

2015 Standard Benefit Plan Designs - Sample 9.5 EHB

Changes in benefits from 2014 to 2015 are displayed in orange

Summary of Benefits and Coverage

| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | Platinum Coinsurance Plan | | Platinum Copay Plan | | |
|--|--|------------------------------|-----------------------|------------------------|-------------------------------|-----------------------|
| 2/20/2014 | | | | | | |
| | e - AV Calculator | | 88.62% | 6 | 88.41 | % |
| Overall deduct | tible | | \$0 | | \$0 | |
| | oles for specific services | | 40 | | 40 | |
| | Medical | | \$0 | | \$0 | |
| | Brand Drugs | | \$0 Not Cove | uo al | \$0 Not Cov | a u a d |
| | Dental | | | | | |
| Out-of-pocke | t limit | | \$4,000 | | \$4,00 | |
| Common Medical Event | Service Type | | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies |
| Visit to a health care provider's office or | Primary care visit to treat an injury or i | llness | \$20 | | \$20 | |
| clinic | Specialist visit | | \$40 | | \$40 | |
| | Preventive care/ screening/ immunizate Laboratory Tests | IUN | No cost share \$20 | | No cost share \$20 | |
| Tests | X-rays and Diagnostic Imaging | | \$40 | | \$40 | |
| | Imaging (CT/PET scans, MRIs) | | 10% | | \$150 | |
| Drugs to treat | Generic drugs | | \$5 or less | | \$5 or less | |
| illness or | Preferred brand drugs | | \$15 | | \$15 | |
| condition | Non-preferred brand drugs Specialty drugs ¹ | | \$25 10% | | \$25 10% | |
| Outpatient | Facility fee (e.g., ASC) | | 10% | | | |
| surgery | Physician/surgeon fees | | 10% | | \$250 | |
| | Emergency room services (waived if admitted) | | \$150 | | \$150 | |
| Need | Emergency medical transportation | | \$150 | | \$150 | |
| immediate attention | Urgent care | | \$40 | | \$40 | |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | | 10% 10% | | \$250 per day up to 5 days | |
| Mental | Mental/Behavioral health outpatient services | | \$20 | | \$20 | |
| health, behavioral | Mental/Behavioral health inpatient ser | vices | 10% | | \$250 per day up to 5 days | |
| health, or substance abuse needs | Substance use disorder outpatient services | | \$20 | | \$20 | |
| | Substance use disorder inpatient servi | ices | 10% | | \$250 per day up to 5 days | |
| | Prenatal care and preconception visits | | No cost share | | No cost share | |
| Pregnancy | Delivery and all inpatient services | Hospital | 10% | | \$250 per day | |
| | Home health care | Professional | 10% 10% | | up to 5 days \$20 | |
| Holp | Rehabilitation services | | \$20 | | \$20 | |
| Help recovering or | Habilitation services | | \$20 | | \$20 | |
| other special | Skilled nursing care | | 10% | | \$150 per day up to 5 days | |
| health needs | Durable medical equipment | | 10% | | 10% | |
| | Hospice service | | No cost share | | No cost share | |
| | Eye exam (deductible waived) Glasses | | 0% | | 0% | |
| Child needs dental or eye | Dental check-up - Preventive and Diaç | gnostic Services | 1 pair per year | | 1 pair per year | |
| care | Dental Basic Services Dental Major Services Orthodoptics (modically page 2007) | | Not Cove | ered | Not Cov | ered |
| | Orthodontics (medically necessary) | | | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



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Summary of Benefits and Coverage

| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | Gold Coinsurance Plan | | Gold Copay Plan | |
|--|---|--------------------------|-----------------------|-------------------------------|-----------------------|
| 2/20/2014 | | | | | |
| | e - AV Calculator | 79.60 | % | 79.22 | % |
| Overall deduct | tible | \$0 | | \$0 | |
| | bles for specific services | ΨΟ | | ΨΟ | |
| | Medical | \$0 | | \$0 | |
| | Brand Drugs | \$0 | 1 | \$0 | |
| | Dental | Not Cov | | Not Cov | |
| Out-of-pocke | t limit | \$6,35 | 0 | \$6,35 | 50 |
| Common Medical Event | Service Type | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies |
| Visit to a health care provider's | Primary care visit to treat an injury or illness | \$30 | | \$30 | |
| office or | Specialist visit | \$50 | | \$50 | |
| clinic | Preventive care/ screening/ immunization | No cost share | | No cost share | |
| | Laboratory Tests | \$30 | | \$30 | |
| Tests | X-rays and Diagnostic Imaging | \$50 | | \$50 | |
| | Imaging (CT/PET scans, MRIs) Generic drugs | 20% \$15 or less | | \$250 \$15 or less | |
| Drugs to treat | Preferred brand drugs | \$50 | | \$50 | |
| illness or | Non-preferred brand drugs | \$70 | | \$70 | |
| condition | Specialty drugs ¹ | 20% | | 20% | |
| Outpatient | Facility fee (e.g., ASC) | 20% | | \$600 | |
| surgery | Physician/surgeon fees | 20% | | | |
| | Emergency room services (waived if admitted) | \$250 | | \$250 | |
| Need | Emergency medical transportation | \$250 | | \$250 | |
| immediate attention | Urgent care | \$60 | | \$60 | |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | 20% 20% | | \$600 per day up to 5 days | |
| Mental | Mental/Behavioral health outpatient services | \$30 | | \$30 | |
| health, behavioral | Mental/Behavioral health inpatient services | 20% | | \$600 per day up to 5 days | |
| health, or substance abuse needs | Substance use disorder outpatient services | \$30 | | \$30 | |
| | Substance use disorder inpatient services | 20% | | \$600 per day up to 5 days | |
| | Prenatal care and preconception visits | No cost share | | No cost share | |
| Pregnancy | Delivery and all inpatient services Hospital Professional | 20% 20% | | \$600 per day up to 5 days | |
| | Home health care | 20% | | \$30 | |
| Help | Rehabilitation services | \$30 | | \$30 | |
| recovering or | Habilitation services | \$30 | | \$30 | |
| other special | Skilled nursing care | 20% | | \$300 per day | |
| health needs | Durable medical equipment | 20% | | up to 5 days 20% | |
| | Hospice service | No cost share | | No cost share | |
| | Eye exam (deductible waived) | 0% | | 0% | |
| Child nonda | Glasses | 1 pair per year | | 1 pair per year | |
| Child needs dental or eye | Dental check-up - Preventive and Diagnostic Services | N : O | d | N O | |
| care | Dental Basic Services Dental Major Services | Not Cov | erea | Not Cov | erea |
| | Orthodontics (medically necessary) | | | | |
| | The service (means in the service) | | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



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| Summary of Benefits and Coverage | | Individual | | Individual | | |
|--|--|--------------------------|----------------------------|-----------------------|--------------------------|-----------------------|
| COST SHARIN POCKET COST | IG AMOUNTS DESCRIBE THE ENROI TS | LEE'S OUT OF | Silver Coinsurance Plan | | Silver Copay Plan | |
| 2/20/2014 | | | | | | |
| Actuarial Valu | e - AV Calculator | | 68.74 | % | 68.49 | % |
| Overall deduc | tible | | N/A | | N/A | |
| Other deductil | oles for specific services | | | | | |
| | Medical | | \$2,00 | | \$2,00 | |
| | Brand Drugs Dental | | \$250 Not Cove | | \$250 Not Cov | |
| Out-of-pocke | | | \$6,35 | | \$6,35 | |
| Common Medical Event | Service Type | | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies |
| Visit to a health care provider's office or | Primary care visit to treat an injury or i | llness | \$45 | | \$45 | |
| clinic | Specialist visit | | \$65 | | \$65 | |
| | Preventive care/ screening/ immuniza | tion | No cost share | | No cost share | |
| Tests | Laboratory Tests X-rays and Diagnostic Imaging | | \$45 \$65 | | \$45 \$65 | |
| 1000 | Imaging (CT/PET scans, MRIs) | | 20% | X | \$250 | |
| Drugs to treat | Generic drugs | | \$15 or less | | \$15 or less | |
| illness or | Preferred brand drugs | | \$50 | X | \$50 | X |
| condition | Non-preferred brand drugs Specialty drugs ¹ | | \$70 20% | X | \$70 20% | X |
| Outpatient | Facility fee (e.g., ASC) | | 20% | | 20% | ^ |
| surgery | Physician/surgeon fees | | 20% | | 20% | |
| | Emergency room services (waived if admitted) | | \$250 | Х | \$250 | Х |
| Need | Emergency medical transportation | | \$250 | Х | \$250 | Х |
| immediate attention | Urgent care | | \$90 | | \$90 | |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | | 20% 20% | X | 20% | Х |
| Mental | Mental/Behavioral health outpatient se | \$45 | | \$45 | | |
| health, behavioral | Mental/Behavioral health inpatient ser | 20% | Х | 20% | Х | |
| health, or substance abuse needs | Substance use disorder outpatient services | | \$45 | | \$45 | |
| | Substance use disorder inpatient serv | | 20% | Х | 20% | Х |
| Drawnan | Prenatal care and preconception visits | | No cost share | | No cost share | |
| Pregnancy | Delivery and all inpatient services | Hospital Professional | 20% 20% | X | 20% | Х |
| | Home health care | | 20% | | \$45 | |
| Help | Rehabilitation services | | \$45 | | \$45 | |
| recovering or | Habilitation services | | \$45 | | \$45 | |
| other special | Skilled nursing care | | 20% | Х | 20% | Х |
| health needs | Durable medical equipment | | 20% | | 20% | |
| | Hospice service | | No cost share | | No cost share | |
| | Eye exam (deductible waived) Glasses | | 0% | | 0% | |
| Child needs dental or eye care | Dental check-up - Preventive and Diag | gnostic Services | 1 pair per year Not Cove | ered | 1 pair per year Not Cov | ered |
| Jul. 3 | Dental Major Services Orthodontics (medically necessary) | | 1101 0011 | | 1101 000 | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



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| Summary of Benefits and Coverage | | SHOP | | SHOP | | |
|--|--|------------------------------|-----------------------|-----------------------|-----------------------|--|
| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | Silver Coinsurance Plan | | Silver Copay Plan | | |
| 2/20/204.4 | | | | | | |
| 2/20/2014 Actuarial Valu | e - AV Calculator | 69.36 | % | 69.0 |)7% | |
| | | | | | | |
| Overall deductil | bles for specific services | N/A | | N _i | /A | |
| outer addates. | Medical | \$1,50 | 0 | \$1, | 500 | |
| | Brand Drugs | \$500 | | \$5 | | |
| | Dental | Not Cov | ered | Not Co | overed | |
| Out-of-pocke | t limit | \$6,35 | 0 | \$6,5 | 350 | |
| Common Medical Event | Service Type | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies | |
| Visit to a health care provider's office or | Primary care visit to treat an injury or illness | \$45 | | \$45 | | |
| clinic | Specialist visit | \$65 | | \$65 | | |
| | Preventive care/ screening/ immunization Laboratory Tests | No cost share \$45 | | No cost share \$45 | | |
| Tests | X-rays and Diagnostic Imaging | \$45 \$65 | | \$45 \$65 | | |
| | Imaging (CT/PET scans, MRIs) | 20% | Х | \$250 | | |
| Drugs to treat | Generic drugs | \$15 or less | | \$15 or less | | |
| illness or | Preferred brand drugs | \$50 | X | \$50 | X | |
| condition | Non-preferred brand drugs Specialty drugs ¹ | \$70 20% | X | \$70 20% | X | |
| Outpatient | Facility fee (e.g., ASC) | 20% | | 20% | Α | |
| surgery | Physician/surgeon fees | 20% | | 20% | | |
| | Emergency room services (waived if admitted) | \$250 | Х | \$250 | Х | |
| Need | Emergency medical transportation | \$250 | Х | \$250 | X | |
| immediate attention | Urgent care | \$90 | | \$90 | | |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | 20% 20% | X | 20% | Х | |
| Mental | Mental/Behavioral health outpatient services | \$45 | | \$45 | | |
| health, behavioral | Mental/Behavioral health inpatient services | 20% | Х | 20% | X | |
| health, or substance abuse needs | Substance use disorder outpatient services | \$45 | | \$45 | | |
| | Substance use disorder inpatient services | 20% | Х | 20% | Х | |
| Dugger | Prenatal care and preconception visits | No cost share | | No cost share | | |
| Pregnancy | Delivery and all inpatient services Hospital Professional | 20% 20% | X | 20% | X | |
| | Home health care | 20% | | \$45 | | |
| Help | Rehabilitation services | \$45 | | \$45 | | |
| recovering or | Habilitation services | \$45 | | \$45 | | |
| other special | Skilled nursing care | 20% | Х | 20% | X | |
| health needs | Durable medical equipment | 20% | | 20% | | |
| | Hospice service | No cost share | | No cost share | | |
| | Eye exam (deductible waived) Glasses | 0% 1 pair per vear | | 0% 1 pair per year | | |
| Child needs dental or eye care | Dental check-up - Preventive and Diagnostic Services Dental Basic Services Dental Major Services | 1 pair per year Not Covered | | Not Covered | | |
| | Orthodontics (medically necessary) | | | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



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| Changes in | benefits | from | 2014 | to 2015 | are | display | yed in o | range |
|------------|----------|------|------|---------|-----|---------|----------|-------|
| | | | | | | | | |

| • | enefits from 2014 to 2015 are display | ed in orange | | |
|--|--|--------------------------|--------------------|------------|
| Summary of | f Benefits and Coverage | SHOP | | |
| COST SHARIN | IG AMOUNTS DESCRIBE THE ENRO TS | Silver HSA Plan | | |
| 0/00/0044 | | | | |
| 2/20/2014 | e - AV Calculator | | 71.48 | 0/_ |
| | | | | |
| Overall deduc | | | \$1,500 integrated | Med/Rx Ded |
| Other deductil | oles for specific services | | NI/A | |
| | Medical Brand Drugs | | N/A N/A | |
| | Dental | | Not Cove | ered |
| Out-of-pocke | | | \$6,35 | |
| Common | | | Member Cost | Deductible |
| Medical Event | Service Type | | Share | Applies |
| Visit to a health care provider's office or | Primary care visit to treat an injury or | illness | 20% | Х |
| clinic | Specialist visit | | 20% | X |
| - | Preventive care/ screening/ immuniza | tion | No cost share | V |
| Tests | Laboratory Tests X-rays and Diagnostic Imaging | | 20% 20% | X |
| 16313 | Imaging (CT/PET scans, MRIs) | | 20% | X |
| | Generic drugs | | 20% | X |
| Drugs to treat illness or | Preferred brand drugs | | 20% | X |
| condition | Non-preferred brand drugs | | 20% | X |
| | Specialty drugs ¹ | | 20% | X |
| Outpatient | Facility fee (e.g., ASC) | | 20% | X |
| surgery | Physician/surgeon fees | | 20% | Х |
| Need | Emergency room services (waived if a Emergency medical transportation | 20% | X | |
| immediate attention | Urgent care | | 20% | X |
| Hannital atom | Facility fee (e.g., hospital room) | | 20% | X |
| Hospital stay | Physician/surgeon fee | | 20% | X |
| Mental | Mental/Behavioral health outpatient so | ervices | 20% | X |
| health, behavioral | Mental/Behavioral health inpatient sel | 20% | Х | |
| health, or substance abuse needs | Substance use disorder outpatient se | rvices | 20% | X |
| | Substance use disorder inpatient serv | | 20% | Х |
| D | Prenatal care and preconception visit | | No cost share | ., |
| Pregnancy | Delivery and all inpatient services | Hospital Professional | 20% 20% | X |
| | Home health care | rocosional | 20% | X |
| Help | Rehabilitation services | | 20% | X |
| recovering or | Habilitation services | | 20% | Х |
| other special | Skilled nursing care | | 20% | Х |
| health needs | Durable medical equipment | | 20% | X |
| | Hospice service | | No cost share | X |
| | Eye exam (deductible waived) | | 0% | |
| | Glasses | | 1 pair per year | |
| Child needs dental or eye | Dental check-up - Preventive and Dia | gnostic Services | | |
| care | Dental Basic Services | | Not Cove | ered |
| | Dental Major Services Orthodontics (medically necessary) | | | |
| | Charlodonalos (medically necessary) | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



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Summary of Benefits and Coverage

| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | | Silver Coinsurance Plan 100%-150% FPL | | Silver Coinsurance Plan 150%-200% FPL | |
|--|--|----------------------|--|----------------------|--|--|
| 2/20/2014 | | | | | | |
| Actuarial Valu | e - AV Calculator | 94.38 | % | 87.44 | % | |
| Overall deduc | tible | \$0 | | N/A | | |
| | oles for specific services | | | | | |
| | Medical | \$0 | | \$500 | | |
| | Brand Drugs | \$0 | | \$50 | | |
| | Dental | Not Cov | | Not Cov | | |
| Out-of-pocke | t limit | \$2,25 | 0 | \$2,25 | 0 | |
| Common Medical Event | Service Type | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies | |
| Visit to a health care provider's office or | Primary care visit to treat an injury or illness | \$3 | | \$15 | | |
| clinic | Specialist visit | \$5 | | \$20 | | |
| | Preventive care/ screening/ immunization | No cost share | | No cost share | | |
| Tests | Laboratory Tests X-rays and Diagnostic Imaging | \$3 \$5 | | \$15 \$20 | | |
| . 50.5 | Imaging (CT/PET scans, MRIs) | 10% | | 15% | Х | |
| Durang to t | Generic drugs | \$3 or less | | \$5 or less | | |
| Drugs to treat illness or | Preferred brand drugs | \$5 | | \$15 | Х | |
| condition | Non-preferred brand drugs | \$10 | | \$25 | Х | |
| | Specialty drugs ¹ | 10% | | 15% | X | |
| Outpatient | Facility fee (e.g., ASC) | 10% | | 15% | | |
| surgery | Physician/surgeon fees | 10% | | 15% | | |
| | Emergency room services (waived if admitted) | \$25 | | \$75 | Х | |
| Need immediate | Emergency medical transportation | \$25 | | \$75 | Х | |
| attention | Urgent care | \$6 | | \$30 | | |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | 10% 10% | | 15% 15% | Х | |
| Mental | Mental/Behavioral health outpatient services | \$3 | | \$ 15 | | |
| health, behavioral | Mental/Behavioral health inpatient services | 10% | | 15% | Х | |
| health, or substance abuse needs | Substance use disorder outpatient services | \$3 | | \$15 | | |
| | Substance use disorder inpatient services | 10% | | 15% | Х | |
| | Prenatal care and preconception visits | No cost share | | No cost share | | |
| Pregnancy | Delivery and all inpatient services Hospital | 10% | | 15% | Χ | |
| | Professional Home health care | 10% | | 15% 15% | | |
| | Rehabilitation services | \$3 | | \$15% | | |
| Help | Habilitation services | \$3 | | \$15 | | |
| recovering or other special | Skilled nursing care | 10% | | 15% | Х | |
| health needs | Durable medical equipment | 10% | | 15% | | |
| | Hospice service | No cost share | | No cost share | | |
| | Eye exam (deductible waived) | 0% | | 0% | | |
| | Glasses | 1 pair per year | | 1 pair per year | | |
| Child needs dental or eye | Dental check-up - Preventive and Diagnostic Services | No. 0 | o v o d | NI-d O | o vo d | |
| care | Dental Basic Services Dental Major Services | Not Cov | erea | Not Cov | erea | |
| | Orthodontics (medically necessary) | | | | | |

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| COST SHARIN POCKET COST | Silver Coinsurance Plan 200%-250% FPL | | |
|---|---|-----------------------|---------|
| 2/20/2014 | | | |
| | e - AV Calculator | 73.47 | % |
| Overall deduct | ible | N/A | |
| | oles for specific services | . 477 | |
| | Medical | \$1,50 | |
| | Brand Drugs Dental | \$250 Not Cov | |
| Out of modern | | | |
| Out-of-pocket | t limit | \$5,20 | 0 |
| Common | 0 | Member Cost | |
| Medical Event | Service Type | Share | Applies |
| Visit to a health care provider's office or | Primary care visit to treat an injury or illness | \$40 | |
| clinic | Specialist visit | \$50 | |
| | Preventive care/ screening/ immunization Laboratory Tests | No cost share \$40 | |
| Tests | X-rays and Diagnostic Imaging | \$50 | |
| | Imaging (CT/PET scans, MRIs) | 20% | Х |
| Drugs to treat | Generic drugs Preferred brand drugs | \$15 or less | V |
| illness or | Non-preferred brand drugs | \$30 \$50 | X |
| condition | Specialty drugs ¹ | 20% | X |
| Outpatient | Facility fee (e.g., ASC) | 20% | |
| surgery | Physician/surgeon fees | 20% | |
| | Emergency room services (waived if admitted) | \$250 | Χ |
| Need | Emergency medical transportation | \$250 | X |
| immediate attention | Urgent care | \$80 | |
| Hospital stay | Facility fee (e.g., hospital room) | 20% | Х |
| Tiospital stay | Physician/surgeon fee | 20% | ^ |
| Mental | Mental/Behavioral health outpatient services | \$40 | |
| health, behavioral | Mental/Behavioral health inpatient services | 20% | Х |
| health, or substance abuse needs | Substance use disorder outpatient services | \$40 | |
| | Substance use disorder inpatient services | 20% | Х |
| | Prenatal care and preconception visits | No cost share | |
| Pregnancy | Delivery and all inpatient services Hospital Professional | 20% | Х |
| | Home health care | 20% | |
| Help | Rehabilitation services | \$40 | |
| recovering or | Habilitation services | \$40 | |
| other special | Skilled nursing care | 20% | Х |
| health needs | Durable medical equipment | 20% | |
| | Hospice service | No cost share | |
| | Eye exam (deductible waived) Glasses | 0% 1 pair per | |
| Child needs dental or eye | Dental check-up - Preventive and Diagnostic Services | | |
| care | Dental Basic Services Dental Major Services | Not Cov | ered |
| | Orthodontics (medically necessary) | | |
| | | | |

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Summary of Benefits and Coverage

| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | Silver Copay Plan 100%-150% FPL | | Silver Copay Plan 150%-200% FPL | | |
|--|--|------------------------------------|----------------------|------------------------------------|----------------------|-----------------------|
| 2/20/2014 | | | | | | |
| Actuarial Value | e - AV Calculator | | 94.429 | % | 87.40 |)% |
| Overall deduct | tible | | \$0 | | N/A | 1 |
| Other deductib | oles for specific services | | | | | |
| | Medical | | \$0 | | \$50 | |
| | Brand Drugs | | \$0 | | \$50 | |
| | Dental | | Not Cove | ered | Not Cov | 'ered |
| Out-of-pocke | t limit | | \$2,25 | 0 | \$2,2 | 50 |
| Common Medical Event | Service Type | | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies |
| Visit to a health care provider's office or | Primary care visit to treat an injury or i | llness | \$3 | | \$15 | |
| clinic | Specialist visit | | \$5 | | \$20 | |
| | Preventive care/ screening/ immunizat | ion | No cost share | | No cost share | |
| Tests | Laboratory Tests X-rays and Diagnostic Imaging | | \$3 \$5 | | \$15 \$20 | |
| 10313 | Imaging (CT/PET scans, MRIs) | | \$50 | | \$100 | |
| Davis de la constant | Generic drugs | | \$3 or less | | \$5 or less | |
| Drugs to treat illness or | Preferred brand drugs | | \$5 | | \$15 | Х |
| condition | Non-preferred brand drugs | | \$10 | | \$25 | X |
| | Specialty drugs ¹ | | 10% | | 15% | Χ |
| | Facility fee (e.g., ASC) | | 10% | | 15% | |
| surgery | Physician/surgeon fees | | 10% | | 15% | |
| | Emergency room services (waived if admitted) | | \$25 | | \$75 | Х |
| Need immediate attention | Emergency medical transportation Urgent care | | \$25 \$6 | | \$75 \$30 | X |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | | 10% | | 15% | Х |
| Mental | Mental/Behavioral health outpatient se | ervices | \$3 | | \$15 | |
| health, behavioral | Mental/Behavioral health inpatient services | | 10% | | 15% | Х |
| health, or substance abuse needs | Substance use disorder outpatient ser | vices | \$3 | | \$15 | |
| | Substance use disorder inpatient serv | ices | 10% | | 15% | Х |
| | Prenatal care and preconception visits | | No cost share | | No cost share | |
| Pregnancy | Delivery and all inpatient services | Hospital Professional | 10% | | 15% | Х |
| | Home health care | | \$3 | | \$15 | |
| Help | Rehabilitation services | | \$3 | | \$15 | |
| recovering or | Habilitation services | | \$3 | | \$15 | |
| | Skilled nursing care | | 10% | | 15% | Χ |
| health needs | Durable medical equipment | | 10% | | 15% | |
| | Hospice service | | No cost share | | No cost share | |
| | Eye exam (deductible waived) | | 0% | | 0% | |
| | Glasses | | 1 pair per year | | 1 pair per year | |
| Child needs dental or eye | Dental check-up - Preventive and Diag | gnostic Services | | | | |
| care | Dental Basic Services | | Not Cove | ered | Not Cov | ered |
| | Dental Major Services Orthodontics (medically necessary) | | | | | |
| | Orthodomics (medically necessary) | | | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



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Summary of Benefits and Coverage

| COST SHARIN | Silver Copay Plan 200%-250% FPL | | |
|--|---|----------------------|-----------------------|
| 2/20/2014 | | | |
| Actuarial Valu | e - AV Calculator | 73.18 | % |
| Overall deduc | tible | N/A | |
| | oles for specific services | 14// (| |
| | Medical | \$1,50 | 0 |
| | Brand Drugs | \$250 | |
| | Dental | Not Cove | ered |
| Out-of-pocke | t limit | \$5,20 | 0 |
| Common Medical Event | Service Type | Member Cost Share | Deductible Applies |
| Visit to a health care provider's office or | Primary care visit to treat an injury or illness | \$40 | |
| clinic | Specialist visit | \$50 | |
| 55 | Preventive care/ screening/ immunization | No cost share | |
| | Laboratory Tests | \$40 | |
| Tests | X-rays and Diagnostic Imaging | \$50 | |
| | Imaging (CT/PET scans, MRIs) | \$250 | |
| Drugs to treat | Generic drugs Preferred brand drugs | \$15 or less | V |
| illness or | Non-preferred brand drugs | \$30 \$50 | X |
| condition | Specialty drugs ¹ | 20% | X |
| Outpatient | Facility fee (e.g., ASC) | 20% | |
| surgery | Physician/surgeon fees | 20% | |
| ca. go. y | · | | |
| | Emergency room services (waived if admitted) | \$250 | Х |
| Need | Emergency medical transportation | \$250 | Х |
| immediate attention | Urgent care | \$80 | |
| Hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | 20% | Х |
| Mental | Mental/Behavioral health outpatient services | \$40 | |
| health, behavioral | Mental/Behavioral health inpatient services | 20% | Х |
| health, or substance abuse needs | Substance use disorder outpatient services | \$40 | |
| | Substance use disorder inpatient services | 20% | Х |
| D | Prenatal care and preconception visits | No cost share | |
| Pregnancy | Delivery and all inpatient services Hospital Professional | 20% | Х |
| | Home health care | \$40 | |
| Help | Rehabilitation services | \$40 | |
| recovering or | Habilitation services | \$40 | |
| other special | Skilled nursing care | 20% | Х |
| health needs | Durable medical equipment | 20% | |
| | Hospice service | No cost share | |
| | Eye exam (deductible waived) | 0% | |
| | Glasses | 1 pair per year | |
| Child needs dental or eye | Dental check-up - Preventive and Diagnostic Services | | |
| care | Dental Basic Services | Not Cov | ered |
| | Dental Major Services | | |
| | Orthodontics (medically necessary) | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



2015 Standard Benefit Plan Designs - Sample 9.5 EHB

Changes in benefits from 2014 to 2015 are displayed in orange

Summary of Benefits and Coverage

| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | Bronze Plan | | Bronze HSA Plan | |
|--|--|-----------------------|---|-----------------------|-----------------------|
| 2/20/2014 | | | | | |
| | e - AV Calculator | 60.8 | 7% | 58.95 | % |
| Overall deduc | | \$5,000 integrate | d Med/Py Ded | \$4,500 integrat | ted Med/Py |
| | bles for specific services | ψ5,000 integrate | tu Med/IX Ded | ψ4,500 integra | ieu ivieu/itx |
| | Medical | N/A | A | N/A | |
| | Brand Drugs | N/A | | N/A | |
| | Dental | Not Co | vered | Not Cov | ered |
| Out-of-pocke | t limit | \$6,3 | 50 | \$6,35 | 50 |
| Common Medical Event | Service Type | Member Cost Share | Deductible Applies | Member Cost Share | Deductible Applies |
| | Oct vice Type | Ond. o | After 1st 3 | Ona. o | пррпоо |
| Visit to a health care provider's office or | Primary care visit to treat an injury or illness | \$60 | non- preventive visits | 40% | Х |
| clinic | Specialist visit | \$70 | X | 40% | Х |
| | Preventive care/ screening/ immunization | No cost share | X | No cost share 40% | X |
| Tests | Laboratory Tests X-rays and Diagnostic Imaging | 30% | X | 40% | X |
| . 00.0 | Imaging (CT/PET scans, MRIs) | 30% | X | 40% | X |
| Daniero do tro | Generic drugs | \$15 or less | X | 40% | X |
| Drugs to treat illness or | Preferred brand drugs | \$50 | X | 40% | Х |
| condition | Non-preferred brand drugs | \$75 | X | 40% | Х |
| | Specialty drugs ¹ | 30% | X | 40% | X |
| Outpatient | Facility fee (e.g., ASC) | 30% | X | 40% | X |
| surgery | Physician/surgeon fees | 30% | X | 40% | X |
| | Emergency room services (waived if admitted) | \$300 | Х | 40% | Х |
| Need | Emergency medical transportation | \$300 | X | 40% | X |
| immediate attention | Urgent care | \$120 | After 1st 3 non- preventive visits | 40% | Х |
| Hospital stay | Facility fee (e.g., hospital room) | 30% | X | 40% | Х |
| nospital stay | Physician/surgeon fee | 30% | X | 40% | Х |
| Mental | Mental/Behavioral health outpatient services | \$60 | After 1st 3 non- preventive visits | 40% | Х |
| health, behavioral | Mental/Behavioral health inpatient services | 30% | X | 40% | Х |
| health, or substance abuse needs | Substance use disorder outpatient services | \$60 | After 1st 3 non- preventive visits | 40% | х |
| | Substance use disorder inpatient services | 30% | X | 40% | Х |
| | Prenatal care and preconception visits | No cost share | | No cost share | |
| Pregnancy | Delivery and all inpatient services Hospital | 30% | X | 40% | X |
| | Home health care | 30% | X | 40% | X X |
| | Rehabilitation services | 30% | X | 40% | X |
| Help | Habilitation services | 30% | X | 40% | X |
| recovering or other special | Skilled nursing care | | | | |
| health needs | | 30% | Х | 40% | Х |
| | Durable medical equipment | 30% | X | 40% | X |
| | Hospice service | No cost share | X | No cost share | X |
| | Eye exam (deductible waived) Glasses | 0% 1 pair per year | | 0% 1 pair per year | |
| Child needs dental or eye | Dental check-up - Preventive and Diagnostic Services | | d | | |
| care | Dental Basic Services Dental Major Services Orthodontics (medically necessary) | Not Co | vered | Not Covered | |
| | | | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.



2015 Standard Benefit Plan Designs - Sample 9.5 EHB

Changes in benefits from 2014 to 2015 are displayed in orange

Summary of Benefits and Coverage

| COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS | | | Catastrophic Plan | | |
|--|--|------------------|---|---|--|
| 2/20/2014 | | | | | |
| | e - AV Calculator | | 60.56 | % | |
| Overall deduct | tible | | \$6,350 integrat | ed Med/Rx | |
| | oles for specific services | | | | |
| | Medical | | N/A | | |
| | Brand Drugs Dental | | N/A Not Cove | ered | |
| Out-of-pocke | | | \$6,35 | | |
| Common Medical Event | Service Type | | Member Cost Share | Deductible Applies | |
| | Carries Type | | | After 1st 3 | |
| Visit to a health care provider's office or | Primary care visit to treat an injury or i | llness | 0% | non- preventive visits | |
| clinic | Specialist visit | tion | 0% | X | |
| | Preventive care/ screening/ immuniza Laboratory Tests | uon | No cost share 0% | X | |
| Tests | X-rays and Diagnostic Imaging | | 0% | X | |
| | Imaging (CT/PET scans, MRIs) | | 0% | Х | |
| Drugs to treat | Generic drugs | | 0% | X | |
| illness or | Preferred brand drugs Non-preferred brand drugs | | 0% 0% | X | |
| condition | Specialty drugs ¹ | | 0% | X | |
| Outpatient | Facility fee (e.g., ASC) | | 0% | Х | |
| surgery | Physician/surgeon fees | | 0% | X | |
| | Emergency room services (waived if a | 0% | Х | | |
| Need | Emergency medical transportation | 0% | Х | | |
| immediate attention | Urgent care | 0% | After 1st 3 non- preventive visits | | |
| Hospital stay | Facility fee (e.g., hospital room) | | 0% | X | |
| псерпанена, | Physician/surgeon fee | | 0% | After 1st 3 | |
| Mental | Mental/Behavioral health outpatient se | 0% | non- preventive visits | | |
| health, behavioral | Mental/Behavioral health inpatient ser | vices | 0% | Х | |
| health, or substance abuse needs | Substance use disorder outpatient ser | rvices | 0% | After 1st 3 non- preventive visits | |
| | Substance use disorder inpatient serv | ices | 0% | Х | |
| | Prenatal care and preconception visits | 3 | No cost share | | |
| Pregnancy | Delivery and all inpatient services | Hospital | 0% | X | |
| | Home health care | Professional | 0% 0% | X | |
| | Rehabilitation services | | 0% | X | |
| Help recovering or | Habilitation services | | 0% | X | |
| other special | Skilled nursing care | | 0% | Х | |
| health needs | Durable medical equipment | | 0% | X | |
| | Hospice service | | No cost share | X | |
| | Eye exam (deductible waived) Glasses | | 0% 1 pair per year | | |
| Child needs dental or eye care | Dental check-up - Preventive and Diagonal Basic Services | gnostic Services | Not Cove | ered | |
| | Dental Major Services Orthodontics (medically necessary) | | | | |

¹ Oral anti-cancer drugs are capped at \$200 monthly maximum.