

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

2016 - New Option 1 - AVC 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
Physician Office Visits	
\$0	20% coinsurance
\$15 copay	20% coinsurance after OON deductible is met
\$35 copay	20% coinsurance after OON deductible is met
Emergency/Urgent Care	
\$50 copay	20% coinsurance after OON deductible is met
\$100 copay	\$100 copay
\$0	\$0
Hospital Services	
\$300 copay per day after INET deductible is met to a maximum of \$600 per admission	20% coinsurance after OON deductible is met
\$300 copay after INET deductible is met	20% coinsurance after OON deductible is met
\$300 copay per day after INET deductible is met to a maximum of \$600 per admission	20% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care	
Covered same as any other illness	Covered same as any other illness
Hospice Care	
\$0	20% coinsurance after OON deductible is met
Outpatient Services	
\$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
Outpatient Services	
\$20 copay	20% coinsurance after OON deductible is met

PLATINUM		2015 Platinum - Old AVC 91.8%	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>		\$10 copayment	20% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>		\$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 <i>medically necessary only</i>		50% coinsurance	50% coinsurance after OON deductible is met
Pediatric Vision Care			
Routine Eye Exam		\$10 copayment	20% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>		lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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
40% coinsurance	50% coinsurance after OON deductible is met
50% coinsurance	50% coinsurance after OON deductible is met
\$10 copay	20% coinsurance
lenses: \$0 collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

GOLD

2015 Gold - Old AVC 80.5%

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

2016 - New option 1 - AVC 79.15%

In-Network Member Pays	Out-of-Network Member Pays
\$1,000 \$2,000	\$3,000 \$6,000
\$50 \$100	\$350 \$700
\$3,500 \$7,000	\$6,000 \$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

GOLD

2015 Gold - Old AVC 80.5%

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

2016 - New option 1 - **AVC 79.15%**

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%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Tier 2	\$25 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 3	\$50 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 4	\$60 copayment	30% coinsurance after OON prescription drug deductible is met
Pediatric-Only Services (for children under age 19)		
Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met
Basic Restorative (Filling, Simple Extraction)	20% coinsurance	50% coinsurance after OON medical deductible is met
Major Restorative (Endodontic, Crown)	40% coinsurance	50% coinsurance after OON medical deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$45 copayment	30% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - New option 1 - **AVC 79.15%**

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
Pediatric-Only Services (for children under age 19)	
Pediatric Dental Care	
\$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
Pediatric Vision Care	
\$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) Member Pays	Out-of-Network (OON) Member Pays		
Medical Deductible				
<i>Individual</i>	\$2,600	\$6,000		
<i>Family</i>	\$5,200	\$12,000		
<i>(copayments are not applied to deductible)</i>				
Prescription Drug Deductible				
<i>Individual</i>	\$25	\$350		
<i>Family</i>	\$50	\$700		
<i>(copayments are not applied to deductible)</i>				
Out-of-Pocket Maximum				
<i>Individual</i>	\$6,600	\$12,500		
<i>Family</i>	\$13,200	\$25,000		
Physician Office Visits				
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance		
Primary Care (injury or illness)	\$30 copayment	40% coinsurance after OON medical deductible is met		
Specialist	\$50 copayment	40% coinsurance after OON medical deductible is met		
Emergency/Urgent Care				
Urgent Care Center or Facility	\$75 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met		
Emergency Room	\$150 copayment	\$150 copayment		
Ambulance	\$0	\$0		
Hospital Services				
Inpatient	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met		
Outpatient (performed at hospital or ambulatory facility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met		
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met		
Mental Health, Substance Abuse & Behavioral Health Care				
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness		
Hospice Care				
Hospice Services	\$0	40% coinsurance after OON medical deductible is met		
Outpatient Services				
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible		

2016 - New Option B - AVC 70.04%	
In-Network (INET) Member Pays	Out-of-Network (OON) 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	40% coinsurance after OON medical deductible is met		
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met		
Laboratory Services	\$35 copayment	40% coinsurance after OON medical deductible is met		
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met		
Chiropractic Care <i>20 visit calendar maximum</i>	\$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		

2016 - New Option B - AVC 70.04%	
In-Network (INET) Member Pays	Out-of-Network (OON) 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		
Basic Restorative (Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met		
Major Restorative (Endodontic, Crown)	50% coinsurance	50% coinsurance after OON medical deductible is met		
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met		
Pediatric Vision Care				
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance		
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance		

2016 - New Option 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 Family (copayments are not applied to deductible)	\$3,000 \$6,000	\$6,000 \$12,000	
Out-of-Pocket Maximum Individual Family	\$4,000 \$8,000	\$12,500 \$25,000	
Physician Office Visits			
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance	
Primary Care (injury or illness)	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Specialist	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Emergency/Urgent Care			
Urgent Care Center or Facility	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Emergency Room	10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met	
Ambulance	10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met	
Hospital Services			
Inpatient	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Outpatient (performed at hospital or ambulatory facility)	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Skilled Nursing Facility 90 day calendar year maximum	10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met	
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	

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 <i>100 visit calendar year maximum</i>		10% coinsurance after INET deductible is met	25% coinsurance subject to a \$50 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) <i>combined 40 visit calendar year maximum</i>		10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>		10% coinsurance after INET deductible is met	40% coinsurance 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

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			
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 <i>medically necessary only</i>		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 <i>one pair of frames & lenses per calendar year</i>		lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

BRONZE	2015 Bronze Standard - Old AVC 61.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$5,000 \$10,000	\$10,000 \$20,000
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$6,600 \$13,200	\$13,200 \$26,400
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$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
Specialist	\$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
Emergency Room	40% coinsurance after INET deductible is met	40% coinsurance after INET deductible is met
Ambulance	\$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
Outpatient (performed at hospital or ambulatory facility)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
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 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services		

2016 - New option 6 - AVC 60.75%	
In-Network Member Pays	Out-of-Network Member Pays
\$5,500 \$11,000	\$10,000 \$20,000
\$6,850 \$13,700	\$13,200 \$26,400
\$0	50% coinsurance
\$40 copayment	50% coinsurance after OON deductible is met
\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
\$75 copayment	50% coinsurance after OON deductible is met
\$200 copayment after INET deductible is met	\$200 copayment after INET deductible is met
\$0 after INET deductible is met	\$0 after INET 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
\$500 copayment after INET medical 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
Covered same as any other illness	Covered same as any other illness
\$0 after INET deductible is met	50% coinsurance after OON deductible is met

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 Member Pays	Out-of-Network Member Pays
Home Health Care <i>100 visit calendar year maximum</i>		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) <i>combined 40 visit calendar year maximum</i>		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 <i>20 visit calendar maximum</i>		\$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
Other Services					
Durable Medical Equipment		40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prosthetics		40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Diabetic Supplies & Equipment		40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
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 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 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 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)					
Pediatric Dental Care					
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)		\$0	50% coinsurance after OON deductible is met	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)		45% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	45% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)		50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>		50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care					

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 Member Pays	Out-of-Network Member Pays
Routine Eye Exam by Specialist	\$50 copayment	50% coinsurance after OON deductible is met	\$50 copayment	50% coinsurance after OON deductible is met
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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
Deductible <i>Individual Family</i> <i>(copayments are not applied to deductible)</i>		\$4,600 \$9,200	\$9,200 \$18,400	5,300 \$10,600	\$9,200 \$18,400
Out-of-Pocket Maximum <i>Individual Family</i>		\$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 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 Room		\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met	10% coinsurance after INET 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	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 <i>90 day calendar year maximum</i>		\$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
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	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 <i>100 visit calendar year maximum</i>		25% coinsurance after INET deductible is met	25% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	25% coinsurance after INET deductible is met
Advanced Radiology (CT/PET Scan, MRI)		\$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
Non-Advanced Radiology (X-ray, Diagnostic)		\$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
Laboratory 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
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>		\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance 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 <i>20 visit calendar maximum</i>		\$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
Other Services					
Durable Medical Equipment		\$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
Prosthetics		\$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
Diabetic Supplies & Equipment		\$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
Prescription Drugs					
Tier 1		\$5 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
Tier 2		\$35 copayment after INET deductible is met	50% coinsurance after OON deductible is met	15% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 3		40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	25% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
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 (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)		40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)		50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>		50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care					
Routine Eye Exam by Specialist		\$0	50% coinsurance after OON deductible is met	\$0	50% coinsurance after OON deductible is met
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>		lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance