

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

2016 - Option 1 Cmte approved - AVC 90.64%	
In-Network Member Pays	Out-of-Network Member Pays
\$100	\$2,000
\$200	\$4,000
\$2,000	\$4,000
\$4,000	\$8,000
\$0	20% coinsurance
\$10 copay	20% coinsurance after OON deductible is met
\$30 copay	20% coinsurance after OON deductible is met
\$50 copay	20% coinsurance after OON deductible is met
\$100 copay	\$100 copay
\$0	\$0
\$200 copay per day after INET deductible is met to a maximum of \$400 per admission	20% coinsurance after OON deductible is met
\$200 copay after INET deductible is met	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
Covered same as any other illness	Covered same as any other illness
\$0	20% coinsurance after OON deductible is met
\$0	20% coinsurance subject to a \$50 deductible
\$75 copay per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	20% coinsurance after OON deductible is met
\$30 copay	20% coinsurance after OON deductible is met
\$10 copay	20% coinsurance after OON deductible is met

PLATINUM	2015 - AVC 91.8%		2016 - Option 1 Cmte approved - AVC 90.64%	
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$10 copayment	20% coinsurance after OON deductible is met	\$10 copay	20% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$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 <i>medically necessary only</i>	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 <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

GOLD

2015 - AVC 80.5%

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

2016 - Option 1 Cmte approved - AVC 81.43%

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
Physician Office Visits	
\$0	30% coinsurance
\$20 copayment	30% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance after OON medical deductible is met
Emergency/Urgent Care	
\$75 copayment	30% coinsurance after OON medical deductible is met
\$150 copayment	\$150 copayment
\$0	\$0
Hospital Services	
\$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
Mental Health, Substance Abuse & Behavioral Health Care	

GOLD

2015 - AVC 80.5%

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

2016 - Option 1 Cmte approved - AVC 81.43%

In-Network Member Pays	Out-of-Network Member Pays
Covered same as any other illness	Covered same as any other illness
\$0	30% coinsurance after OON medical deductible is met
\$0	25% coinsurance subject to a \$50 deductible
\$75 copay per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	30% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance after OON medical deductible is met
\$30 copayment	30% coinsurance after OON medical deductible is met
\$30 copayment	30% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance after OON medical deductible is met
30% coinsurance	30% coinsurance after OON medical deductible is met
30% coinsurance	30% coinsurance after OON medical deductible is met
30% coinsurance	30% coinsurance after OON medical deductible is met
\$5 copayment	30% coinsurance after OON prescription drug deductible is met

GOLD

2015 - AVC 80.5%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Tier 2	\$25 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 3	\$50 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 4	\$60 copayment	30% coinsurance after OON prescription drug deductible is met

Pediatric-Only Services (for children under age 19)

Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met
Basic Restorative (Filling, Simple Extraction)	20% coinsurance	50% coinsurance after OON medical deductible is met
Major Restorative (Endodontic, Crown)	40% coinsurance	50% coinsurance after OON medical deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$45 copayment	30% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - Option 1 Cmte approved - AVC 81.43%

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		
<i>Individual</i>	\$2,600	\$6,000
<i>Family</i>	\$5,200	\$12,000
<i>(copayments are not applied to deductible)</i>		
Prescription Drug Deductible		
<i>Individual</i>	\$25	\$350
<i>Family</i>	\$50	\$700
<i>(copayments are not applied to deductible)</i>		
Out-of-Pocket Maximum		
<i>Individual</i>	\$6,600	\$12,500
<i>Family</i>	\$13,200	\$25,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance
Primary Care (injury or illness)	\$30 copayment	40% coinsurance after OON medical deductible is met
Specialist	\$50 copayment	40% coinsurance after OON medical deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	\$75 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Emergency Room	\$150 copayment	\$150 copayment
Ambulance	\$0	\$0
Hospital Services		
Inpatient	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Outpatient (performed at hospital or ambulatory facility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0	40% coinsurance after OON medical deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met
Laboratory Services	\$35 copayment	40% coinsurance after OON medical deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$50 copayment	40% coinsurance after OON medical deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met

2016 - Cmte approved 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	
\$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	
\$50 copayment	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	

2016 - New Option A - AVC 71.10%		
In-Network (INET) Member Pays	Out-of-Network (OON) 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	
\$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	
\$50 copayment	40% coinsurance after OON medical deductible is met	
\$40 copayment	40% coinsurance after OON medical deductible is met	
\$30 copayment	40% coinsurance after OON medical deductible is met	
\$50 copayment	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	

SILVER STANDARD Plan - 70%		
2015 - AVC 71.9%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) 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 <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - 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		
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		
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		
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		
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
Medical Deductible		
<i>Individual</i>	\$1,900	\$6,000
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$3,800	\$12,000
Prescription Drug Deductible		
<i>Individual</i>	\$25	\$350
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$50	\$700
Out-of-Pocket Maximum		
<i>Individual</i>	\$5,200	\$12,500
<i>Family</i>	\$10,400	\$25,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance
Primary Care (injury or illness)	\$30 copayment	40% coinsurance after OON medical deductible is met
Specialist	\$50 copayment	40% coinsurance after OON medical deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	\$75 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Emergency Room	\$150 copayment	\$150 copayment
Ambulance	\$0	\$0
Hospital Services		
Inpatient	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Outpatient (performed at hospital or ambulatory facility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0	40% coinsurance after OON medical deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met
Laboratory Services	\$35 copayment	40% coinsurance after OON medical deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met

2016 - Cmte approved option 1 - AVC 73.83%		
In-Network Member Pays	Out-of-Network Member Pays	
\$1,900	\$6,000	
\$3,800	\$12,000	
\$25	\$350	
\$50	\$700	
\$5,200	\$12,500	
\$10,400	\$25,000	
\$0	40% coinsurance	
\$25 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	

2016 - New Option 1 - AVC 73.83%		
In-Network Member Pays	Out-of-Network Member Pays	
\$2,200	\$6,000	
\$4,400	\$12,000	
\$100	\$350	
\$200	\$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 - 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 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 <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - 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 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 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
\$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
\$50 copayment	40% coinsurance
lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

SILVER CSR PLAN 87%		
2015 - AVC 87.3%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible		
<i>Individual</i>	\$400	\$6,000
<i>Family</i>	\$800	\$12,000
<i>(copayments are not applied to deductible)</i>		
Prescription Drug Deductible		
<i>Individual</i>	\$25	\$350
<i>Family</i>	\$50	\$700
<i>(copayments are not applied to deductible)</i>		
Out-of-Pocket Maximum		
<i>Individual</i>	\$1,750	\$12,500
<i>Family</i>	\$3,500	\$25,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance
Primary Care (injury or illness)	\$20 copayment	40% coinsurance after OON medical deductible is met
Specialist	\$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 <i>90 day calendar year maximum</i>	\$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 <i>100 visit calendar year maximum</i>	\$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) <i>combined 40 visit calendar year maximum</i>	\$20 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met
Other Services		

2016 - Cmte approved option 1 - AVC 87.32%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$400	\$6,000
\$800	\$12,000
\$25	\$350
\$50	\$700
\$1,600	\$12,500
\$3,200	\$25,000
\$0	40% coinsurance
\$15 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
\$50 copayment	40% coinsurance after OON medical deductible is met
\$100 copayment	\$100 copayment
\$0	\$0
\$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$100 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
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
\$60 copayment per service up to a combined calendar year maximum of \$360 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
\$25 copayment	40% coinsurance after OON medical deductible is met
\$20 copayment	40% coinsurance after OON medical deductible is met
\$20 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met

2016 -New Option 1 - AVC 87.15%	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$500	\$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
\$35 copayment	40% coinsurance after OON medical deductible is met
\$35 copayment	40% coinsurance after OON medical deductible is met
\$75 copayment	\$75 copayment
\$0	\$0
\$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$100 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
\$100 copayment per day to a maximum of \$400 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
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
\$60 copayment per service up to a combined calendar year maximum of \$360 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met
\$25 copayment	40% coinsurance after OON medical deductible is met
\$20 copayment	40% coinsurance after OON medical deductible is met
\$30 copayment	40% coinsurance after OON medical deductible is met

SILVER CSR PLAN 87%		
2015 - AVC 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
Tier 4	\$50 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 <i>medically necessary only</i>	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 <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - Cmte approved option 1 - AVC 87.32%	
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

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%			2015 - AVC 94.1%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays			
Medical Deductible					
<i>Individual</i>	\$0	\$6,000			
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$0	\$12,000			
Prescription Drug Deductible					
<i>Individual</i>	\$0				
<i>Family</i> <i>(copayments are not applied to deductible)</i>	\$0				
Out-of-Pocket Maximum					
<i>Individual</i>	\$600	\$12,500			
<i>Family</i>	\$1,200	\$25,000			
Physician Office Visits					
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance			
Primary Care (injury or illness)	\$20 copayment	40% coinsurance after OON medical deductible is met			
Specialist	\$35 copayment	40% coinsurance after OON medical deductible is met			
Emergency/Urgent Care					
Urgent Care Center or Facility	\$50 copayment	40% coinsurance after OON medical deductible is met			
Emergency Room	\$75 copayment	\$75 copayment			
Ambulance	\$0	\$0			
Hospital Services					
Inpatient	\$100 copayment per day to a maximum of \$400 per admission	40% coinsurance after OON medical deductible is met			
Outpatient (performed at hospital or ambulatory facility)	\$100 copayment	40% coinsurance after OON medical deductible is met			
Skilled Nursing Facility <i>90 day calendar year maximum</i>	\$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 <i>100 visit calendar year maximum</i>	\$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	\$20 copayment	40% coinsurance after OON medical deductible is met			
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$20 copayment	40% coinsurance after OON medical deductible is met			
Chiropractic Care <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met			
Other Services					

2016 - Cmte approved - AVC 94.18%		
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
\$0	\$6,000	
\$0	\$12,000	
\$0	\$350	
\$0	\$700	
\$750	\$12,500	
\$1,500	\$25,000	
\$0	40% coinsurance	
\$10 copayment	40% coinsurance after OON medical deductible is met	
\$30 copayment	40% coinsurance after OON medical deductible is met	
\$25 copayment	40% coinsurance after OON medical deductible is met	
\$50 copayment	\$50 copayment	
\$0	\$0	
\$50 copayment per day to a maximum of \$200 per admission	40% coinsurance after OON medical deductible is met	
\$50 copayment	40% coinsurance after OON medical deductible is met	
\$50 copayment per day to a maximum of \$200 per admission	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	
\$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	
\$25 copayment	40% coinsurance after OON medical deductible is met	
\$15 copayment	40% coinsurance after OON medical deductible is met	
\$20 copayment	40% coinsurance after OON medical deductible is met	
\$30 copayment	40% coinsurance after OON medical deductible is met	

2016 - New Option 1 - AVC 94.62%		
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	
\$0	\$6,000	
\$0	\$12,000	
\$0	\$350	
\$0	\$700	
\$800	\$12,500	
\$1,600	\$25,000	
\$0	40% coinsurance	
\$10 copayment	40% coinsurance after OON medical deductible is met	
\$30 copayment	40% coinsurance after OON medical deductible is met	
\$25 copayment	40% coinsurance after OON medical deductible is met	
\$50 copayment	\$50 copayment	
\$0	\$0	
\$75 copayment per day to a maximum of \$300 per admission	40% coinsurance after OON medical deductible is met	
\$75 copayment	40% coinsurance after OON medical deductible is met	
\$75 copayment per day to a maximum of \$300 per admission	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	
\$50 copayment per service up to a combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	
\$25 copayment	40% coinsurance after OON medical deductible is met	
\$15 copayment	40% coinsurance after OON medical deductible is met	
\$20 copayment	40% coinsurance after OON medical deductible is met	
\$30 copayment	40% coinsurance after OON medical deductible is met	

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

2016 - 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
\$10 copayment	40% coinsurance after OON prescription drug deductible is met
\$30 copayment	40% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance after OON prescription drug deductible is met
\$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

2016 - New Option 1 - AVC 94.62%	
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
\$10 copayment	40% coinsurance after OON prescription drug deductible is met
\$30 copayment	40% coinsurance after OON prescription drug deductible is met
20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance after OON prescription drug deductible is met
\$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

BRONZE	2015 - AVC 61.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible		
<i>Individual</i>		
<i>Family</i>	\$5,000	\$10,000
<i>(copayments are not applied to deductible)</i>	\$10,000	\$20,000
Out-of-Pocket Maximum		
<i>Individual</i>	\$6,600	\$13,200
<i>Family</i>	\$13,200	\$26,400
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance
	\$40 copayment after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes	50% coinsurance after OON deductible is met
Primary Care (injury or illness)		
Specialist	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Emergency Room	40% coinsurance after INET deductible is met	40% coinsurance after INET deductible is met
Ambulance	\$0 after INET deductible is met	\$0 after INET deductible is met
Hospital Services		
Inpatient	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient (performed at hospital or ambulatory facility)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Laboratory Services	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met

2016 - AVC 60.96% - Old Option 6	
In-Network Member Pays	Out-of-Network Member Pays
\$5,300	\$10,000
\$10,600	\$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 met	50% coinsurance after OON deductible is met
\$75 copayment after INET deductible is met	50% coinsurance after OON deductible is met
\$200 copayment after INET deductible is met	40% coinsurance 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 \$2,000 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 \$2,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
Covered same as any other illness	Covered same as any other illness
\$0 after INET deductible is met	50% coinsurance after OON deductible is met
25% coinsurance subject to a \$50 deductible	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	50% coinsurance after OON deductible is met
\$45 copay after INET deductible is met	50% coinsurance after OON deductible is met
\$35 copay after INET deductible is met	50% coinsurance after OON deductible is met

2016 - New option 6 - AVC 60.75%	
In-Network Member Pays	Out-of-Network 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 met	50% coinsurance after OON deductible is met
\$75 copayment after INET deductible is met	50% coinsurance after OON deductible is met
\$200 copayment after INET deductible is met	\$200 copayment after INET deductible is met
\$0 after INET deductible is met	\$0 after INET deductible is met
\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
\$500 copayment after INET medical deductible is met	50% coinsurance after OON deductible is met
\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	50% coinsurance after OON deductible is met
Covered same as any other illness	Covered same as any other illness
\$0 after INET deductible is met	50% coinsurance after OON deductible is met
25% coinsurance subject to a \$50 deductible	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	50% coinsurance after OON deductible is met
\$45 copay after INET deductible is met	50% coinsurance after OON deductible is met
\$35 copay after INET deductible is met	50% coinsurance after OON deductible is met

BRONZE	2015 - AVC 61.9%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prosthetics	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prescription Drugs		
Tier 1	\$5 copayment	50% coinsurance after OON deductible is met
Tier 2	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 3	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 4	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)		
Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	45% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$50 copayment	50% coinsurance after OON deductible is met
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

2016 - AVC 60.96% - Old Option 6	
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	50% coinsurance after OON deductible is met
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
\$5 copayment 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
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	
45% 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
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
\$50 copayment	50% coinsurance after OON deductible is met
lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

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	50% coinsurance after OON deductible is met
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
\$5 copayment 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
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	
45% 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
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
\$50 copayment	50% coinsurance after OON deductible is met
lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

BRONZE HSA	2015 - AVC 61.4%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Tier 3	40% 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
Pediatric-Only Services (for children under age 19)		
Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	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
Orthodontia Services <i>medically necessary only</i>	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
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

2016 - AVC 60.01% - Option 6 (HSA)	
In-Network Member Pays	Out-of-Network Member Pays
20% 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
Basic Restorative (Filling, Simple Extraction)	40% coinsurance after INET deductible is met
Major Restorative (Endodontic, Crown)	50% coinsurance after INET deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance after INET deductible is met
Pediatric Vision Care	
Routine Eye Exam by Specialist	\$0
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

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
Pediatric-Only Services (for children under age 19)	
Pediatric Dental Care	
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0
Basic Restorative (Filling, Simple Extraction)	40% coinsurance after INET deductible is met
Major Restorative (Endodontic, Crown)	50% coinsurance after INET deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance after INET deductible is met
Pediatric Vision Care	
Routine Eye Exam by Specialist	\$0
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