PLATINUM	2015 Platinum - Old AVC 91.8%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Deductible		·	
Individual	\$0	\$2,000	
Family	\$0	\$4,000	
(copayments are not applied to deductible)			
Out-of-Pocket Maximum	\$2,000	\$4,000	
Individual Family	\$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 90 day calendar year maximum	\$250 copayment per day to a maximum of \$500 per admission	20% coinsurance after OON deductible is met	
Mental Health, Substance Abuse & Behavioral Health Ca	re		
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 100 visit calendar year maximum	\$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 89.20%		
In-Network Member Pays	Out-of-Network Member Pays	
\$100 \$200	\$2,000 \$4,000	
\$2,000 \$4,000	\$4,000 \$8,000	
\$0	20% coinsurance	
\$15 copay	20% coinsurance after OON deductible is met	
\$35 copay	20% coinsurance after OON deductible is met	
\$50 copay	20% coinsurance after OON deductible is met	
\$100 copay	\$100 copay \$0	
\$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	20% coinsurance	
met \$300 copay per day after INET	after OON deductible is met 20% coinsurance	
deductible is met to a maximum of \$600 per admission	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	
	arter 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	
\$45 copay	20% coinsurance after OON deductible is met	
\$20 copay	20% coinsurance after OON deductible is met	

PLATINUM	2015 Platinum -	Old AVC 91.8%
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) combined 40 visit calendar year maximum	\$10 copayment	20% coinsurance after OON deductible is met
Chiropractic Care 20 visit calendar maximum	\$30 copayment	20% coinsurance after OON deductible is met
Other Services		
Durable Medical Equipment	20% coinsurance	20% coinsurance after OON deductible is met
Prosthetics	20% coinsurance	20% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	20% coinsurance	20% coinsurance after OON deductible is met
Prescription Drugs		
Tier 1	\$5 copayment	20% coinsurance after OON deductible is met
Tier 2	\$15 copayment	20% coinsurance after OON deductible is met
Tier 3	\$30 copayment	20% coinsurance after OON deductible is met
Tier 4	20% coinsurance	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
Basic Restorative (Filling, Simple Extraction)	20% coinsurance	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)	40% coinsurance	50% coinsurance after OON deductible is met
Orthodontia Services medically necessary only	50% coinsurance	50% coinsurance after OON deductible is met
Pediatric Vision Care		▼
Routine Eye Exam	\$10 copayment	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

2016 - New Option 1 - AVC 89.20%		
\$15 copay	20% coinsurance after OON deductible is met	
\$30 copay	20% coinsurance after OON deductible is met	
20% coinsurance	20% coinsurance after OON deductible is met	
20% coinsurance	20% coinsurance after OON deductible is met	
20% coinsurance	20% coinsurance after OON deductible is met	
\$5 copay	20% coinsurance after OON deductible is met	
\$25 copay	20% coinsurance after OON deductible is met	
\$40 copay	20% coinsurance after OON deductible is met	
20% coinsurance up to a maximum of \$100 per prescription	20% coinsurance after OON deductible is met	
\$0	50% coinsurance after OON deductible is met	
20% coinsurance	50% coinsurance after OON deductible is met	
	F00/i	

\$0	50% coinsurance after OON deductible is met
20% coinsurance	50% coinsurance after OON deductible is met
40% coinsurance	50% coinsurance after OON deductible is met
50% coinsurance	50% coinsurance after OON deductible is met
\$10 copay	20% coinsurance
	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	

Plan Overview	In-Network (INET) Out-of-Network (OON)		
Tian overview	Member Pays	Member Pays	
Medical Deductible			
Individual			
Family	\$1,000	\$3,000	
(copayments are not applied to deductible)	\$2,000	\$6,000	
Prescription Drug Deductible			
Individual	\$0	\$350	
Family	\$0	\$700	
(copayments are not applied to deductible)			
Out-of-Pocket Maximum			
	\$3,000	\$6,000	
Individual			
Family	\$6,000	\$12,000	
Physician Office Visits			
Preventive Care / Screenings /	40	2007	
Immunizations	\$0	30% coinsurance	
Primary Care (injury or illness)		30% coinsurance	
	\$20 copayment	after OON medical deductible is met	
Specialist	30% coinsurance		
	\$45 copayment	after OON medical deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility		30% coinsurance	
	\$75 copayment	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	200/ sainsuransa	
	\$1,000 per admission after INET medical	30% coinsurance after OON medical deductible is met	
	deductible is met	after OON medical deductible is met	
Outpatient (performed at hospital or	\$500 copayment after INET medical 30% coinsurance		
ambulatory facility)	deductible is met	after OON medical deductible is met	
Skilled Nursing Facility			
90 day calendar year maximum	\$500 copayment per day to a maximum of	30% coinsurance	
	\$1,000 per admission after INFT medical		
	deductible is met	after OON medical deductible is met	
Mental Health, Substance Abuse & Behavior	al Health Care		
de la constante de la c			

In-Network Member Pays	Out-of-Network Member Pays
\$1,000 \$2,000	\$3,000 \$6,000
\$50 \$100	\$350 \$700
\$3,500	\$6,000
\$7,000	\$12,000
\$0	30% coinsurance
\$25 copayment	30% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance after OON medical deductible is met
\$75 copayment	30% coinsurance after OON medical deductible is met
\$150 copayment	\$150 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
	!

0022	GOLD		
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	
\$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	
\$45 copayment	30% coinsurance after OON medical deductible is met	
\$30 copayment	30% coinsurance after OON medical deductible is met	
\$30 copayment	30% coinsurance after OON medical deductible is met	
\$45 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%

2016 - New option 1 - AVC 79.15%

GOLD	2013 Gold - Gld II V C Gold 70	
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 a	ge 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 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 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

In-Network Member Pays	Out-of-Network Member Pays
\$30 copayment	30% coinsurance after OON prescription drug deductible is met
\$50 copayment	30% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$150 per prescription after INET prescription drug deductible	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 Silver - Old AVC 71.9%		
Plan Overview	In-Network (INET) Out-of-Network (OO Member Pays Member Pays		
Medical Deductible			
Individual	\$2,600	\$6,000	
Family	\$5,200	\$12,000	
(copayments are not applied to deductible)	\$3,200	Ģ12,000	
Prescription Drug Deductible			
Individual	\$25	\$350	
Family	\$50	\$700	
(copayments are not applied to deductible)	,	¥	
Out-of-Pocket Maximum			
Individual	\$6,600	\$12,500	
Family	\$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	40% coinsurance	
	after INET medical deductible is met	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	\$500 copayment per day to a		
90 day calendar year maximum	maximum of \$2,000 per admission after	40% coinsurance after OON medical deductible is met	
	INET medical deductible is met	arter oor medical deduction is med	
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	22.2.2.2.2.2.3.3.4.7.5.4.6.3.	55.5.55.55.55.55.55.55.55.55.55.55.55.5	
Hospice Care		T.	
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	T-		

2016 - New Option B - AVC 70.04%				
In-Network (INET) Out-of-Network (OON)				
Member Pays	Member Pays			
\$3,400 \$6,800	\$6,000 \$12,000			
\$150 \$300	\$350 \$700			
\$6,850 \$13,700	\$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 STANDARD Plan - 70%	2015 Silver - Old AVC 71.9%		
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		
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)	1	1	
Pediatric Dental Care			
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met	

2016 - New Option B - AVC 70.04%				
In-Network (INET) Out-of-Network (OON) Member Pays 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			
\$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 \$200 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			

SILVER STANDARD Plan - 70%	2015 Silver - Old AVC 71.9%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays 50% coinsurance after OON medical deductible is met	
Basic Restorative (Filling, Simple Extraction)	40% coinsurance		
Major Restorative (Endodontic, Crown)	50% coinsurance 50% coinsurance after OON medical deducti		
Orthodontia Services medically necessary only	50% coinsurance 50% coinsurance after OON medical deducti		
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$50 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 given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

2016 - New Option B - AVC 70.04%				
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			

SILVER STANDARD Plan - 70%	2016 - AVC 70.85% - Option D HSA (SHOP -HSA)		
Plan Overview	In-Network Member Pays	Out-of-Network Member Pays	
Deductible			
Individual	¢2.000	¢c 000	
Family	\$3,000	\$6,000	
(copayments are not applied to deductible)	\$6,000	\$12,000	
Out-of-Pocket Maximum			
Individual	\$4,000	\$12,500	
Family	\$8,000	\$25,000	
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance	
Primary Care (injury or illness)	10% coinsurance after INET deductible is	40% coinsurance	
	met	after OON deductible is met	
Specialist	10% coinsurance after INET deductible is	40% coinsurance	
	met	after OON deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility			
·	10% coinsurance after INET deductible is	40% coinsurance	
	met	after OON deductible is met	
Emergency Room	10% coinsurance after INET deductible is	10% coinsurance after INET deductible is	
	met	met	
Ambulance	10% coinsurance after INET deductible is	10% coinsurance after INET deductible is	
	met	met	
Hospital Services			
Inpatient	10% coinsurance after INET deductible is	40% coinsurance	
	met	after OON deductible is met	
	met	after OON deductible is filet	
Outpatient (performed at hospital or ambulatory	10% coinsurance after INET deductible is	40% coinsurance	
facility)	met	after OON deductible is met	
Skilled Nursing Facility	10% coinsurance after INET deductible is	40% coinsurance	
90 day calendar year maximum	met	after OON deductible is met	
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral	Covered came as any other illa	Covered come as any other illn	
Health Services	Covered same as any other illness	Covered same as any other illness	

SILVER STANDARD Plan - 70% 2016 - AVC 70.85% - Option D HSA (SHOP -HSA			
Plan Overview	In-Network Member Pays	Out-of-Network Member Pays	
Hospice Care		·	
Hospice Services	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Outpatient Services			
Home Health Care	10% coinsurance after INET deductible is	25% coinsurance subject to a \$50	
100 visit calendar year maximum	met	deductible	
Advanced Radiology (CT/PET Scan, MRI)	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Non-Advanced Radiology (X-ray, Diagnostic)	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Laboratory Services	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) combined 40 visit calendar year maximum	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Chiropractic Care	10% coinsurance after INET deductible is	40% coinsurance	
20 visit calendar maximum	met	after OON deductible is met	
Other Services			
Durable Medical Equipment	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Prosthetics	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Diabetic Supplies & Equipment	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Prescription Drugs			
Tier 1	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Tier 2	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Tier 3	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
	шеі	arter OON deductible is filet	

SILVER STANDARD Plan - 70% 2016 - AVC 70.85% - Option D HSA (SHOP -HSA)			
Plan Overview	In-Network Member Pays	Out-of-Network Member Pays	
Tier 4	10% coinsurance up to a maximum of \$200 per prescription after INET deductible is met	40% coinsurance after OON deductible is met	
Pediatric-Only Services (for children under age 19) Pediatric Dental Care			
rediatric Dental Care			
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met	
Basic Restorative (Filling, Simple Extraction)	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Major Restorative (Endodontic, Crown)	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Orthodontia Services medically necessary only	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$0 copayment after INET deductible is met	40% coinsurance after OON deductible is met	
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 a negotiated discount	100% coinsurance	

BRONZE	2015 Bronze Standar	rd - 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			\$5,500	\$10,000
Family	\$5,000	\$10,000	\$11,000	\$20,000
(copayments are not applied to deductible)	\$10,000	\$20,000		
Out-of-Pocket Maximum			¢e seo	¢12 200
Individual	\$6,600	\$13,200	\$6,850 \$13,700	\$13,200 \$26,400
Family	\$13,200	\$26,400	\$13,700	Ş26,400
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 90 day calendar year maximum	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	n Care			
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				

BRONZE	2015 Bronze Standard - 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 Out-of-Network Member Pays Member Pays	
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 after INET deductible is met	50% coinsurance after OON deductible is met	\$45 copay 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	\$35 copay after INET deductible is met	50% coinsurance 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
Disharis Congliss O Fortunasa	after INET deductible is met 40% coinsurance	after OON deductible is met	after INET deductible is met	after OON deductible is met 50% coinsurance
Diabetic Supplies & Equipment	after INET deductible is met	50% coinsurance after OON deductible is met	40% coinsurance after INET deductible is met	after OON deductible is met
Prescription Drugs	arter inter deductible is met	arter don't deductible is met	arter intri deductible is filet	arter OON deductible is met
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 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
Tier 3	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 4	after INET deductible is met 50% coinsurance after INET deductible is met	after OON deductible is met 50% coinsurance after OON deductible is met	after INET deductible is met 50% coinsurance up to a maximum of \$500 per prescription after INET deductible is met	after OON 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)	4F0/ aging and a	after OON deductible is met		after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	45% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance
, ,	after INET deductible is met 50% coinsurance	after OON deductible is met 50% coinsurance	after INET deductible is met	after OON deductible is met
Major Restorative (Endodontic, Crown)	after INET deductible is met	after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance 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	after INET deductible is met	after OON deductible is met
Pediatric Vision Care	arter met academble is met	arter oon academine is met	arter inter deductible is filet	arter OON deductible is filet

BRONZE	2015 Bronze Standar	2015 Bronze Standard - Old AVC 61.9%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays		
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 Member Pays	Out-of-Network Member Pays			
\$50 copayment	50% coinsurance 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 Bronze HSA - Old AVC 61.4%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
Deductible	\$4,600	\$9,200	
Individual Family	\$9,200	\$18,400	
(copayments are not applied to deductible)	Ţ3,200	\$10, 1 00	
Out-of-Pocket Maximum	\$6,450	\$12,900	
Individual Family	\$12,900	\$25,800	
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance 50% coinsurance after OON deductible is met	
Primary Care (injury or illness)	\$0 copayment after INET deductible is met		
Specialist	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Emergency Room	\$0 copayment after INET	\$0 copayment after INET	
	deductible is met	deductible is met	
Ambulance	\$0 copayment after INET	\$0 copayment after INET	
	deductible is met	deductible is met	
Hospital Services	<u> </u>		
Inpatient	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Outpatient (performed at hospital or ambulatory	\$0 copayment after INET	50% coinsurance	
facility)	deductible is met	after OON deductible is met	
identity)	deductible is filet	diter oon deductible is met	
Skilled Nursing Facility	\$0 copayment after INET	50% coinsurance	
90 day calendar year maximum	deductible is met	after OON 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 illnes	
Health Services	covered same as any other limess	Covered same as any other limes	
Hospice Care			
Hospice Services	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Outpatient Services			
Home Health Care	25% coinsurance after INET	25% coinsurance	
100 visit calendar year maximum	deductible is met	after OON deductible is met	
Advanced Radiology (CT/PET Scan, MRI)	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Non-Advanced Radiology (X-ray, Diagnostic)	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Laboratory Services	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical,	\$0 copayment after INET	arter corr academore is met	
Speech, Occupational)	deductible is met	50% coinsurance	
combined 40 visit calendar year maximum	deductible is filet	after OON deductible is met	
combined 40 visit calcillati year maximum		arter Oon deductible is filet	

2016 - New Option 6 (HSA) - AVC 61.52%						
In-Network	Out-of-Network					
Member Pays	Member Pays					
5,300	\$9,200					
\$10,600	\$18,400					
\$10,000	\$10,400					
\$6,500	\$12,900					
\$13,000	\$25,800					
\$0	50% coinsurance					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
400/ 1	500/					
10% coinsurance after INET deductible						
is met	after OON deductible is met					
	10% coinsurance after INET deductible is met					
is met						
	10% coinsurance after INET deductible					
is met	is met					
400/ : 5: 10.57 1.31	500/					
10% coinsurance after INET deductible						
is met	after OON deductible is met					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
is nec	arter CON deaderible is filet					
Covered same as any other illness	Covered same as any other illness					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
10% coinsurance after INET deductible	25% coinsurance after INET					
is met	deductible is met					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					
100/ 00:00000000000000000000000000000000	500/ ppin					
10% coinsurance after INET deductible	50% coinsurance					
is met	after OON deductible is met					

BRONZE HSA	2015 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		
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	50% coinsurance				
	after INET deductible is met	after OON deductible is met	30% coinsurance up to a maximum of			
			\$500 per prescription after INET	50% coinsurance		
			prescription drug deductible is met	after OON deductible is met		
			p p			
Pediatric-Only Services (for children under age 19)						
Pediatric Dental Care						
Diagnostic & Preventive	\$0	50% coinsurance	\$0	50% coinsurance		
(Oral Exam, Cleaning, X-ray)	ŞU	after OON deductible is met	ŞU	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	after INET deductible is met	after OON deductible is met		
Pediatric Vision Care						
Routine Eye Exam by Specialist	\$0	50% coinsurance	\$0	50% coinsurance		
		after OON deductible is met	***	after OON deductible is met		
Prescription Eye Glasses	lenses: \$0 after INET deductible is met;					
one pair of frames & lenses per calendar year	collection frames: \$0 after INET		lenses: \$0 after INET deductible is met;			
	deductible is met;		collection frames: \$0 after INET			
	non-collection frames: Members		deductible is met;			
	choosing to upgrade from a collection		non-collection frames: Members			
	frame to a non-collection frame will be	100% coinsurance	choosing to upgrade from a collection	100% coinsurance		
	given a credit equal to the cost of the		frame to a non-collection frame will be			
	collection frame and will be entitled to		given a credit equal to the cost of the			
	a negotiated discount		collection frame and will be entitled to			
			a negotiated discount			