PLATINUM	2015 - AV	/C 91.8%	2016 - Option 1 Cmte a	pproved - AVC 90.64%
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	\$100 \$200	\$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	\$10 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	\$200 copay per day after INET deductible is met to a maximum of \$400 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	\$200 copay after INET deductible is met	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	\$200 copay per day after INET deductible is met to a maximum of \$400 per admission	20% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health C	are		y-roo 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				
Home Health Care 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	\$10 copay	20% coinsurance after OON deductible is met

PLATINUM	2015 - AV	C 91.8%	2016 - Option 1 Cmte ap	pproved - AVC 90.64%
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) combined 40 visit calendar year maximum	\$10 copayment	20% coinsurance after OON deductible is met	\$10 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				
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)	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	\$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	44	
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Physician Office Visits		
Preventive Care / Screenings /	40	2004
Immunizations	\$0	30% coinsurance
Primary Care (injury or illness)	\$20 copayment	30% coinsurance
	y20 copuyment	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
	373 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 \$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 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
\$0 \$0	\$350 \$700
\$3,000	\$6,000
\$6,000	\$12,000
\$0	30% coinsurance
\$20 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

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		
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
\$25 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 \$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 - AVC 71.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible Individual Family (copayments are not applied to deductible)	\$2,600 \$5,200	\$6,000 \$12,000
Prescription Drug Deductible Individual Family	\$25 \$50	\$350 \$700
(copayments are not applied to deductible) Out-of-Pocket Maximum Individual Family	\$6,600 \$13,200	\$12,500 \$25,000
Physician Office Visits	\$13,200	\$23,000
Preventive Care / Screenings / Immunizations Primary Care (injury or illness)	\$0 \$30 copayment	40% coinsurance 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	Ć7E consument	409/ coincurance
	\$75 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Emergency Room	\$150 copayment	\$150 copayment
Ambulance Hospital Services	\$0	\$0
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
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	\$0	25% coinsurance subject to a \$50 deductible
100 visit calendar year maximum 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
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

	Option A - AVC 70.98%
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$2,600	\$6,000
\$5,200	\$12,000
\$100	\$350
\$200	\$700
\$6,850	\$12,500
\$13,700	\$25,000
\$0	40% coinsurance
\$30 copayment	40% coinsurance after OON medical deductible is met
	40% coinsurance
\$50 copayment	after OON medical deductible is met
	40% coinsurance
\$75 copayment	after OON medical deductible is met
\$150 copayment	\$150 copayment
\$0	\$0
\$500 copayment per day to a	40% coinsurance
maximum of \$2,000 per admission after INFT medical deductible is met	after OON medical deductible is met
INE I medical deductible is met	
\$500 copayment	40% coinsurance
after INET medical deductible is met	after OON medical deductible is met
Ć500 dt	
\$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
l	
	40% coinsurance
\$0	after OON medical deductible is met
ćo	25% coinsurance subject to a \$50
\$0	deductible
\$75 copayment per service up to a	400/ 00:
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET	40% coinsurance after OON medical deductible is met
scans	and ook medical deductible is filet
	40% coinsurance
\$45 copayment	after OON medical deductible is met
\$35 copayment	40% coinsurance
	after OON medical deductible is met
\$20 canaumant	40% coinsurance
\$30 copayment	after OON medical deductible is met
	40% coinsurance
\$50 copayment	after OON medical deductible is met
40% coinsurance	40% coinsurance
	after OON medical deductible is met
40% coinsurance	40% coinsurance

	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	
\$150	\$350	
\$300	\$700	
\$6,850	\$12,500	
\$13,700	\$25,000	
\$0	40% coinsurance	
ŞU	40% consulance	
\$30 copayment	40% coinsurance	
, ,	after OON medical deductible is met	
	400/	
\$50 copayment	40% coinsurance after OON medical deductible is met	
	arter OON medical deductible is met	
	40% coinsurance	
\$75 copayment	after OON medical deductible is met	
A450		
\$150 copayment	\$150 copayment	
\$0	\$0	
\$500 copayment per day to a	40% coinsurance	
maximum of \$2,000 per admission after	after OON medical deductible is met	
INET medical deductible is met		
ĆEOO sansumant	40% coinsurance	
\$500 copayment after INET medical deductible is met	after OON medical deductible is met	
arter INET medical deductible is met	arter 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 illness	
\$0	40% coinsurance	
\$0		
\$0	40% coinsurance after OON medical deductible is met	
\$0	40% coinsurance after OON medical deductible is met	
\$0	40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible	
\$0 \$75 copayment per service up to a combined calendar year maximum of	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible	
\$0 \$75 copayment per service up to a combined calendar year maximum of	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$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 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$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 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$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 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment \$30 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment \$30 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met	
\$0 \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$50 copayment \$40 copayment \$30 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met	

SILVER STANDARD Plan - 70%	2015 - AVC 71.9%	
Plan Overview	In-Network (INET)	Out-of-Network (OON)
	Member Pays	Member Pays
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		50% coinsurance
medically necessary only	50% coinsurance	after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance
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	

2016 - Cmte approved Option A - AVC 70.98%			
in-Network (INET) Member Pays	Out-of-Network (OON) Member Pays		
40% coinsurance	40% coinsurance after OON medical deductible is met		
\$5 copayment	40% coinsurance after OON prescription drug deductible is met		
\$30 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
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

2016 - New Option A - AVC 71.10%		
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
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	40% coinsurance after OON 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	
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 73%	2015 - AVC 73.9%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
ledical Deductible Idividual			
	\$1,900	\$6,000	
amily copayments are not applied to deductible)	\$3,800	\$12,000	
rescription Drug Deductible adividual			
amily	\$25	\$350	
copayments are not applied to deductible)	\$50	\$700	
Out-of-Pocket Maximum			
ndividual	\$5,200	\$12,500	
amily	\$10,400	\$25,000	
hysician Office Visits			
reventive Care / Screenings / Immunizations	\$0	40% coinsurance	
rimanı Cara (iniuru ar illness)			
rimary Care (injury or illness)	\$30 copayment	40% coinsurance after OON medical deductible is met	
pecialist		40% coinsurance	
	\$50 copayment	after OON medical deductible is met	
mergency/Urgent Care			
rgent Care Center or Facility	\$75 copayment after INET medical	40% coinsurance after OON medical	
	deductible is met	deductible is met	
mergency Room	\$150 copayment	\$150 copayment	
mbulance	\$0	\$0	
ospital Services			
npatient	\$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 acility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
	arter medical deductible is med	arter con medical deduction is met	
ikilled Nursing Facility 10 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 Care	e		
Mental Health, Substance Abuse & Behavioral			
lealth Services	Covered same as any other illness	Covered same as any other illness	
lospice Care	<u> </u>		
lospice Services			
•	\$0	40% coinsurance after OON medical deductible is met	
utpatient Services	•		
Iome Health Care	\$0	359/ eningurance cubith 450 d. 1	
00 visit calendar year maximum	\$0	25% coinsurance subject to a \$50 deductible	
dvanced 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	
aboratory Services	\$35 copayment	40% coinsurance after OON medical deductible is met	
tehabilitative & Habilitative Therapy (Physical,			
peech, Occupational) ombined 40 visit calendar year maximum	\$30 copayment	40% coinsurance after OON medical deductible is met	
hiropractic Care 0 visit calendar maximum	\$30 copayment	40% coinsurance after OON medical deductible is met	
Other Services Ourable Medical Equipment			

2016 - Cmte approved o	
In-Network Member Pays	Out-of-Network Member Pays
\$1,000	\$6,000
\$1,900	
\$3,800	\$12,000
\$25	\$350
\$50	\$700
\$5,200	\$12,500
\$10,400	\$25,000
\$0	40% coinsurance
	40% coinsurance
\$25 copayment	after OON medical deductible is met
	40% coinsurance
\$50 copayment	after OON medical deductible is met
	arter Ook 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	409/ 00:
of \$2,000 per admission after INET	40% coinsurance after OON medical deductible is met
medical deductible is met	arter 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	40% coinsurance
of \$2,000 per admission after INET	after OON medical deductible is met
medical deductible is met	
Covered same as any other illness	Covered come as any other illness
Covered same as any other illness	Covered same as any other illness
	400/
\$0	40% coinsurance
	after OON medical deductible is met
\$0	25% coinsurance subject to a \$50
	deductible
\$75 copayment per service up to a	deductible
\$75 copayment per service up to a combined calendar year maximum of	deductible 40% coinsurance
combined calendar year maximum of	40% coinsurance
	40% coinsurance
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET	40% coinsurance
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET	40% coinsurance after OON medical deductible is met 40% coinsurance
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met 40% coinsurance
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment	40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment	40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment \$30 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment	40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment \$30 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met
combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans \$45 copayment \$35 copayment \$30 copayment	40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met

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	\$12,500		
\$10,400	\$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		
\$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		

SILVER CSR PLAN 73%	2015 - A	2015 - AVC 73.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
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 dru 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		I	
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 after OON medical deductible is met	
Pediatric Vision Care			
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance	
Prescription Eye Glasses one pair of frames & lenses per calendar year		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		

2016 - Cmte approved option 1 - AVC 73.83%		
In-Network Member Pays	Out-of-Network Member Pays	
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	
\$30 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 \$60 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	
40% coinsurance	50% coinsurance after OON medical deductible is me	
50% coinsurance	50% coinsurance after OON medical deductible is met	
50% coinsurance	50% coinsurance after OON medical deductible is me	
\$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	

2016 - New Option	n 1 - AVC 73.83%
In-Network Member Pays	Out-of-Network Member Pays
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 prescriptio 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
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
Ć50	400/!
\$50 copayment	40% 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	

SILVER CSR PLAN 87%	2015 - AVC 87.3%			
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays		
Medical Deductible				
Individual Family	\$400	\$6,000		
Family (copayments are not applied to deductible)	\$800	\$12,000		
Prescription Drug Deductible				
Individual Family	\$25	\$350		
(copayments are not applied to deductible)	\$50	\$700		
Out-of-Pocket Maximum Individual	¢1.750	¢13.500		
Family	\$1,750 \$3,500	\$12,500 \$25,000		
Physician Office Visits	\$3,500	\$23,000		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance		
Primary Care (injury or illness)	\$20 copayment	40% coinsurance after OON medical deductible is met		
Specialist	\$35 copayment	40% coinsurance after OON medical deductible is met		
Emergency/Urgent Care				
Urgent Care Center or Facility	\$50 copayment after INET medical deductible is met	40% coinsurance 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 deductible is met	40% coinsurance 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 \$800 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 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				

2016 - Cmte approved o		
In-Network (INET)	Out-of-Network (OON)	
Member Pays	Member Pays	
\$400	\$6,000	
\$800	\$12,000	
4000	Ģ12,000	
\$25	\$350	
\$50	\$700	
	4	
\$1,600	\$12,500	
\$3,200	\$25,000	
\$0	40% coinsurance	
\$15 copayment	40% coinsurance after OON medical deductible is met	
	40% coinsurance	
\$30 copayment	after OON medical deductible is met	
\$50 copayment	40% coinsurance after OON medical deductible is met	
\$100 copayment	\$100 copayment	
\$0	\$0	
\$100 copayment per day to a maximum	40% coinsurance	
of \$400 per admission after INET	after OON medical deductible is met	
medical deductible is met		
\$100	400/:	
\$100 copayment after INET medical	40% coinsurance after OON medical deductible is met	
deductible is met	arter OON medical deductible is met	
\$100 copayment per day to a maximum		
of \$400 per admission after INET	40% coinsurance	
medical deductible is met	after OON medical deductible is met	
Covered same as any other illness	Covered same as any other illness	
	400/	
\$0	40% coinsurance after OON medical deductible is met	
	arter OON medical deductible is met	
	25% coinsurance subject to a \$50	
\$0	25% coinsurance subject to a \$50 deductible	
400		
\$60 copayment per service up to a	400/:	
combined calendar year maximum of	40% coinsurance	
\$360 for MRI and CT scans; \$400 for PET	after OON medical deductible is met	
scans		
\$25 copayment	40% coinsurance	
\$25 copayment	40% coinsurance after OON medical deductible is met	
\$25 copayment	after OON medical deductible is met	
\$25 copayment	after OON medical deductible is met	
	after OON medical deductible is met	
	after OON medical deductible is met	
\$20 copayment	after OON medical deductible is met	
	after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance	
\$20 copayment	after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance	
\$20 copayment	after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met	
\$20 copayment	after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance	

2016 -New Option 1 - AVC 87.15%		
In-Network (INET)	Out-of-Network (OON)	
Member Pays	Member Pays	
\$500 \$1000	\$6,000	
\$1000	\$12,000	
\$50	\$350	
\$100	\$700	
\$1,800	\$12,500	
\$3,600	\$25,000	
\$0	40% coinsurance	
·		
\$20 copayment	40% coinsurance	
,	after OON medical deductible is met	
	40% coinsurance	
\$35 copayment	after OON medical deductible is met	
	40% coinsurance	
\$35 copayment	40% coinsurance after OON medical deductible is met	
\$75 copayment \$0	\$75 copayment \$0	
	••	
\$100 copayment per day to a maximum		
of \$400 per admission after INET	40% coinsurance	
medical deductible is met	after OON medical deductible is met	
4400 . 6. 1057 . 1. 1	100/	
\$100 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
deddetisie is met	arter GON medical deddetable is met	
\$100 copayment per day to a maximum	40% coinsurance	
of \$400 per admission after INET	after OON medical deductible is met	
medical deductible is met		
Covered same as any other illness	Covered same as any other illness	
ŕ	,	
\$0	40% coinsurance	
Ų.	after OON medical deductible is met	
\$0	25% coinsurance subject to a \$50	
	deductible	
\$60 copayment per service up to a		
combined calendar year maximum of	40% coinsurance	
\$360 for MRI and CT scans; \$400 for PET	after OON medical deductible is met	
scans		
	40% coinsurance	
\$30 copayment	after OON medical deductible is met	
\$25 copayment	40% coinsurance	
\$25 copayment	40% coinsurance after OON medical deductible is met	
\$25 copayment		
\$25 copayment	after OON 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	
	after OON medical deductible is met 40% coinsurance	
\$20 copayment	after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance	

SILVER CSR PLAN 87%	2015 - A	VC 87.3%
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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
Pediatric-Only Services (for children under age 19)	\$50 copayment after INET prescription drug deductible is met	prescription drug deductible is met
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 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 given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - Cmte approved option 1 - AVC 87.32% In-Network (INET) Out-of-Network (OON)		
Out-of-Network (OON) Member Pays		
40% coinsurance after OON medical deductible is met		
40% coinsurance after OON medical deductible is met		
40% coinsurance after OON medical deductible is met		
40% coinsurance after OON prescription drug deductible is met		
40% coinsurance after OON prescription drug deductible is met		
40% coinsurance after OON prescription drug deductible is met		
40% coinsurance after OON prescription drug deductible is met		
50% coinsurance after OON medical deductible is met		
50% coinsurance after OON medical deductible is met		
50% coinsurance after OON medical deductible is met		
50% coinsurance after OON medical deductible is met		
40% coinsurance		
1070 comparance		
100% coinsurance		

2016 -New Option 1 - AVC 87.15%		
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
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	

\$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
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% Plan Overview Medical Deductible	In-Network (INET)	0 . (1)
Medical Deductible		Out-of-Network (OON)
vieuicai Deductible	Member Pays	Member Pays
ndividual		
-amily	\$0 \$0	\$6,000 \$13,000
copayments are not applied to deductible)	ŞU	\$12,000
Prescription Drug Deductible		
ndividual Family	\$0	
copayments are not applied to deductible)	\$0	
Out-of-Pocket Maximum		
ndividual	\$600	\$12,500
Family Physician Office Visits	\$1,200	\$25,000
Preventive Care / Screenings / Immunizations	40	40% coinsurance
Primary Care (injury or illness)	\$0	40% coinsurance
rimary Care (injury or illness)	\$20 copayment	after OON medical deductible is met
Specialist Special Spe	\$35 copayment	40% coinsurance after OON medical deductible is met
mergency/Urgent Care		
Jrgent 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	ı	
npatient	\$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 acility)	\$100 copayment	40% coinsurance after OON medical deductible is met
<mark>Skilled Nursing Facility</mark> 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 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
aboratory Services	\$20 copayment	40% coinsurance after OON medical deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Speech 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

2016 - Cmte approved - AVC 94.18%			
In-Network (INET)	Out-of-Network (OON)		
Member Pays	Member Pays		
\$0	\$6,000		
\$0	\$12,000		
Ψ.	¥12,000		
\$0	\$350		
\$0	\$700		
**	****		
\$750	¢13.500		
· ·	\$12,500		
\$1,500	\$25,000		
	40% coinsurance		
\$0	40% consulance		
	40% coinsurance		
\$10 copayment	after OON medical deductible is met		
720 copa,c	2.13. 2011 medical deddelible is med		
	40% coinsurance		
\$30 copayment	after OON medical deductible is met		
voo copa,c.ic	2.11. 2011 medical deductible is file		
	40% coinsurance		
\$25 copayment	after OON medical deductible is met		
\$50 copayment	\$50 copayment		
\$0	\$0		
\$50 consument per day to a maximum	40% coinsurance		
\$50 copayment per day to a maximum of \$200 per admission	after OON medical deductible is met		
or \$200 per admission			
	40% coinsurance		
\$50 copayment	after OON medical deductible is met		
ÉEO consument nor dou to a maximum	40% coinsurance		
\$50 copayment per day to a maximum of \$200 per admission	after OON medical deductible is met		
or \$200 per dumission			
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	Covered same as any other illness		
Covered same as any other illness	Covered same as any other illness		
	40% coinsurance		
Covered same as any other illness	40% coinsurance		
	40% coinsurance		
\$0	40% coinsurance		
	40% coinsurance after OON medical deductible is mel		
\$0 \$0	40% coinsurance after OON medical deductible is met		
\$0 \$0 \$50 copayment per service up to a	40% coinsurance after OON medical deductible is med 25% coinsurance subject to a \$50 deductible 40% coinsurance		
\$0 \$0	40% coinsurance after OON medical deductible is med 25% coinsurance subject to a \$50 deductible 40% coinsurance		
\$0 \$0 \$50 copayment per service up to a	40% coinsurance after OON medical deductible is med 25% coinsurance subject to a \$50 deductible 40% coinsurance		
\$0 \$0 \$50 copayment per service up to a combined calendar year maximum of	40% coinsurance after OON medical deductible is med 25% coinsurance subject to a \$50 deductible 40% coinsurance		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET	40% coinsurance after OON medical deductible is med 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is med		
\$0 \$50 \$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% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		
\$0 \$50 \$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% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met		
\$0 \$50 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met		
\$0 \$50 \$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% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met		
\$0 \$50 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met		
\$0 \$50 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		
\$0 \$50 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met 40% coinsurance after OON medical deductible is met		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment \$15 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met 40% coinsurance		
\$0 \$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans \$25 copayment	40% coinsurance after OON medical deductible is met 25% coinsurance subject to a \$50 deductible 40% coinsurance after OON medical deductible is met		

2016 - New Option 1 - AVC 94.62%		
In-Network (INET)	Out-of-Network (OON)	
Member Pays	Member Pays	
40	dc 000	
\$0 60	\$6,000	
\$0	\$12,000	
\$0	\$350	
\$0	\$700	
\$800	\$12,500	
\$1,600	\$25,000	
	40% coinsurance	
\$0		
	40% coinsurance	
\$10 copayment	after OON medical deductible is met	
	40% coinsurance	
\$30 copayment	after OON medical deductible is met	
¢35 consument	40% coinsurance after OON medical deductible is met	
\$25 copayment	after OON medical deductible is met	
\$50 copayment	\$50 copayment	
\$0	\$0	
	*00/	
\$75 copayment per day to a maximum of \$300 per admission	40% coinsurance after OON medical deductible is met	
	40% coinsurance	
\$75 copayment	after OON medical deductible is met	
	100/	
\$75 copayment per day to a maximum	40% coinsurance after OON medical deductible is met	
of \$300 per admission	arter oon medical deductible is met	
Covered same as any other illness	Covered same as any other illness	
	40% coinsurance	
\$0	after OON medical deductible is met	
ţ0	arter CON medical deductible is met	
	25% coinsurance subject to a \$50	
\$0	deductible	
	40% coinsurance	
\$50 copayment per service up to a	after OON medical deductible is met	
combined calendar year maximum of		
\$350 for MRI and CT scans; \$400 for PET		
scans		
	40% coinsurance	
\$25 copayment	after OON medical deductible is met	
223 copayment		
	40% coinsurance	
\$15 copayment	after OON medical deductible is met	
	40% coinsurance	
	after OON medical deductible is met	
\$20 copayment		
·		
	40% coinsurance	
\$20 consument	after OON medical deductible is met	
pou cupayment		
\$30 copayment	arter oon medical deductible is met	

SILVER CSR PLAN 94%	2015 - AVC 94.1%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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	\$50 copayment	40% coinsurance after OON prescription drug deductible is met
Pediatric-Only Services (for children under age 19)	1	
Padiatric Dontal Care		

2016 - Cmte approved - AVC 94.18%		
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
-	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	
	40% coinsurance after OON	
\$10 copayment	prescription drug deductible is met	
	40% coinsurance after OON	
\$30 copayment	prescription drug deductible is met	
	40% coinsurance after OON	
	prescription drug deductible is met	
20% coinsurance up to a maximum of	of	
\$60 per prescription		

2016 - New Option 1 - AVC 94.62%	
Out-of-Network (OON) Member Pays	
40% coinsurance after OON medical deductible is met	
40% coinsurance after OON medical deductible is met	
40% coinsurance after OON medical deductible is met	
40% coinsurance after OON prescription drug deductible is met	
40% coinsurance after OON prescription drug deductible is met	
40% coinsurance after OON 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	\$0	50% coinsurance
(Oral Exam, Cleaning, X-ray)		after OON medical deductible is met
Basic Restorative	40% coinsurance	50% coinsurance
(Filling, Simple Extraction)		after OON medical deductible is met
Major Restorative	50% coinsurance	50% coinsurance
(Endodontic, Crown)		after OON medical deductible is met
Orthodontia Services	50% coinsurance	50% coinsurance
medically necessary only		after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$35 copayment	40% coinsurance
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	

\$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
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

50% coinsurance after OON medical deductible is met
50% coinsurance after OON medical deductible is met
50% coinsurance after OON medical deductible is met
50% coinsurance after OON medical deductible is met
40% coinsurance
100% coinsurance

Plan Overview Deductible Individual Family Copayments are not applied to deductible) Dut-of-Pocket Maximum Individual Comity Co	In-Network (INET) Member Pays \$5,000 \$10,000 \$6,600 \$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet	Out-of-Network (OON) Member Pays \$10,000 \$20,000 \$13,200 \$26,400 50% coinsurance 50% coinsurance after OON deductible is met	In-Network Member Pays \$5,300 \$10,600 \$6,850 \$13,700	Out-of-Network Member Pays \$10,000 \$20,000 \$13,200 \$26,400
ndividual Family Family Dut-of-Pocket Maximum ndividual amily Physician Office Visits reventive Care / Screenings / Immunizations	\$10,000 \$6,600 \$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	\$20,000 \$13,200 \$26,400 50% coinsurance 50% coinsurance	\$10,600 \$6,850 \$13,700	\$20,000 \$13,200
Family copayments are not applied to deductible) Dut-of-Pocket Maximum ndividual amily Physician Office Visits reventive Care / Screenings / Immunizations	\$10,000 \$6,600 \$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	\$20,000 \$13,200 \$26,400 50% coinsurance 50% coinsurance	\$10,600 \$6,850 \$13,700	\$20,000 \$13,200
copayments are not applied to deductible) http	\$10,000 \$6,600 \$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	\$20,000 \$13,200 \$26,400 50% coinsurance 50% coinsurance	\$6,850 \$13,700	\$13,200
Out-of-Pocket Maximum dividual amily hysician Office Visits reventive Care / Screenings / Immunizations	\$6,600 \$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	\$13,200 \$26,400 50% coinsurance 50% coinsurance	\$13,700	
ndividual amily hysician Office Visits reventive Care / Screenings / Immunizations	\$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	\$26,400 50% coinsurance 50% coinsurance	\$13,700	
amily hysician Office Visits reventive Care / Screenings / Immunizations	\$13,200 \$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	\$26,400 50% coinsurance 50% coinsurance	\$13,700	
hysician Office Visits reventive Care / Screenings / Immunizations	\$0 \$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	50% coinsurance 50% coinsurance		Ç20,100
reventive Care / Screenings / Immunizations	\$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	50% coinsurance	\$0	
·	\$40 copayment after INET deductible is met. The first 3 medical / mental health visits are	50% coinsurance	\$0	
rimary Care (injury or illness)	after INET deductible is met. The first 3 medical / mental health visits are			50% coinsurance
	deductible before cost sharing resumes		\$40 copayment	50% coinsurance after OON deductible is met
pecialist	\$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
mergency/Urgent Care				
Irgent Care Center or Facility	40% coinsurance	50% coinsurance	\$75 copayment	50% coinsurance
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
mergency Room	40% coinsurance	40% coinsurance	\$200 copayment	40% coinsurance
	after INET deductible is met	after INET deductible is met	after INET deductible is met	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
Iospital Services				
npatient	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
Dutpatient (performed at hospital or ambulatory acility)	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
killed Nursing Facility O 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 \$2,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health	Care			
Mental Health, Substance Abuse & Behavioral		Covered come as a second second	Covered come or any other Ille	Coursed some control will
ealth 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
lospice Care				
lospice 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				
ome Health Care	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50
00 visit calendar year maximum	deductible	deductible	deductible	deductible
dvanced 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
Ion-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
aboratory Services	40% coinsurance	50% coinsurance	\$35 copay after INET deductible is	50% coinsurance
	after INET deductible is met	after OON deductible is met	met	after OON deductible is met

2016 - New option 6 - AVC 60.75%				
In-Network	Out-of-Network			
Member Pays	Member Pays			
\$5,500	\$10,000			
\$11,000	\$20,000			
*,	*,			
\$6,850	\$13,200			
\$13,700	\$26,400			
· · ·				
\$0	50% coinsurance			
\$40 copayment	50% coinsurance after OON deductible is met			
\$50 copayment after INET deductible is	50% coinsurance			
met	after OON deductible is met			
\$75 copayment	50% coinsurance			
after INET deductible is met	after OON deductible is met			
\$200 copayment	\$200 copayment			
after INET deductible is met	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				
maximum of \$1,000 per admission	after OON deductible is met 50% coinsurance			
maximum of \$1,000 per admission	after OON deductible is met 50% coinsurance			
maximum of \$1,000 per admission after INET medical deductible is met	after OON deductible is met 50% coinsurance after OON deductible is met			
maximum of \$1,000 per admission after INET medical deductible is met	after OON deductible is met 50% coinsurance after OON deductible is met			
maximum of \$1,000 per admission after INET medical deductible is met Covered same as any other illness \$0 after INET deductible is met	after OON deductible is met 50% coinsurance after OON deductible is met Covered same as any other illness 50% coinsurance after OON deductible is met			
maximum of \$1,000 per admission after INET medical deductible is met Covered same as any other illness	after OON deductible is met 50% coinsurance after OON deductible is met Covered same as any other illness 50% coinsurance			
maximum of \$1,000 per admission after INET medical deductible is met Covered same as any other illness \$0 after INET deductible is met	after OON deductible is met 50% coinsurance after OON deductible is met Covered same as any other illness 50% coinsurance after OON deductible is met			
maximum of \$1,000 per admission after INET medical deductible is met Covered same as any other illness \$0 after INET deductible is met 25% coinsurance subject to a \$50 deductible \$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 \$45 copay after INET deductible is	after OON deductible is met 50% coinsurance after OON deductible is met Covered same as any other illness 50% coinsurance after OON deductible is met 25% coinsurance subject to a \$50 deductible 50% coinsurance after OON deductible is met			
maximum of \$1,000 per admission after INET medical deductible is met Covered same as any other illness \$0 after INET deductible is met 25% coinsurance subject to a \$50 deductible \$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	after OON deductible is met 50% coinsurance after OON deductible is met Covered same as any other illness 50% coinsurance after OON deductible is met 25% coinsurance subject to a \$50 deductible 50% coinsurance after OON deductible is met			

DDONZE	2015 - AVC 61.9%		2017 170 (0.070) 011 0 17 17	
BRONZE			2016 - AVC 60.96% - Old Option 6	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Rehabilitative & Habilitative Therapy (Physical,	40% coinsurance	50% coinsurance		
Speech, Occupational)	after INET deductible is met	after OON deductible is met	\$30 copay after INET deductible is	50% coinsurance
combined 40 visit calendar year maximum			met	after OON deductible is met
Chiropractic Care	\$50 copayment after INET deductible is	50% coinsurance	\$50 copayment after INET deductible is	50% coinsurance
20 visit calendar maximum	met	after OON deductible is met	met	after OON deductible is met
Other Services	100/	500/	100/	500/
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	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
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	\$5 copayment after INET deductible is	50% coinsurance
		after OON deductible is met	met	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	50% coinsurance		
	after INET deductible is met	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	\$0	50% coinsurance		50% coinsurance
(Oral Exam, Cleaning, X-ray)	·	after OON deductible is met	\$0	after OON deductible is met
Basic Restorative	45% coinsurance	50% coinsurance	45% 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	\$50 copayment	50% coinsurance		50% coinsurance
		after OON deductible is met	\$50 copayment	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	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			
\$30 copay 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			
40% coinsurance after INET deductible is met 40% coinsurance after INET deductible is met 40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met 50% coinsurance after OON deductible is met 50% coinsurance after OON deductible is met			
met 50% coinsurance after INET deductible is met	after OON deductible is met 50% coinsurance after OON deductible is met			
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			

\$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	
¢FO	50% coinsurance	
\$50 copayment	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 - AVC 61.4%		2016 - AVC 60.01% - Option 6 (HSA)	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Deductible	\$4,600	\$9,200	5,000	\$9,200
Individual Family		· ·		
copayments are not applied to deductible)	\$9,200	\$18,400	\$10,000	\$18,400
Out-of-Pocket Maximum	\$6,450	\$12,900	\$6,850	\$12,900
ndividual Family	\$12,900	\$25,800	\$13,700	\$25,800
hysician Office Visits	\$12,300	\$23,000	\$15), 65	\$23,000
•	\$0	FOO/ paintings	\$0	FOO/ painsurance
reventive Care / Screenings / Immunizations		50% coinsurance	ŞU	50% coinsurance
rimary 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 me
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 me
Emergency/Urgent Care	acaucibic is met	arter 55% deadelible is frict	accase. Die 13 met	arter 5511 deddenble is illet
Jrgent Care Center or Facility	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET	50% coinsurance
agent sare center or ruenty	deductible is met	after OON deductible is met		after OON deductible is met
			deductible is met	
mergency Room	\$0 copayment after INET	\$0 copayment after INET	10% coinsurance after INET	10% coinsurance after INET
	deductible is met	deductible is met	deductible is met	deductible is met
mbulance	\$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
lospital Services				
npatient	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET	50% coinsurance
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met
Outpatient (performed at hospital or ambulatory acility)	\$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
killed Nursing Facility 10 day calendar year maximum	\$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
Nental Health, Substance Abuse & Behavioral Health		arter oor deductible is met	ucudetible is met	urter don deductible is me
Mental Health, Substance Abuse & Behavioral Mental Health, Substance Abuse & Behavioral Mealth Services	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness	Covered same as any other illn
lospice Care				I .
lospice 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	·			
ome Health Care	25% coinsurance after INET	25% coinsurance	10% coinsurance after INET	25% coinsurance after INET
00 visit calendar year maximum	deductible is met	after OON deductible is met	deductible is met	deductible is met
dvanced Radiology (CT/PET Scan, MRI)	\$0 copayment after INET			
uvanceu naululogy (CI/FEI Stall, IVINI)	deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET	50% coinsurance after OON deductible is met
In Advanced Redictory (V Diamark)			deductible is met	
on-Advanced Radiology (X-ray, Diagnostic)	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET	50% coinsurance
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met
aboratory 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
ehabilitative & Habilitative Therapy (Physical, peech, Occupational) ombined 40 visit calendar year maximum	\$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
hiropractic Care	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET	50% coinsurance
0 visit calendar maximum	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met
ther Services				
urable 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
rosthetics	\$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 me
iabetic Supplies & Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET	50% coinsurance
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is me
rescription Drugs				
ier 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 me
Fier 2	\$35 copayment after INET	50% coinsurance	15% coinsurance after INET	50% coinsurance

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		
\$6,500	\$12,900		
\$13,000	\$25,800		
40			
\$0	50% coinsurance		
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	10% coinsurance after INET		
deductible is met	deductible is met		
10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met		
deductible is met	ueductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
Covered same as any other illness	Covered same as any other illness		
, , , , , , , , , , , , , , , , , , , ,			
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	25% coinsurance after INET		
deductible is met 10% coinsurance after INET	deductible is met 50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
deductible is met	arter OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coincurance often INIT	E09/ coi		
10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
acassimic is illet	arter our academic is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met 10% coinsurance after INET	after OON deductible is met 50% coinsurance		
deductible is met	after OON deductible is met		
10% coinsurance after INET	50% coinsurance		
deductible is met	after OON deductible is met		
15% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
ueuuctibie is met	arter OON deductible is met		

BRONZE HSA	2015 - AVC 61.4%		2016 - AVC 60.01%	6 - Option 6 (HSA)
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Tier 3	40% coinsurance	50% coinsurance after OON deductible is met	20% 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	20% coinsurance up to a maximum of \$250 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	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 (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	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 after OON deductible is met	\$0	50% 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	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

2016 - New Option 6 (HSA) - AVC 61.52%			
In-Network Member Pays	Out-of-Network Member Pays		
25% 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		

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