	2E% coincurance cubicat to a CEO dodatible
100 visit calendar year maximum	\$0	25% coinsurance subject to a \$50 deductible

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

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) combined 40 visit calendar year maximum	\$20 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care 20 visit calendar maximum	\$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  Pediatric Only Services (for children under age 19)	\$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)	Out-of-Network (OON)	
Member Pays	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	
<b>*</b>		
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)	Out-of-Network (OON)	
	Member Pays	Member Pays	
Diagnostic & Preventive		50% coinsurance	
(Oral Exam, Cleaning, X-ray)	\$0	after OON medical deductible is met	
Basic Restorative		50% coinsurance	
(Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met	
Major Restorative		50% coinsurance	
(Endodontic, Crown)	50% coinsurance	after OON medical deductible is met	
Orthodontia Services		50% coinsurance	
medically necessary only	50% coinsurance	after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$35 copayment	40% coinsurance	
Prescription Eye Glasses			
one pair of frames & lenses per calendar year			
	lenses: \$0;		
	collection frames: \$0		
	non-collection frames: Members		
	choosing to upgrade from a collection frame to a non-collection frame will be	100% coinsurance	
	given a credit equal to the cost of the		
	collection frame and will be entitled to a		
	negotiated discount		

	2016 - New Option 1 - AVC 94.62%		
	In-Network (INET)	Out-of-Network (OON)	
	Member Pays	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	
	\$35 copayment	40% coinsurance	
1	lenses: \$0;	100% coinsurance	
	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		

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 Individual Family (copayments are not applied to deductible)	\$5,000 \$10,000	\$10,000 \$20,000	\$5,500 \$11,000	\$10,000 \$20,000
Out-of-Pocket Maximum Individual Family	\$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	50% coinsurance	\$50 copayment after INET deductible	50% coinsurance
	is met	after OON deductible is met	is met	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 90 day calendar year maximum			\$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 Ca	are			

BRONZE	2015 Standard Bronze - Old AVC 61.9%			2016 - New option	1 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
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness		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		\$0 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services					
Home Health Care 100 visit calendar year maximum	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible		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		\$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
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance	50% coinsurance		\$45 copay after INET deductible is met	50% coinsurance
	after INET deductible is met	after OON deductible is met	4	\$45 copuy arter inter academic is met	after OON deductible is met
Laboratory Services	40% coinsurance	50% coinsurance		\$35 copay after INET deductible is met	50% coinsurance
Dalla hillion than 0. Habilitantha Thanasa (Dhariad	after INET deductible is met	after OON deductible is met	$\parallel$	<u> </u>	after OON deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) combined 40 visit calendar year maximum	40% coinsurance 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
Chiropractic Care	\$50 copayment after INET deductible	50% coinsurance		\$50 copayment after INET deductible	50% coinsurance
20 visit calendar maximum	is met	after OON deductible is met		is met	after OON deductible is met
Other Services					
Durable Medical Equipment	40% coinsurance	50% coinsurance		40% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met		after INET deductible is met	after OON deductible is met
Prosthetics	40% coinsurance	50% coinsurance		40% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met	4	after INET deductible is met	after OON deductible is met
Diabetic Supplies & Equipment	40% coinsurance	50% coinsurance		40% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met		after INET deductible is met	after OON deductible is met
Prescription Drugs					
Tier 1	\$5 copayment	50% coinsurance after OON deductible is met		\$5 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Tier 2	50% coinsurance	50% coinsurance		50% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met		after INET deductible is met	after OON deductible is met
Tier 3	50% coinsurance	50% coinsurance		50% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met		after INET deductible is met	after OON deductible is met
Tier 4	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)					
D 11 1 D 1 LO					

**Pediatric Dental Care** 

BRONZE	2015 Standard Bron	2015 Standard Bronze - Old AVC 61.9%			
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 deductible is met			
Basic Restorative (Filling, Simple Extraction)	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			
Orthodontia Services medically necessary only	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			
Prescription Eye Glasses one pair of frames & lenses per calendar year	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 6 - AVC 60.75%			
In-Network	Out-of-Network		
Member Pays	Member Pays		
\$0	50% coinsurance		
ŞU	after OON deductible is met		
45% coinsurance	50% coinsurance		
after INET deductible is met	after OON deductible is met		
50% coinsurance	50% coinsurance		
after INET deductible is met	after OON deductible is met		
50% coinsurance	50% coinsurance		
after INET deductible is met	after OON deductible is met		
\$50 copayment	50% coinsurance		
ээо сораушеш	after OON deductible is met		
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		

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
Deductible Individual Family (copayments are not applied to deductible)	\$4,600 \$9,200	\$9,200 \$18,400	5,300 \$10,600	\$9,200 \$18,400
Out-of-Pocket Maximum Individual Family	\$6,450 \$12,900	\$12,900 \$25,800	\$6,500 \$13,000	\$12,900 \$25,800
Physician Office Visits				
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance	\$0	50% coinsurance
Primary Care (injury or illness)	\$0 copayment 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
Specialist	\$0 copayment 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				
Urgent Care Center or Facility	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
Emergency Room	deductible is met \$0 copayment after INET deductible is met	after OON deductible is met \$0 copayment after INET deductible is met	is met  10% coinsurance after INET deductible is met	after OON deductible is met  10% coinsurance after INET deductible is met
Ambulance	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met	10% coinsurance after INET deductible is met	
Hospital Services				
Inpatient	\$0 copayment 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
Outpatient (performed at hospital or ambulatory facility)	\$0 copayment 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
Skilled Nursing Facility	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
90 day calendar year maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Ca	are			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	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	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services				
Home Health Care	25% coinsurance after INET	25% coinsurance	10% coinsurance after INET deductible	25% coinsurance after INET
100 visit calendar year maximum	deductible is met	after OON deductible is met	is met	deductible is met
Advanced Radiology (CT/PET Scan, MRI)	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	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
Laboratory Services	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Rehabilitative & Habilitative Therapy (Physical,				
Speech, Occupational)	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
combined 40 visit calendar year maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met
Chiropractic Care	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
20 visit calendar maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met
Other Services				
Durable Medical Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Prosthetics	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Diabetic Supplies & Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Prescription Drugs				
Tier 1	\$5 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Tier 2	\$35 copayment after INET	50% coinsurance	15% coinsurance after INET deductible	50% coinsurance
	deductible is met	after OON deductible is met	is met	after OON deductible is met
Tier 3	40% coinsurance	50% coinsurance	25% coinsurance after INET deductible	50% coinsurance
	after INET deductible is met	after OON deductible is met	is met	after OON deductible is met
Tier 4	40% 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				
Diagnostic & Preventive	\$0	50% coinsurance	\$0	50% coinsurance
(Oral Exam, Cleaning, X-ray)		after OON deductible is met	' '	after OON deductible is met
Basic Restorative	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
(Filling, Simple Extraction)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Major Restorative	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
(Endodontic, Crown)	after INET deductible is met after OON deductible is met		after INET deductible is met	after OON deductible is met
Orthodontia Services	50% coinsurance	50% coinsurance	50% coinsurance 50% coinsurance	
medically necessary only			after INET deductible is met	after OON deductible is met
Pediatric Vision Care				
Routine Eye Exam by Specialist	\$0	50% coinsurance after OON deductible is met	\$0	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		
Prescription Eye Glasses				
one pair of frames & lenses per calendar year	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	100% coinsurance		

2016 - New Option 6 (HSA) - AVC 61.52%				
In-Network Member Pays	Out-of-Network Member Pays			
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			

