

| PLATINUM | 2015 - AVC 91.8% | | 2016 - Option 1 - AVC 90.41% | |
|--|--|--|---|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i> | \$0 \$0 | \$2,000 \$4,000 | \$100 \$200 | \$2,000 \$4,000 |
| Out-of-Pocket Maximum <i>Individual</i> <i>Family</i> | \$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 | \$50 copay | \$50 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 | \$100 copay per day after INET deductible is met to a maximum of \$200 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 | \$100 copay after INET deductible is met | 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 | \$100 copay per day after INET deductible is met to a maximum of \$200 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 | 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 <i>100 visit calendar year maximum</i> | \$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 | \$50 copay per service up to a combined calendar year maximum of \$350 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 - AVC 91.8% | | 2016 - Option 1 - AVC 90.41% | |
|---|---|---|--|---|
| 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 | \$25 copay | 20% coinsurance after OON deductible is met |
| Tier 3 | \$30 copayment | 20% coinsurance after OON deductible is met | \$40 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 \$60 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%

2016 - AVC 81.39% - Option 1

| 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 | | |

| 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 | |
| \$20 copayment | 30% coinsurance after OON medical deductible is met |
| \$45 copayment | 30% coinsurance after OON medical deductible is met |
| \$75 copayment | |
| \$150 copayment | \$150 copayment |
| \$0 | \$0 |
| \$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met | |
| \$500 copayment after INET medical deductible is met | 30% coinsurance after OON medical deductible is met |
| \$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met | 30% coinsurance after OON medical deductible is met |

GOLD

2015 - 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 - AVC 81.39% - Option 1

| 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 - AVC 81.39% - Option 1

| 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 \$75 per prescription | 30% coinsurance after OON prescription drug deductible is met |
| Pediatric-Only Services (for children under age 19) | |
| Pediatric Dental Care | |
| \$0 | 50% coinsurance after OON medical deductible is met |
| 20% coinsurance | 50% coinsurance after OON medical deductible is met |
| 40% coinsurance | 50% coinsurance after OON medical deductible is met |
| 50% coinsurance | 50% coinsurance after OON medical deductible is met |
| Pediatric Vision Care | |
| \$45 copayment | 30% coinsurance |
| lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

| SILVER STANDARD Plan - 70% | | 2015 - 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 |

| 2016 - AVC 71.32% - Option A | |
|---|--|
| 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 |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|---|---|---|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$45 copayment | 40% coinsurance after OON medical deductible is met | |
| Laboratory Services | \$35 copayment | 40% coinsurance after OON medical deductible is met | |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$30 copayment | 40% coinsurance after OON medical deductible is met | |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$50 copayment | 40% coinsurance after OON medical deductible is met | |
| Other Services | | | |
| Durable Medical Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prosthetics | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Diabetic Supplies & Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prescription Drugs | | | |
| Tier 1 | \$5 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 2 | \$30 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 3 | \$55 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 4 | \$60 copayment after INET prescription drug deductible is met | 40% coinsurance after OON prescription drug deductible is met | |
| Pediatric-Only Services (for children under age 19) | | | |
| Pediatric Dental Care | | | |
| Diagnostic & Preventive (Oral Exam, Cleaning, X-ray) | \$0 | 50% coinsurance after OON medical deductible is met | |
| 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 | |

| 2016 - AVC 71.32% - Option A | |
|---|---|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| \$45 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 |
| \$50 copayment | 40% coinsurance after OON medical deductible is met |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| \$5 copayment | 40% coinsurance after OON prescription drug deductible is met |
| \$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 |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|---|---|---|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | |
| 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 71.32% - Option A | |
|---|---|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| 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> <i>Family</i> <i>(copayments are not applied to deductible)</i> | \$2,600 \$5,200 | \$6,000 \$12,000 | |
| Prescription Drug Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i> | \$25 \$50 | \$350 \$700 | |
| Out-of-Pocket Maximum <i>Individual</i> <i>Family</i> | \$6,600 \$13,200 | \$12,500 \$25,000 | |
| Physician Office Visits | | | |
| Preventive Care / Screenings / Immunizations | \$0 | 40% coinsurance | |
| Primary Care (injury or illness) | \$30 copayment | 40% coinsurance after OON medical deductible is met | |
| Specialist | \$50 copayment | 40% coinsurance after OON medical deductible is met | |
| Emergency/Urgent Care | | | |
| Urgent Care Center or Facility | \$75 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met | |
| Emergency Room | \$150 copayment | \$150 copayment | |
| Ambulance | \$0 | \$0 | |
| Hospital Services | | | |
| Inpatient | \$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met | 40% coinsurance after OON medical deductible is met | |
| Outpatient (performed at hospital or ambulatory facility) | \$500 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met | |
| Skilled Nursing Facility <i>90 day calendar year maximum</i> | \$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met | 40% coinsurance after OON medical deductible is met | |
| Mental Health, Substance Abuse & Behavioral Health Care | | | |
| Mental Health, Substance Abuse & Behavioral Health Services | Covered same as any other illness | Covered same as any other illness | |
| Hospice Care | | | |
| Hospice Services | \$0 | 40% coinsurance after OON medical deductible is met | |
| Outpatient Services | | | |
| Home Health Care <i>100 visit calendar year maximum</i> | \$0 | 25% coinsurance subject to a \$50 deductible | |

| 2016 - AVC 69.84% - Option B | |
|--|--|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| \$3,000 \$6,000 | \$6,000 \$12,000 |
| \$100 \$200 | \$350 \$700 |
| \$6,850 \$13,700 | \$12,500 \$25,000 |
| Physician Office Visits | |
| \$0 | 40% coinsurance |
| \$30 copayment | 40% coinsurance after OON medical deductible is met |
| \$50 copayment | 40% coinsurance after OON medical deductible is met |
| Emergency/Urgent Care | |
| \$75 copayment | 40% coinsurance after OON medical deductible is met |
| \$150 copayment | \$150 copayment |
| \$0 | \$0 |
| Hospital Services | |
| \$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 |
| Mental Health, Substance Abuse & Behavioral Health Care | |
| Covered same as any other illness | Covered same as any other illness |
| Hospice Care | |
| \$0 | 40% coinsurance after OON medical deductible is met |
| Outpatient Services | |
| \$0 | 25% coinsurance subject to a \$50 deductible |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|---|--|---|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | |
| Advanced Radiology (CT/PET Scan, MRI) | \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans | 40% coinsurance after OON medical deductible is met | |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$45 copayment | 40% coinsurance after OON medical deductible is met | |
| Laboratory Services | \$35 copayment | 40% coinsurance after OON medical deductible is met | |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$30 copayment | 40% coinsurance after OON medical deductible is met | |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$50 copayment | 40% coinsurance after OON medical deductible is met | |
| Other Services | | | |
| Durable Medical Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prosthetics | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Diabetic Supplies & Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prescription Drugs | | | |
| Tier 1 | \$5 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 2 | \$30 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 3 | \$55 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 4 | \$60 copayment after INET prescription drug deductible is met | 40% coinsurance after OON prescription drug deductible is met | |
| Pediatric-Only Services (for children under age 19) | | | |
| Pediatric Dental Care | | | |
| Diagnostic & Preventive (Oral Exam, Cleaning, X-ray) | \$0 | 50% coinsurance after OON medical deductible is met | |

| 2016 - AVC 69.84% - Option B | |
|--|---|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| \$75 copayment per service after INET medical deductible is met 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 |
| Other Services | |
| 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 |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| Prescription Drugs | |
| \$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 |
| Pediatric-Only Services (for children under age 19) | |
| Pediatric Dental Care | |
| \$0 | 50% 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 | |
| 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 - AVC 69.84% - Option B | |
|--|--|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| 40% coinsurance | 50% coinsurance after OON medical deductible is met |
| 50% coinsurance | 50% coinsurance after OON medical deductible is met |
| 50% coinsurance | 50% coinsurance after OON medical deductible is met |
| Pediatric Vision Care | |
| \$50 copayment | 40% coinsurance |
| lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

| SILVER STANDARD Plan - 70% | | 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 |

| 2016 - AVC 68.33% - Option C (SHOP) | |
|---|--|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| \$4,000 \$8,000 | \$6,000 \$12,000 |
| \$200 \$400 | \$350 \$700 |
| \$6,850 \$13,700 | \$12,500 \$25,000 |
| \$0 | 40% coinsurance |
| \$30 copayment | 40% coinsurance after OON medical deductible is met |
| \$50 copayment | 40% coinsurance after OON medical deductible is met |
| \$75 copayment | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | \$0 copayment after INET medical deductible is met |
| \$0 | \$0 |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| Covered same as any other illness | Covered same as any other illness |
| \$0 | 40% coinsurance after OON medical deductible is met |
| \$0 | 25% coinsurance subject to a \$50 deductible |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|--|--|---|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | |
| Advanced Radiology (CT/PET Scan, MRI) | \$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans | 40% coinsurance after OON medical deductible is met | |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$45 copayment | 40% coinsurance after OON medical deductible is met | |
| Laboratory Services | \$35 copayment | 40% coinsurance after OON medical deductible is met | |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$30 copayment | 40% coinsurance after OON medical deductible is met | |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$50 copayment | 40% coinsurance after OON medical deductible is met | |
| Other Services | | | |
| Durable Medical Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prosthetics | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Diabetic Supplies & Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prescription Drugs | | | |
| Tier 1 | \$5 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 2 | \$30 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 3 | \$55 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 4 | \$60 copayment after INET prescription drug deductible is met | 40% coinsurance after OON prescription drug deductible is met | |
| Pediatric-Only Services (for children under age 19) | | | |
| Pediatric Dental Care | | | |
| Diagnostic & Preventive (Oral Exam, Cleaning, X-ray) | \$0 | 50% coinsurance after OON medical deductible is met | |
| Basic Restorative (Filling, Simple Extraction) | 40% coinsurance | 50% coinsurance after OON medical deductible is met | |

| 2016 - AVC 68.33% - Option C (SHOP) | |
|---|---|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| \$0 copayment after INET medical deductible is met | 40% coinsurance after OON medical deductible is met |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| 40% coinsurance | 40% coinsurance after OON medical deductible is met |
| \$5 copayment | 40% coinsurance after OON prescription drug deductible is met |
| \$25 copayment after INET prescription drug deductible is met | 40% coinsurance after OON prescription drug deductible is met |
| 20% coinsurance after INET prescription drug deductible is met | 40% coinsurance after OON prescription drug deductible is met |
| 20% coinsurance up to a maximum of \$250 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 |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|---|--|--|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | |
| 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 - AVC 68.33% - Option C (SHOP) | |
|--|--|
| In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| 50% coinsurance | 50% coinsurance after OON medical deductible is met |
| 50% coinsurance | 50% coinsurance after OON medical deductible is met |
| Pediatric Vision Care | |
| \$50 copayment | 40% coinsurance |
| lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|--|--|--|--|
| 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> | \$2,600 \$5,200 | \$6,000 \$12,000 | |
| Prescription Drug Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i> | \$25 \$50 | \$350 \$700 | |
| Out-of-Pocket Maximum <i>Individual</i> <i>Family</i> | \$6,600 \$13,200 | \$12,500 \$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 | |

| 2016 - AVC 68.69% - Option D HSA (SHOP -HSA) | |
|--|---|
| In-Network Member Pays | Out-of-Network Member Pays |
| \$3,000 \$6,000 | \$6,000 \$12,000 |
| Combined with Medical Deductible | \$350 \$700 |
| \$6,850 \$13,700 | \$12,500 \$25,000 |
| Physician Office Visits | |
| \$0 | 40% coinsurance |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 10% coinsurance after INET deductible is met |
| 10% coinsurance after INET deductible is met | 10% coinsurance after INET deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| Mental Health, Substance Abuse & Behavioral Health Care | |
| Covered same as any other illness | Covered same as any other illness |
| Hospice Care | |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 25% coinsurance subject to a \$50 deductible |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% | |
|---|---|---|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$45 copayment | 40% coinsurance after OON medical deductible is met | |
| Laboratory Services | \$35 copayment | 40% coinsurance after OON medical deductible is met | |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$30 copayment | 40% coinsurance after OON medical deductible is met | |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$50 copayment | 40% coinsurance after OON medical deductible is met | |
| Other Services | | | |
| Durable Medical Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prosthetics | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Diabetic Supplies & Equipment | 40% coinsurance | 40% coinsurance after OON medical deductible is met | |
| Prescription Drugs | | | |
| Tier 1 | \$5 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 2 | \$30 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 3 | \$55 copayment | 40% coinsurance after OON prescription drug deductible is met | |
| Tier 4 | \$60 copayment after INET prescription drug deductible is met | 40% coinsurance after OON prescription drug deductible is met | |
| Pediatric-Only Services (for children under age 19) | | | |
| Pediatric Dental Care | | | |
| Diagnostic & Preventive (Oral Exam, Cleaning, X-ray) | \$0 | 50% coinsurance after OON medical deductible is met | |
| 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 | |

| 2016 - AVC 68.69% - Option D HSA (SHOP -HSA) | |
|---|--|
| In-Network Member Pays | Out-of-Network Member Pays |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
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| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance after INET deductible is met | 40% coinsurance after OON deductible is met |
| 10% coinsurance up to a maximum of \$150 per prescription after INET deductible is met | 40% coinsurance after OON deductible is met |
| \$0 | 50% coinsurance after OON deductible is met |
| 10% coinsurance 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 |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment after INET deductible is met | 40% coinsurance after OON deductible is met |

| SILVER STANDARD Plan - 70% | | 2015 - AVC 71.9% |
|---|---|-------------------------------------|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| 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 68.69% - Option D HSA (SHOP -HSA) | |
|---|-------------------------------|
| In-Network Member Pays | Out-of-Network Member Pays |
| lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

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

| 2016 - AVC 61.57% - Option 2 | |
|---|---|
| In-Network Member Pays | Out-of-Network Member Pays |
| \$5,000 \$10,000 | \$10,000 \$20,000 |
| \$6,850 \$13,700 | \$13,200 \$26,400 |
| Physician Office Visits | |
| \$0 | 50% coinsurance |
| \$40 copayment after INET deductible is met. The first 2 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes | 50% coinsurance after OON deductible is met |
| \$50 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Emergency/Urgent Care | |
| 40% coinsurance 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 |
| \$0 after INET deductible is met | \$0 after INET deductible is met |
| Hospital Services | |
| 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 |
| Mental Health, Substance Abuse & Behavioral Health Care | |
| Covered same as any other illness | Covered same as any other illness |
| Hospice Care | |
| \$0 after INET deductible is met | 50% coinsurance after OON deductible is met |
| Outpatient Services | |
| 25% coinsurance subject to a \$50 deductible | 25% coinsurance subject to a \$50 deductible |
| 40% coinsurance 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 |
| 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 |
| 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 |

| 2016 - AVC 61.57% - Option 2 | |
|--|--|
| In-Network Member Pays | Out-of-Network Member Pays |
| 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 |
| \$50 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | |
| 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 |
| Prescription Drugs | |
| \$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 after INET deductible is met | 50% coinsurance after OON deductible is met |
| Pediatric-Only Services (for children under age 19) | |
| Pediatric Dental Care | |
| \$0 | 50% coinsurance after OON deductible is met |
| 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 |
| Pediatric Vision Care | |
| \$50 copayment | 50% coinsurance after OON deductible is met |

| BRONZE | 2015 - AVC 61.9% | | 2016 - AVC 61.57% - Option 2 | |
|---|---|---|---|---------------------------------------|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i> | lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance | lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

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

| 2016 - AVC 61.93% - Option 4 | |
|--|---|
| In-Network Member Pays | Out-of-Network Member Pays |
| \$5,000 \$10,000 | \$10,000 \$20,000 |
| \$6,850 \$13,700 | \$13,200 \$26,400 |
| Physician Office Visits | |
| \$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 |
| Emergency/Urgent Care | |
| 40% coinsurance 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 |
| \$0 after INET deductible is met | \$0 after INET deductible is met |
| Hospital Services | |
| 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 |
| Mental Health, Substance Abuse & Behavioral Health Care | |
| Covered same as any other illness | Covered same as any other illness |
| Hospice Care | |
| \$0 after INET deductible is met | 50% coinsurance after OON deductible is met |
| Outpatient Services | |
| 25% coinsurance subject to a \$50 deductible | 25% coinsurance subject to a \$50 deductible |
| 40% coinsurance 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 |
| 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 |
| 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 |

| 2016 - AVC 61.93% - Option 4 | |
|--|--|
| In-Network Member Pays | Out-of-Network Member Pays |
| 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 |
| \$50 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | |
| 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 |
| Prescription Drugs | |
| \$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 after INET deductible is met | 50% coinsurance after OON deductible is met |
| Pediatric-Only Services (for children under age 19) | |
| Pediatric Dental Care | |
| \$0 | 50% coinsurance after OON deductible is met |
| 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 |
| Pediatric Vision Care | |
| \$50 copayment | 50% coinsurance after OON deductible is met |

| BRONZE | 2015 - AVC 61.9% | | 2016 - AVC 61.93% - Option 4 | |
|---|---|---|---|-----------------------------------|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i> | lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance | lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

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

| 2016 - AVC 60.96% - Option 6 | |
|--|--|
| In-Network Member Pays | Out-of-Network Member Pays |
| \$5,300 \$10,600 | \$10,000 \$20,000 |
| \$6,850 \$13,700 | \$13,200 \$26,400 |
| Physician Office Visits | |
| \$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 |
| Emergency/Urgent Care | |
| \$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 |
| Hospital Services | |
| \$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 |
| Mental Health, Substance Abuse & Behavioral Health Care | |
| Covered same as any other illness | Covered same as any other illness |
| Hospice Care | |
| \$0 after INET deductible is met | 50% coinsurance after OON deductible is met |
| Outpatient Services | |

| BRONZE | 2015 - AVC 61.9% | |
|---|--|--|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Home Health Care <i>100 visit calendar year maximum</i> | 25% coinsurance subject to a \$50 deductible | 25% coinsurance subject to a \$50 deductible |
| 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 |
| 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 | | |

| 2016 - AVC 60.96% - Option 6 | |
|--|--|
| In-Network Member Pays | Out-of-Network Member Pays |
| 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 |
| \$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 | 50% coinsurance after OON deductible is met |
| 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 |

| BRONZE | 2015 - AVC 61.9% | | 2016 - AVC 60.96% - Option 6 | |
|---|---|---|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Routine Eye Exam by Specialist | \$50 copayment | 50% coinsurance after OON deductible is met | \$50 copayment | 50% coinsurance after OON deductible is met |
| Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i> | lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance | lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

| BRONZE HSA | 2015 - AVC 61.4% | | 2016 - AVC 61.60% - Option 3 (HSA) | |
|--|--|---|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Deductible <i>Individual Family</i> <i>(copayments are not applied to deductible)</i> | \$4,600 \$9,200 | \$9,200 \$18,400 | \$5,600 \$11,200 | \$9,200 \$18,400 |
| Out-of-Pocket Maximum <i>Individual Family</i> | \$6,450 \$12,900 | \$12,900 \$25,800 | \$6,850 \$13,700 | \$12,900 \$25,800 |
| Physician Office Visits | | | | |
| Preventive Care / Screenings / Immunizations | \$0 | 50% coinsurance | \$0 | 50% coinsurance |
| Primary Care (injury or illness) | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Specialist | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Emergency/Urgent Care | | | | |
| Urgent Care Center or Facility | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Emergency Room | \$0 copayment after INET deductible is met | \$0 copayment after INET deductible is met | \$0 copayment after INET deductible is met | \$0 copayment after INET deductible is met |
| Ambulance | \$0 copayment after INET deductible is met | \$0 copayment after INET deductible is met | \$0 copayment after INET deductible is met | \$0 copayment after INET deductible is met |
| Hospital Services | | | | |
| Inpatient | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Outpatient (performed at hospital or ambulatory facility) | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Skilled Nursing Facility <i>90 day calendar year maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Mental Health, Substance Abuse & Behavioral Health Care | | | | |
| Mental Health, Substance Abuse & Behavioral Health Services | Covered same as any other illness | Covered same as any other illness | Covered same as any other illness | Covered same as any other illness |
| Hospice Care | | | | |
| Hospice Services | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Outpatient Services | | | | |
| Home Health Care <i>100 visit calendar year maximum</i> | 25% coinsurance after INET deductible is met | 25% coinsurance after OON deductible is met | 25% coinsurance after INET deductible is met | 25% coinsurance after OON deductible is met |
| Advanced Radiology (CT/PET Scan, MRI) | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |

| BRONZE HSA | 2015 - AVC 61.4% | |
|---|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Laboratory Services | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | | |
| Durable Medical Equipment | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prosthetics | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Diabetic Supplies & Equipment | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prescription Drugs | | |
| Tier 1 | \$5 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Tier 2 | \$35 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| 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 |

| 2016 - AVC 61.60% - Option 3 (HSA) | |
|---|---|
| In-Network Member Pays | Out-of-Network Member Pays |
| \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| \$0 copayment 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 |
| \$25 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| 30% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| 30% coinsurance up to a maximum of \$400 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 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 |
| \$0 | 50% coinsurance after OON deductible is met |

| BRONZE HSA | 2015 - AVC 61.4% | | 2016 - AVC 61.60% - Option 3 (HSA) | |
|---|--|---|--|-----------------------------------|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i> | lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance | lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |

| BRONZE HSA | 2015 - AVC 61.4% | |
|---|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Laboratory Services | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | | |
| Durable Medical Equipment | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prosthetics | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Diabetic Supplies & Equipment | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prescription Drugs | | |
| Tier 1 | \$5 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Tier 2 | \$35 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| 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 |

| 2016 - AVC 60.01% - Option 6 (HSA) | |
|---|---|
| In-Network Member Pays | Out-of-Network Member Pays |
| 10% coinsurance 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 |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | |
| 10% coinsurance 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 |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prescription Drugs | |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| 15% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| 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 | |
| \$0 | 50% coinsurance after OON deductible is met |
| 40% 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 |
| Pediatric Vision Care | |
| \$0 | 50% coinsurance after OON deductible is met |

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

| BRONZE HSA | 2015 - AVC 61.4% | |
|---|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Laboratory Services | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Chiropractic Care <i>20 visit calendar maximum</i> | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | | |
| Durable Medical Equipment | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prosthetics | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Diabetic Supplies & Equipment | \$0 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prescription Drugs | | |
| Tier 1 | \$5 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| Tier 2 | \$35 copayment after INET deductible is met | 50% coinsurance after OON deductible is met |
| 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 |

| 2016 - AVC 60.84% - Option 7 (HSA) | |
|---|---|
| In-Network Member Pays | Out-of-Network Member Pays |
| 10% coinsurance 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 |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| Other Services | |
| 10% coinsurance 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 |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| Prescription Drugs | |
| 10% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| 15% coinsurance after INET deductible is met | 50% coinsurance after OON deductible is met |
| 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 | |
| \$0 | 50% coinsurance after OON deductible is met |
| 40% 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 |
| Pediatric Vision Care | |
| \$0 | 50% coinsurance after OON deductible is met |

| BRONZE HSA | 2015 - AVC 61.4% | | 2016 - AVC 60.84% - Option 7 (HSA) | |
|---|--|---|--|-----------------------------------|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays | In-Network Member Pays | Out-of-Network Member Pays |
| Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i> | lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance | lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount | 100% coinsurance |