

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