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	·			
Individual	\$0	\$2,000	\$100	\$2,000
Family	\$0	\$4,000	\$200	\$4,000
(copayments are not applied to deductible)				
Out-of-Pocket Maximum	\$2,000	\$4,000	\$2,000	\$4,000
Individual	\$4,000	\$8,000	\$4,000	\$8,000
Family	Ç 1,000	40,000	Ç 1,000	φο,οοο
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	\$30 copay	20% coinsurance
		after OON deductible is met		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	\$250 copayment	20% coinsurance	\$100 copay after INET deductible is	20% coinsurance
facility)		after OON deductible is met	met	after OON deductible is met
Skilled Nursing Facility	\$250 copayment per day to a	20% coinsurance	\$100 copay per day after INET	20% coinsurance
90 day calendar year maximum	maximum of \$500 per admission	after OON deductible is met	deductible is met to a maximum of \$200 per admission	after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health	h 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 100 visit calendar year maximum	\$0	20% coinsurance subject to a \$50 deductible	\$0	20% coinsurance subject to a \$50 deductible
	\$75 copayment per service up to a	20% coinsurance	\$50 copay per service up to a	20% coinsurance
Advanced Radiology (CT/PET Scan, MRI)	combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	after OON deductible is met	combined calendar year maximum of \$350 for MRI and CT scans; \$400 for PET scans	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) combined 40 visit calendar year maximum	\$10 copayment	20% coinsurance after OON deductible is met	\$10 copay	20% coinsurance after OON deductible is met
Chiropractic Care 20 visit calendar maximum	\$30 copayment	20% coinsurance after OON deductible is met	\$30 copay	20% coinsurance after OON deductible is met
Other Services				
Durable Medical Equipment	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance	20% coinsurance after OON deductible is met
Prosthetics	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance	20% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	20% coinsurance	20% coinsurance after OON deductible is met	20% coinsurance	20% coinsurance after OON deductible is met
Prescription Drugs				
Tier 1	\$5 copayment	20% coinsurance after OON deductible is met	\$5 copay	20% coinsurance after OON deductible is met
Tier 2	\$15 copayment	20% coinsurance after OON deductible is met	\$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 medically necessary only	50% coinsurance	50% coinsurance after OON deductible is met	50% coinsurance	50% coinsurance after OON deductible is met
Pediatric Vision Care				
Routine Eye Exam	\$10 copayment	20% coinsurance	\$10 copay	20% coinsurance
Prescription Eye Glasses one pair of frames & lenses per calendar year	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible Individual Family (copayments are not applied to deductible)	\$1,000 \$2,000	\$3,000 \$6,000
Prescription Drug Deductible  Individual  Family (copayments are not applied to deductible)	\$0 \$0	\$350 \$700
Out-of-Pocket Maximum Individual	\$3,000	\$6,000
Family	\$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
<b>Skilled Nursing Facility</b> 90 day calendar year maximum	\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavior	al Health Care	

In-Network Member Pays	Out-of-Network Member Pays
\$1,000 \$2,000	\$3,000 \$6,000
\$0 \$0	\$350 \$700
\$3,000	\$6,000
\$6,000	\$12,000
\$0	30% coinsurance
\$20 copayment	30% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance after OON medical deductible is met
\$75 copayment	30% coinsurance after OON medical deductible is met
\$150 copayment	\$150 copayment
\$0	\$0
\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
\$500 copayment after INET medical deductible is met	30% coinsurance after OON medical deductible is met
\$500 copayment per day to a maximum of \$1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met

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

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

GOLD 2015 - AVC 80.5% 2016 - AVC 81.39% - Option 1

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

In-Network Member Pays	Out-of-Network Member Pays	
\$25 copayment	30% coinsurance after OON prescription drug deductible is met	
\$50 copayment	30% coinsurance after OON prescription drug deductible is met	
20% coinsurance up to a maximum of \$75 per prescription	30% coinsurance after OON prescription drug deductible is met	

\$0	50% coinsurance after OON medical deductible is met
20% coinsurance	50% coinsurance after OON medical deductible is met
40% coinsurance	50% coinsurance after OON medical deductible is met
50% coinsurance	50% coinsurance after OON medical deductible is met
\$45 copayment	30% coinsurance
lenses: \$0; collection frames: \$0 non- collection frames: Members choosing to upgrade from a collection frame to a non collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

SILVER STANDARD Plan - 70%	2015 - AVC 71.9%		
Plan Overview	In-Network (INET)	Out-of-Network (OON)	
And direct the description	Member Pays	Member Pays	
Medical Deductible	¢2.000	¢c 000	
Individual	\$2,600	\$6,000	
Family	\$5,200	\$12,000	
(copayments are not applied to deductible)			
Prescription Drug Deductible	625	6350	
Individual	\$25	\$350	
Family	\$50	\$700	
(copayments are not applied to deductible)			
Out-of-Pocket Maximum	45.500	442.500	
Individual	\$6,600	\$12,500	
Family	\$13,200	\$25,000	
Physician Office Visits	<u> </u>	400/ 22:22:22:22	
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	4500		
90 day calendar year maximum	\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Mental Health, Substance Abuse & Behavioral Health Care			
Mental Health, Substance Abuse & Behavioral			
Health Services	Covered same as any other illness	Covered same as any other illness	
Hospice Care	•		
Hospice Services		100/	
·	\$0	40% coinsurance after OON medical deductible is met	
Outpatient Services			
Home Health Care	ćo	3E% coincurance cubicet to a CEO dodtible	
100 visit calendar year maximum	\$0	25% coinsurance subject to a \$50 deductible	
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met	

2016 - AVC 71.32% - Option A			
In-Network (INET)	Out-of-Network (OON)		
Member Pays	Member Pays		
	,		
\$2,600	\$6,000		
\$5,200	\$12,000		
75,200	\$12,000		
\$100	\$350		
\$200	· ·		
\$200	\$700		
\$6,850	\$12,500		
\$13,700	\$25,000		
\$13,700	723,000		
\$0	40% coinsurance		
Ψ0	40% comparance		
\$30 copayment	40% coinsurance		
230 copayment	after OON medical deductible is met		
\$50 copayment	40% coinsurance		
250 copayment	after OON medical deductible is met		
\$75 copayment	40% coinsurance		
\$75 copayment	after OON medical deductible is met		
\$150 copayment	\$150 copayment		
\$0	\$0		
7.	1,		
\$500 copayment per day to a	40% coinsurance		
maximum of \$2,000 per admission after	after OON medical deductible is met		
INET medical deductible is met			
\$500 copayment	40% coinsurance		
after INET medical deductible is met	after OON medical deductible is met		
4500			
\$500 copayment per day to a	40% coinsurance		
maximum of \$2,000 per admission after	after OON medical deductible is met		
INET medical deductible is met			
Covered company of hoursthan	Covered come as any other !!!		
Covered same as any other illness	Covered same as any other illness		
	40% coinsurance		
\$0	after OON medical deductible is met		
	arter OON medical deductible is Met		
\$0	25% coinsurance subject to a \$50		
ŞU	deductible		
\$75 copayment per service up to a			
combined calendar year maximum of	40% coinsurance		
\$375 for MRI and CT scans; \$400 for PET	after OON medical deductible is met		
scans			

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) combined 40 visit calendar year maximum	\$30 copayment	40% coinsurance after OON medical deductible is met	
Chiropractic Care 20 visit calendar maximum	\$50 copayment	40% coinsurance after OON medical deductible is met	
Other Services	-		
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met	
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met	
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 medically necessary only	50% coinsurance	50% coinsurance after OON medical deductible is met	
Pediatric Vision Care	1		
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)	Out-of-Network (OON)
	Member Pays	Member Pays
Prescription Eye Glasses	lenses: \$0;	100% coinsurance
one pair of frames & lenses per calendar year	collection frames: \$0	
	non-collection frames: Members	
	choosing to upgrade from a collection	
	frame to a non-collection frame will be	
	given a credit equal to the cost of the	
	collection frame and will be entitled to a	
	negotiated discount	
	_	

2016 - AVC 71.32% - Option A		
In-Network (INET)	Out-of-Network (OON)	
Member Pays	Member Pays	
lenses: \$0;	100% coinsurance	
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		
· ·		

SILVER STANDARD Plan - 70% 2015 - AVC 71.9%		VC 71.9%
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible		
Individual	\$2,600	\$6,000
Family	\$5,200	\$12,000
(copayments are not applied to deductible)	<b>\$3,200</b>	¥12,666
Prescription Drug Deductible		
Individual	\$25	\$350
Family	\$50	\$700
(copayments are not applied to deductible)	ΨSS	ψ, oc
Out-of-Pocket Maximum		
Individual	\$6,600	\$12,500
Family	\$13,200	\$25,000
Physician Office Visits	1-	100/
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	40% coinsurance
	after INET medical deductible is met	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	\$500 copayment per day to a	
90 day calendar year maximum	maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care	e	
Mental Health, Substance Abuse & Behavioral	Covered same as any other illness	Covered same as any other illness
Health Services	Covered same as any other limess	Covered same as any other inness
Hospice Care		
Hospice Services	\$0	40% coinsurance after OON medical deductible is met
Outpatient Services		
Home Health Care	\$0	25% coinsurance subject to a \$50 deductible
100 visit calendar year maximum	, , , , , , , , , , , , , , , , , , ,	

2016 - AVC 69.84% - Option B		
In-Network (INET)	Out-of-Network (OON)	
Member Pays	Member Pays	
\$3,000 \$6,000	\$6,000 \$12,000	
\$100 \$200	\$350 \$700	
\$6,850 \$13,700	\$12,500 \$25,000	
¢o.	409/ 00/00/00	
\$0	40% coinsurance	
\$30 copayment	40% coinsurance after OON medical deductible is met	
\$50 copayment	40% coinsurance after OON medical deductible is met	
\$75 copayment	40% coinsurance after OON medical deductible is met	
\$150 copayment	\$150 copayment	
\$0	\$0	
\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
\$500 copayment per day to a maximum of \$2,000 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Covered same as any other illness	Covered same as any other illness	
\$0	40% coinsurance after OON medical deductible is met	
\$0	25% coinsurance subject to a \$50 deductible	

SILVER STANDARD Plan - 70% 2015 - AVC 71.9%		VC 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) combined 40 visit calendar year maximum	\$30 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care 20 visit calendar maximum	\$50 copayment	40% coinsurance after OON medical deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met
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)	Out-of-Network (OON)	
\$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	Member Pays  40% coinsurance after OON medical deductible is met	
\$45 copayment	40% coinsurance after OON medical deductible is met	
\$35 copayment	40% coinsurance after OON medical deductible is met	
\$30 copayment	40% coinsurance after OON medical deductible is met	
\$50 copayment	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	
40% coinsurance	40% coinsurance after OON medical deductible is met	
	6	
\$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	

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

2016 - 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	
\$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			
Individual	\$2,600	\$6,000	
Family	\$5,200 \$5,200	\$12,000	
(copayments are not applied to deductible)	¥3,200	¥12,000	
Prescription Drug Deductible			
Individual	\$25	\$350	
Family	\$50	\$700	
(copayments are not applied to deductible)		·	
Out-of-Pocket Maximum			
Individual	\$6,600	\$12,500	
Family	\$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	40% coinsurance	
	after INET medical deductible is met	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	Ć500	400/	
facility)	\$500 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met	
Skilled Nursing Facility	\$500 copayment per day to a	409/ soi	
90 day calendar year maximum	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	Covered come as a research and library	Covered complete and the additional	
Health Services	Covered same as any other illness	Covered same as any other illness	
Hospice Care			
Hospice Services	\$0	40% coinsurance after OON medical deductible is met	
Outpatient Services			
Home Health Care	\$0	25% coinsurance subject to a \$50 deductible	
100 visit calendar year maximum	7-0	and the second s	

2016 - AVC 68.33% - Option C (SHOP)			
In-Network (INET)	Out-of-Network (OON)		
Member Pays	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%		VC 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) combined 40 visit calendar year maximum	\$30 copayment	40% coinsurance after OON medical deductible is met
Chiropractic Care 20 visit calendar maximum	\$50 copayment	40% coinsurance after OON medical deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance	40% coinsurance after OON medical deductible is met
Prosthetics	40% coinsurance	40% coinsurance after OON medical deductible is met
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)	Out-of-Network (OON)
Member Pays	Member Pays
\$0 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
deddelible is met	unter oort medical deddelible 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 medically necessary only	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$50 copayment	40% coinsurance
Prescription Eye Glasses one pair of frames & lenses per calendar year	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
\$50 copayment	40% coinsurance
lenses: \$0;	100% coinsurance
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	

ILVER STANDARD Plan - 70% 2015 - AVC 71.9%		VC 71.9%
Plan Overview	In-Network (INET)	Out-of-Network (OON)
	Member Pays	Member Pays
Medical Deductible		
Individual	\$2,600	\$6,000
Family	\$5,200	\$12,000
(copayments are not applied to deductible)	177	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Prescription Drug Deductible		
Individual	\$25	\$350
Family	\$50	\$700
(copayments are not applied to deductible)	1.11	, 33
Out-of-Pocket Maximum		
Individual	\$6,600	\$12,500
Family	\$13,200	\$25,000
Physician Office Visits		
Preventive Care / Screenings / Immunizations	\$0	40% coinsurance
Primary Care (injury or illness)		40% coinsurance
	\$30 copayment	after OON medical deductible is met
		arter OON medical deductible is met
Specialist		40% coinsurance
	\$50 copayment	
		after OON medical deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	\$75 copayment	40% coinsurance
	after INET medical deductible is met	after OON medical deductible is met
Emergency Room	\$150 copayment	\$150 copayment
Ambulance	\$0	\$0
Hospital Services		
Inpatient	\$500 copayment per day to a	40% coinsurance
	maximum of \$2,000 per admission after	after OON medical deductible is met
	INET medical deductible is met	arter OON medical deductible is met
Outpatient (performed at hospital or ambulatory	\$500 copayment	40% coinsurance
facility)	after INET medical deductible is met	after OON medical deductible is met
Skilled Nursing Facility	\$500 copayment per day to a	40% coinsurance
90 day calendar year maximum	maximum of \$2,000 per admission after	after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health	INET medical deductible is met	
Care		
Mental Health, Substance Abuse & Behavioral		
Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care	<u> </u>	
Hospice Services	40	40% coinsurance
•	\$0	after OON medical deductible is met
Outpatient Services		
Home Health Care	\$0	25% coinsurance subject to a \$50 deductible
100 visit calendar year maximum	<b>40</b>	2375 comparance subject to a 950 deductible
	\$75 copayment per service up to a	
Advanced Radiology (CT/PET Scan, MRI)	combined calendar year maximum of \$375	40% coinsurance
	for MRI and CT scans; \$400 for PET scans	after OON medical deductible is met
	3, 7, 133 13, 12, 304,13	

2016 - AVC 68.69% - Opt	ion D HSA (SHOP -HSA)
In-Network	Out-of-Network
Member Pays	Member Pays
4	4
\$3,000 \$6,000	\$6,000 \$12,000
30,000	\$12,000
Combined with Madical Badastilla	\$350
Combined with Medical Deductible	\$700
\$6,850	\$12,500
\$13,700	\$25,000
\$0	40% coinsurance
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met 10% coinsurance after INET deductible	after OON deductible is met  10% coinsurance after INET deductible
is met	is met
10% coinsurance after INET deductible	10% coinsurance after INET deductible
is met	is met
10% coinsurance after INET deductible	40% coinsurance
is met	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
is met	arter OON deductible is met
Covered same as any other illness	Covered same as any other illness
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	25% coinsurance subject to a \$50
is met	deductible
10% coinsurance after INFT deductible	40% coinsurance
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)	Out-of-Network (OON)	
	Member Pays	Member Pays	
Non-Advanced Radiology (X-ray, Diagnostic)	\$45 copayment	40% coinsurance	
	345 copayment	after OON medical deductible is met	
Laboratory Services	\$35 copayment	40% coinsurance	
	333 copayment	after OON medical deductible is met	
Rehabilitative & Habilitative Therapy (Physical,			
Speech, Occupational)		40% coinsurance	
combined 40 visit calendar year maximum	\$30 copayment	after OON medical deductible is met	
		arter don medical deductions is med	
Chiropractic Care	<b>650</b>	40% coinsurance	
20 visit calendar maximum	\$50 copayment	after OON medical deductible is met	
Other Services			
Durable Medical Equipment	40% coinsurance	40% coinsurance	
	40% coinsurance	after OON medical deductible is met	
Prosthetics	40% coinsurance	40% coinsurance	
	40% collisurance	after OON medical deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	40% coinsurance	
	40% comsurance	after OON medical deductible is met	
Prescription Drugs			
Tier 1	\$5 copayment	40% coinsurance after OON prescription dru	
	\$5 copayment	deductible is met	
Tier 2	\$30 copayment	40% coinsurance after OON prescription dru	
	422.224	deductible is met	
Tier 3	\$55 copayment	40% coinsurance after OON prescription dru	
	, ,	deductible is met	
Tier 4			
	CCO assessment often INFT agreementing days	400/ pain augus an after OON proportion devices	
	deductible is met	40% coinsurance after OON prescription dru deductible is met	
	deductible is filet	deductible is filet	
Pediatric-Only Services (for children under age 19)			
Pediatric Dental Care		500/	
Diagnostic & Preventive	\$0	50% coinsurance	
(Oral Exam, Cleaning, X-ray)		after OON medical deductible is met	
Basic Restorative	40% coinsurance	50% coinsurance	
(Filling, Simple Extraction)		after OON medical deductible is met	
Major Restorative	50% coinsurance	50% coinsurance	
(Endodontic, Crown)		after OON medical deductible is met 50% coinsurance	
Outhodontic Comises		50% coinsurance	
Orthodontia Services	50% coinsurance	after OON medical deductible is mot	
medically necessary only	50% coinsurance	after OON medical deductible is met	
Orthodontia Services  medically necessary only  Pediatric Vision Care  Routine Eye Exam by Specialist	\$50 copayment	after OON medical deductible is met	

2016 - AVC 68.69% - Option D HSA (SHOP -HSA)	
In-Network	Out-of-Network
Member Pays	Member Pays
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible is met	40% coinsurance after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	40% coinsurance
is met	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
Ş0	after OON deductible is met
10% coinsurance after INET deductible	50% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	50% coinsurance
is met	after OON deductible is met
10% coinsurance after INET deductible	50% coinsurance
is met	after OON deductible is met
\$0 copayment after INET deductible is	40% coinsurance after OON deductible
met	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	lenses: \$0;	100% coinsurance
one pair of frames & lenses per calendar year	collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	

In-Network	Out-of-Network
Member Pays	Member Pays
nses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members noosing to upgrade from a collection ame to a non-collection frame will be iven a credit equal to the cost of the lection frame and will be entitled to a negotiated discount	100% coinsurance

BRONZE	2015 - AV	C 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
Deductible	·	•		
Individual				
Family	\$5,000	\$10,000	\$5,000	\$10,000
copayments are not applied to deductible)	\$10,000	\$20,000	\$10,000	\$20,000
Out-of-Pocket Maximum		1 2/2 2 2		1 3/2 3
Individual	\$6,600	\$13,200	\$6,850	\$13,200
Family	\$13,200	\$26,400	\$13,700	\$26,400
Physician Office Visits	<b>\$13,200</b>	<del>\$20,400</del>	<b>\$13,700</b>	\$20, <del>400</del>
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance	\$0	50% coinsurance
revenue care / screenings / miniamzations	\$40 copayment	50% coinsurance	\$40 copayment	50% coinsurance
<b>Primary Care</b> (injury or illness)	after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes	after OON deductible is met	after INET deductible is met. The first 2 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes	after OON deductible is met
Specialist	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care	<u> </u>			
Urgent Care Center or Facility	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
-	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Emergency Room	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
	after INET deductible is met	after INET deductible is met	after INET deductible is met	after INET deductible is met
Ambulance	\$0 after INET deductible is met	\$0 after INET deductible is met	\$0 after INET deductible is met	\$0 after INET deductible is met
Hospital Services				
Inpatient	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
Free Co.	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Outpatient (performed at hospital or ambulatory	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
facility)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Skilled Nursing Facility	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
90 day calendar year maximum	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Wental Health, Substance Abuse & Behavioral Health				
Wental 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 illnes
Hospice Care				
Hospice Services	\$0 after INET deductible is met	50% coinsurance after OON deductible is met	\$0 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services		arter dorr deductible is met		arter corr academic is filet
Home Health Care	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50	25% coinsurance subject to a \$5
100 visit calendar year maximum	deductible	deductible	deductible	deductible
Advanced Radiology (CT/PET Scan, MRI)	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
Advanced Radiology (C1/1 E1 Scall, Willi)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met

BRONZE	2015 - AV	C 61.9%	2016 - AVC 61.5	2016 - AVC 61.57% - Option 2	
Plan Overview	In-Network (INET)	Out-of-Network (OON)	In-Network	Out-of-Network	
	Member Pays	Member Pays	Member Pays	Member Pays	
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Laboratory Services	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical,	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
Speech, Occupational)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
combined 40 visit calendar year maximum					
Chiroprostic Caro	\$50 copayment after INET deductible	50% coinsurance	\$50 copayment after INET deductible	50% coinsurance	
Chiropractic Care 20 visit calendar maximum	·	after OON deductible is met	' ' '	after OON deductible is met	
Other Services	is met	after OON deductible is met	is met	after OON deductible is met	
	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
Durable Medical Equipment	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Prosthetics	40% coinsurance	50% coinsurance			
Prostnetics			40% coinsurance	50% coinsurance	
Dishatis Congliss O. Fordon and	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
after INET deductible is met after OON deductible is met		after INET deductible is met	after OON deductible is met		
Prescription Drugs	ĆF	F00/ in	Ar	F00/ i	
Tier 1	\$5 copayment	50% coinsurance	\$5 copayment after INET deductible is	50% coinsurance	
	500/	after OON deductible is met	met	after OON deductible is met	
Tier 2	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Tier 3	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Tier 4	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
Pediatric-Only Services (for children under age 19)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Pediatric Dental Care					
Diagnostic & Preventive	\$0	50% coinsurance	\$0	50% coinsurance	
(Oral Exam, Cleaning, X-ray)	Ų0	after OON deductible is met	70	after OON deductible is met	
Basic Restorative	45% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance	
(Filling, Simple Extraction)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Major Restorative	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
(Endodontic, Crown)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Orthodontia Services	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
medically necessary only	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Pediatric Vision Care	arter inter deductible is filet	arter OON deductible is met	arter inter deductible is filet	arter CON deductible is filet	
Routine Eye Exam by Specialist	\$50 copayment	50% coinsurance	\$50 copayment	50% coinsurance	
noutine Lye Ladin by Specialist	230 copayment	after OON deductible is met	250 copayment	after OON deductible is met	
		arter OON deductible is filet		arter OON deductible is filet	

BRONZE	2015 - AV	C 61.9%	2016 - AVC 61.5	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 one pair of frames & lenses per calendar year	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

BRONZE	2015 - AV	C 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
Deductible				
Individual				
Family	\$5,000	\$10,000	\$5,000	\$10,000
(copayments are not applied to deductible)	\$10,000	\$20,000	\$10,000	\$20,000
Out-of-Pocket Maximum				
Individual	\$6,600	\$13,200	\$6,850	\$13,200
Family	\$13,200	\$26,400	\$13,700	\$26,400
Physician Office Visits	¥13)233	<del>-</del>	¥20). 00	<del>+20</del> ,.00
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance	\$0	50% coinsurance
- recentified care y concernings y minimum actions	\$40 copayment	50% coinsurance	40	56/6 66/1154/14/166
Primary Care (injury or illness)	after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes	after OON deductible is met	\$40 copayment	50% coinsurance after OON deductible is met
Specialist	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care				
Urgent Care Center or Facility	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Emergency Room	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
	after INET deductible is met	after INET deductible is met	after INET deductible is met	after INET deductible is met
Ambulance	\$0 after INET deductible is met	\$0 after INET deductible is met	\$0 after INET deductible is met	\$0 after INET deductible is met
Hospital Services				
Inpatient	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
•	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Outpatient (performed at hospital or ambulatory	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
facility)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Skilled Nursing Facility	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
90 day calendar year maximum	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health				
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 after INET deductible is met	50% coinsurance after OON deductible is met	\$0 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services				a.c. sort academic is illet
Home Health Care	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50	25% coinsurance subject to a \$50
100 visit calendar year maximum	deductible	deductible	deductible	deductible
Advanced Radiology (CT/PET Scan, MRI)	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
Taranta manaragy (Cr) (Cr) Scarr, Willy	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met

BRONZE	2015 - AV	C 61.9%	2016 - AVC 61.9	2016 - AVC 61.93% - Option 4	
Plan Overview	In-Network (INET)	Out-of-Network (OON)	In-Network	Out-of-Network	
	Member Pays	Member Pays	Member Pays	Member Pays	
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Laboratory Services	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical,	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
Speech, Occupational)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
combined 40 visit calendar year maximum					
Chiroprostic Caro	\$50 copayment after INET deductible	50% coinsurance	\$50 copayment after INET deductible	50% coinsurance	
Chiropractic Care 20 visit calendar maximum		after OON deductible is met	' ' '	after OON deductible is met	
Other Services	is met	after OON deductible is met	is met	after OON deductible is met	
	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
Durable Medical Equipment	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Prosthetics	40% coinsurance	50% coinsurance			
Prostnetics			40% coinsurance	50% coinsurance	
Dishatis Consults a O. Foodans and	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Diabetic Supplies & Equipment	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
after INET deductible is met after OON deductible is met		after OON deductible is met	after INET deductible is met	after OON deductible is met	
Prescription Drugs	ĆF as as a mass and	FOO/ asingurana	CF and a support of the UNIFT deducatible in	F00/ painsurance	
Tier 1	\$5 copayment	50% coinsurance	\$5 copayment after INET deductible is	50% coinsurance	
The C	F00/ i	after OON deductible is met	met	after OON deductible is met	
Tier 2	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
T1 0	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Tier 3	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Tier 4	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
Dediatria Only Comisso (for shildness and suppose 10)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Pediatric-Only Services (for children under age 19) Pediatric Dental Care					
Diagnostic & Preventive	\$0	50% coinsurance	\$0	50% coinsurance	
(Oral Exam, Cleaning, X-ray)	<b>30</b>	after OON deductible is met	30	after OON deductible is met	
Basic Restorative	45% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
(Filling, Simple Extraction)  Major Restorative	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
(Endodontic, Crown)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Orthodontia Services	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
medically necessary only	arter inver deductible is filet	arter OON deductible is met	arter inver deductible is filet	arter OON deductible is met	
Pediatric Vision Care	¢F0 consument	50% coinsurance	ĆFO sanaymant	50% coinsurance	
Routine Eye Exam by Specialist	\$50 copayment	after OON deductible is met	\$50 copayment	after OON deductible is met	
		arter OON deductible is met		arter OON deductible is met	

BRONZE	2015 - AV	C 61.9%	2016 - AVC 61.9	3% - 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 one pair of frames & lenses per calendar year	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance

Deductible Individual   Individual   S5,000   \$10,000   \$20,000	2016 - AVC 60.96% - Option 6	
Individual Family S5,000 S10,000 S20,000 Out-of-Pocket Maximum Individual S6,600 S13,200 S26,400 Physician Office Visits Preventive Care / Screenings / Immunizations S40 copayment after INET deductible is met Immunications Specialist S50 copayment after INET deductible is met S50 coinsurance after OON deductible is met Immunications S50 copayment after INET deductible is met Immunications S50 coinsurance after OON deductible is met Immunications S50 coinsurance after OON deductible is met Immunications S50 coinsurance after OON deductible is met Immunications S50 coinsurance after INET deductible is met Immunications S50 coinsurance after INET deductible is met Immunications S50 coinsurance after INET deductible is met Impulsed Impulsed S50 coinsurance after INET deductible is met Ad% coinsurance after INET deductible is met Impulsed S50 coinsurance after INET deductible is met Ad% coinsurance after INET deductible is met Ad% coinsurance after INET deductible is met Afte	In-Network Member Pays	Out-of-Network Member Pays
Family S5,000 S10,000 S20,000 Out-of-Pocket Maximum Individual S6,600 S13,200 S26,400 Physician Office Visits Preventive Care / Screenings / Immunizations S40 copayment after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes  Specialist S50 copayment after INET deductible is met deductible is met Specialist S50 copayment after INET deductible is met si met S50 coinsurance after OON deductible is met S50 coinsurance after INET deductible is met S50 after INET Deductible is met S60 after INET Deductible		
Signature   Sign		
Out-of-Pocket Maximum individual S6,600 S13,200 S26,400 Physician Office Visits Preventive Care / Screenings / Immunizations S40 copayment after INET deductible is met. The first 3 medical / mental health visits perimary Care (injury or illness) Specialist S50 copayment after INET deductible is met. The first 3 medical / mental health visits deductible before cost sharing resumes Specialist S50 copayment after INET deductible is met S50 coinsurance after OON deductible is met S50 copayment is met S50 coinsurance after OON deductible is met S50 copayment after INET deductible is met S50 coinsurance after INET deductible is met S50 copayment after INET deductible is met S50 coinsurance after INET deductible is met S50 coinsurance after INET deductible is met S60 coinsurance after INET deductible is met	\$5,300	\$10,000
Out-of-Pocket Maximum Individual S6,600 S13,200 S26,400 Physician Office Visits Preventive Care / Screenings / Immunizations S40 copayment after INET deductible is met. The first 3 medical / mental health visits medical / mental health visits periore deductible, then must meet deductible before cost sharing resumes Specialist S50 copayment after INET deductible is met S50 coinsurance after OON deductible is met S50 copayment after INET deductible is met S50 coinsurance after OON deductible is met S50 copayment after INET deductible is met S50 coinsurance after INET deductible is met S60 coinsurance after INET deductible is met S60 coinsurance after INET deductible is met S60 coinsurance after INET deductible is met S60 after INET deductible is met S60 coinsurance after INET deductible is met	\$10,600	\$20,000
Individual S6,600 \$13,200 \$526,400  Physician Office Visits  Preventive Care / Screenings / Immunizations S40 copayment after INET deductible is met. The first 3 medical / mental health visits are before deductible, then must meet deductible before cost sharing resumes  Specialist S50 copayment after INET deductible is met S50 coinsurance after OON deductible is met  S50 copayment after INET deductible is met S50 coinsurance after OON deductible is met  Emergency/Urgent Care Urgent Care Center or Facility A0% coinsurance after INET deductible is met Ambulance S0 after INET deductible is met S0 after INET deductible is met Ambulance S0 after INET deductible is met S0 after INET deductible is met Ambulance S0 after INET deductible is met S0 after INET deductible is met Ambulance S0 after INET deductible is met Ambulance S0 after INET deductible is met S500 comaximum after INET deductible is met S500 comaximum after INET deductible is met S600 coinsurance after OON deductible is met S500 comaximum after INET deductible is met A0% coinsurance after OON deductible is met A0% coinsurance after OON deductible is met A0% coinsurance after INET deductible is met A0% coinsurance after OON deductible is met A0% coinsurance after INET deductible is met A0		. ,
Preventive Care / Screenings / Immunizations  \$ 0	\$6,850	\$13,200
Preventive Care / Screenings / Immunizations  \$0	\$13,700	\$26,400
Preventive Care / Screenings / Immunizations  \$40 copayment   \$50 coinsurance   \$50	<b>413)100</b>	\$20, 100
Specialist  Specia	\$0	50% coinsurance
is met after OON deductible is met  Emergency/Urgent Care Urgent Care Center or Facility  40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  Ambulance  \$0 after INET deductible is met	\$40 copayment	50% coinsurance after OON deductible is met
Urgent Care Center or Facility  40% coinsurance after INET deductible is met  40% coinsurance 40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  50% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  50% 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% coinsurance after INET net after INET net after OON deductible is met  50% coinsurance after INET net after INET net after INET net after OON deductible is met  50% coinsurance after INET net after IN	ment after INET deductible is met	50% coinsurance after OON deductible is met
after INET deductible is met  40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  40% coinsurance after INET deductible is met  Ambulance  \$0 after INET deductible is met		
Ambulance \$0 after INET deductible is met \$0 after INET INET Deductible ineT INET Deductible is met \$0 after INET INET Deductible i	\$75 copayment NET deductible is met	50% coinsurance after OON deductible is met
Ambulance \$0 after INET deductible is met \$50% coinsurance after INET net INET net INET net INET net INET net INET net INET deductible is met \$50% coinsurance after OON deductible is met \$500 coinsurance after INET net INET deductible is met \$50% coinsurance after OON deductible is met \$500 coinsurance after INET net INET net INET net INET net INET deductible is met \$50% coinsurance after INET net	\$200 copayment	40% coinsurance
## Stilled Nursing Facility  ## So after INET deductible is met  ## Adv. coinsurance after OON deductible i	NET deductible is met	after INET deductible is met
A0% coinsurance after INET deductible is met   S0% coinsurance after OON deductible is met   \$500 coinsurance after INET deductible is met   S500 coinsurance after INET net	r INET deductible is met	\$0 after INET deductible is met
A0% coinsurance after INET deductible is met   S0% coinsurance after OON deductible is met   \$500 coinsurance after INET deductible is met   S500 coinsurance after INET net		l .
facility)  after INET deductible is met  after OON deductible is met  Skilled Nursing Facility  40% coinsurance after INET deductible is met  50% coinsurance after OON deductible is met  \$500 coinsurance after OON deductible is met	opayment per day to a n of \$2,000 per admission medical deductible is met	50% coinsurance after OON deductible is met
90 day calendar year maximum after INET deductible is met after OON deductible is met source maximum	\$500 copayment medical deductible is met	50% coinsurance after OON deductible is met
	opayment per day to a n of \$2,000 per admission medical deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral	same as any other illness	Covered same as any other illness
Hospice Care		
Hospica Services 50% coinsurance	r INET deductible is met	50% coinsurance after OON deductible is met

BRONZE	2015 - AV	/C 61.9%	2016 - AVC 60.9	06% - Option 6
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Home Health Care 100 visit calendar year maximum	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$75 copay per service after INET deductible is met up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	50% coinsurance after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$45 copay after INET deductible is met	50% coinsurance after OON deductible is met
Laboratory Services	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$35 copay after INET deductible is met	50% coinsurance after OON deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) combined 40 visit calendar year maximum	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	\$30 copay after INET deductible is met	50% coinsurance after OON deductible is met
Chiropractic Care	\$50 copayment after INET deductible	50% coinsurance	\$50 copayment after INET deductible	50% coinsurance
20 visit calendar maximum	is met	after OON deductible is met	is met	after OON deductible is met
Other Services				
Durable Medical Equipment	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Prosthetics	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance
	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Diabetic Supplies & Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prescription Drugs				
Tier 1	\$5 copayment	50% coinsurance after OON deductible is met	\$5 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Tier 2	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 3	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 4	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	50% coinsurance up to a maximum of \$500 per prescription after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric-Only Services (for children under age 19)				
Pediatric Dental Care				
Diagnostic & Preventive	\$0	50% coinsurance	\$0	50% coinsurance
(Oral Exam, Cleaning, X-ray)		after OON deductible is met		after OON deductible is met
Basic Restorative	45% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance
(Filling, Simple Extraction)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Major Restorative	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
(Endodontic, Crown)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Orthodontia Services	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
medically necessary only	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met
Pediatric Vision Care				

BRONZE	2015 - AV	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 one pair of frames & lenses per calendar year	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

BRONZE HSA	2015 - A	VC 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 Individual Family (copayments are not applied to deductible)	\$4,600 \$9,200	\$9,200 \$18,400	\$5,600 \$11,200	\$9,200 \$18,400
Out-of-Pocket Maximum Individual Family	\$6,450 \$12,900	\$12,900 \$25,800	\$6,850 \$13,700	\$12,900 \$25,800
Physician Office Visits	<u> </u>			
Preventive Care / Screenings / Immunizations	\$0	50% coinsurance	\$0	50% coinsurance
	\$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
Primary Care (injury or illness)				
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				<u>I</u>
Inpatient	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met
Outpatient (performed at hospital or ambulatory 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	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance
90 day calendar year maximum	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health				
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	<u>'</u>			
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	25% coinsurance after INET	25% coinsurance	25% coinsurance after INET	25% coinsurance
100 visit calendar year maximum	deductible is met	after OON deductible is met	deductible is met	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 - A	VC 61.4%	2016 - AVC 61.60%	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	
Laboratory Services	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance	
•	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical,	\$0 copayment after INET		\$0 copayment after INET		
Speech, Occupational)	deductible is met	50% coinsurance	deductible is met	50% coinsurance	
combined 40 visit calendar year maximum		after OON deductible is met		after OON deductible is met	
Chiropractic Care	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance	
20 visit calendar maximum	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Other Services					
Durable Medical Equipment	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Prosthetics	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Diabetic Supplies & Equipment	\$0 copayment after INET	50% coinsurance	\$0 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Prescription Drugs					
Fier 1	\$5 copayment after INET	50% coinsurance	\$5 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Fier 2	\$35 copayment after INET	50% coinsurance	\$25 copayment after INET	50% coinsurance	
	deductible is met	after OON deductible is met	deductible is met	after OON deductible is met	
Fier 3	40% coinsurance	50% coinsurance	30% coinsurance after INET deductible	50% coinsurance	
	after INET deductible is met	after OON deductible is met	is met	after OON deductible is met	
Fier 4	40% coinsurance	50% coinsurance	30% coinsurance up to a maximum of	50% coinsurance	
	after INET deductible is met	after OON deductible is met	\$400 per prescription after INET	after OON deductible is met	
			prescription drug deductible is met		
Pediatric-Only Services (for children under age 19)					
Pediatric Dental Care					
Diagnostic & Preventive		50% coinsurance		50% coinsurance	
Oral Exam, Cleaning, X-ray)	\$0	after OON deductible is met	\$0	after OON deductible is met	
Basic Restorative	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
Filling, Simple Extraction)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Major Restorative	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
Endodontic, Crown)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Orthodontia Services	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
medically necessary only	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Pediatric Vision Care	2.7572. 00000000	and a contract and a	Enter inter deductions in flict	2.13. 30. 404401.2. 13 11101	
Routine Eye Exam by Specialist		50% coinsurance		50% coinsurance	
Touchie Lye Liverin by Specialist	\$0	after OON deductible is met	\$0	after OON deductible is met	

BRONZE HSA	2015 - AVC	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	
<b>Prescription Eye Glasses</b> one pair of frames & lenses per calendar year	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

BRONZE HSA	ONZE HSA 2015 - AVC 61.4%		2016 - AVC 60.01% - Option 6 (HSA)			
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network Member Pays	Out-of-Network Member Pays		
Deductible Individual Family (copayments are not applied to deductible)	\$4,600 \$9,200	\$9,200 \$18,400	5,000 \$10,000	\$9,200 \$18,400		
Out-of-Pocket Maximum Individual Family	\$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		
	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible	50% coinsurance after OON deductible is met		
Primary Care (injury or illness)			is met			
Specialist	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
Emergency/Urgent Care						
Urgent Care Center or Facility	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
Emergency Room	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met	10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met		
Ambulance	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met	10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met		
Hospital Services						
Inpatient	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance		
Outputient (performed at bestital or ambulatory	deductible is met	after OON deductible is met	is met	after OON deductible is met		
Outpatient (performed at hospital or ambulatory facility)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
Skilled Nursing Facility	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance		
90 day calendar year maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met		
Mental Health, Substance Abuse & Behavioral Health	Care					
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness		
Hospice Care						
Hospice Services	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
Outpatient Services						
Home Health Care	25% coinsurance after INET	25% coinsurance	10% coinsurance after INET deductible	25% coinsurance after INET		
100 visit calendar year maximum	deductible is met	after OON deductible is met	is met	deductible is met		
Advanced Radiology (CT/PET Scan, MRI)	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance		
	deductible is met	after OON deductible is met	is met	after OON deductible is met		
Non-Advanced Radiology (X-ray, Diagnostic)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met		
	1 22223300 10 11100	2.12. 2.2. 2.2. 2.2. 2.0		2.12. 2.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		

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	
Laboratory Services	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical,	\$0 copayment after INET		15 11150		
Speech, Occupational)	deductible is met	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
combined 40 visit calendar year maximum		after OON deductible is met	is met	after OON deductible is met	
Chiropractic Care	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
20 visit calendar maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Other Services					
Durable Medical Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Prosthetics	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Diabetic Supplies & Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Prescription Drugs	<u> </u>	<u>'</u>			
Tier 1	\$5 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Tier 2	\$35 copayment after INET	50% coinsurance	15% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Tier 3	40% coinsurance	50% coinsurance	20% coinsurance after INET deductible	50% coinsurance	
	after INET deductible is met	after OON deductible is met	is met	after OON deductible is met	
Tier 4	40% coinsurance	50% coinsurance	20% coinsurance up to a maximum of	50% coinsurance	
	after INET deductible is met	after OON deductible is met	\$250 per prescription after INET	after OON deductible is met	
			prescription drug deductible is met		
Pediatric-Only Services (for children under age 19)					
Pediatric Dental Care					
Diagnostic & Preventive		50% coinsurance		50% coinsurance	
(Oral Exam, Cleaning, X-ray)	\$0	after OON deductible is met	\$0	after OON deductible is met	
Basic Restorative	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
(Filling, Simple Extraction)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Major Restorative	50% coinsurance 50% coinsurance		50% coinsurance	50% coinsurance	
(Endodontic, Crown)			after INET deductible is met	after OON deductible is met	
Orthodontia Services			50% coinsurance	50% coinsurance	
medically necessary only			after INET deductible is met	after OON deductible is met	
Pediatric Vision Care					
Routine Eye Exam by Specialist		50% coinsurance		50% coinsurance	
	\$0	after OON deductible is met	\$0	after OON deductible is met	

BRONZE HSA	2015 - AVC 61.4%		2015 - AVC 61.4% 2016 - AVC 60.01% - Option 6 (HSA)		Option 6 (HSA)
Plan Overview	In-Network (INET)	Out-of-Network (OON)	In-Network	Out-of-Network	
	Member Pays	Member Pays	Member Pays	Member Pays	
Prescription Eye Glasses one pair of frames & lenses per calendar year	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	lenses: \$0 after INET deductible is met; collection frames: \$0 after INET deductible is met; non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance	

BRONZE HSA	ONZE 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	
Deductible Individual Family (copayments are not applied to deductible)	\$4,600 \$9,200	\$9,200 \$18,400	\$4,500 \$9,000	\$9,200 \$18,400	
Out-of-Pocket Maximum Individual Family	\$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	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
	60 and a second of the INST	F00/		F00/	
Specialist	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Emergency/Urgent Care					
Urgent Care Center or Facility	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Emergency Room	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met	10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met	
Ambulance	\$0 copayment after INET deductible is met	\$0 copayment after INET deductible is met	10% coinsurance after INET deductible is met	10% coinsurance after INET deductible is met	
Hospital Services					
Inpatient	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Outpatient (performed at hospital or ambulatory facility)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Skilled Nursing Facility	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
90 day calendar year maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Mental Health, Substance Abuse & Behavioral Health C	Care				
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness	
Hospice Care					
Hospice Services	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Outpatient Services					
Home Health Care	25% coinsurance after INET	25% coinsurance	10% coinsurance after INET deductible	25% coinsurance	
100 visit calendar year maximum	deductible is met	after OON deductible is met	is met	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	10% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met	
Non-Advanced Radiology (X-ray, Diagnostic)	\$0 copayment after INET deductible is met	50% coinsurance after OON deductible is met	10% coinsurance after INET deductible is met		

ONZE HSA 2015 - AVC 61.4%		2016 - AVC 60.84% - Option 7 (HSA)			
Plan Overview	In-Network (INET) Out-of-Network (OON)		In-Network	Out-of-Network	
	Member Pays	Member Pays	Member Pays	Member Pays	
Laboratory Services	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Rehabilitative & Habilitative Therapy (Physical,	\$0 copayment after INET				
Speech, Occupational)	deductible is met	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
combined 40 visit calendar year maximum		after OON deductible is met	is met	after OON deductible is met	
Chiropractic Care	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
20 visit calendar maximum	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Other Services					
Durable Medical Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Prosthetics	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Diabetic Supplies & Equipment	\$0 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Prescription Drugs					
Tier 1	\$5 copayment after INET	50% coinsurance	10% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Tier 2	\$35 copayment after INET	50% coinsurance	15% coinsurance after INET deductible	50% coinsurance	
	deductible is met	after OON deductible is met	is met	after OON deductible is met	
Tier 3	40% coinsurance	50% coinsurance	20% coinsurance after INET deductible	50% coinsurance	
	after INET deductible is met	after OON deductible is met	is met	after OON deductible is met	
Tier 4	40% coinsurance	50% coinsurance	20% coinsurance up to a maximum of	50% coinsurance	
	after INET deductible is met	after OON deductible is met	\$250 per prescription after INET	after OON deductible is met	
			prescription drug deductible is met		
Pediatric-Only Services (for children under age 19)					
Pediatric Dental Care					
Diagnostic & Preventive	\$0	50% coinsurance	\$0	50% coinsurance	
(Oral Exam, Cleaning, X-ray)	Ų	after OON deductible is met	ŢŪ.	after OON deductible is met	
Basic Restorative	40% coinsurance	50% coinsurance	40% coinsurance	50% coinsurance	
(Filling, Simple Extraction)	after INET deductible is met	after OON deductible is met	after INET deductible is met	after OON deductible is met	
Major Restorative	50% coinsurance 50% coinsurance		50% coinsurance	50% coinsurance	
(Endodontic, Crown)	rown) after INET deductible is met after OON deductible is met		after INET deductible is met	after OON deductible is met	
Orthodontia Services	Services   50% coinsurance   50% coinsurance		50% coinsurance	50% coinsurance	
medically necessary only	necessary only after INET deductible is met after OON deductible is met		after INET deductible is met	after OON deductible is met	
Pediatric Vision Care					
Routine Eye Exam by Specialist	\$0	50% coinsurance	\$0	50% coinsurance	
	ŞU	after OON deductible is met	ې کا		

BRONZE HSA	2015 - AV	2015 - AVC 61.4%		
Plan Overview	In-Network (INET)	Out-of-Network (OON)	In-Netw	
	Member Pays	Member Pays	Member	
Prescription Eye Glasses	lenses: \$0 after INET deductible is met;		lenses: \$0 after INET of	
one pair of frames & lenses per calendar year	collection frames: \$0 after INET		collection frames:	
	deductible is met;		deductible	
	non-collection frames: Members		non-collection fran	
	choosing to upgrade from a collection		choosing to upgrade	
	frame to a non-collection frame will be		frame to a non-collect	
	given a credit equal to the cost of the	100% coinsurance	given a credit equal t	
	collection frame and will be entitled to		collection frame and	
	a negotiated discount		a negotiated	
	, and the second			

	2016 - AVC 60.84% - Option 7 (HSA)				
	In-Network	Out-of-Network			
	Member Pays	Member Pays			
1	lenses: \$0 after INET deductible is met;				
١	collection frames: \$0 after INET				
١	deductible is met;				
١	non-collection frames: Members				
١	choosing to upgrade from a collection				
١	frame to a non-collection frame will be				
١	given a credit equal to the cost of the	100% coinsurance			
١	collection frame and will be entitled to				
١	a negotiated discount				
١					
١					
ı					
١					