

Summary of Benefits and Coverage

Summary of B	Benefits and Coverage				
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Platinum Coinsurance Plan		Platinum Copay Plan	
Actuarial Value -	AV Calculator	88.109	%	88.009	%
Overall deductib	le	\$0		\$0	
Other deductible	s for specific services				
Medical		\$0		\$0	
В	rand Drugs	\$0		\$0	
D	ental	\$0		\$0	
Out-of-pocket m	naximum	\$4,000		\$4,000	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies

	Brand Drugs		\$0		\$0	
Out-of-pocket	Dental t maximum		\$0 \$4,00	0	\$0 \$4,000)
J. C. poole			Ψ1,00		Ψ1,300	
Common Medical Event	Service Typ	10	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health care provider's office or clinic visit	Primary care visit or non-spec visit to treat an injury or illnes	cialist practitioner	\$20	Applies	\$20	Applies
	Specialist visit		\$40		\$40	
	Preventive care/ screening/ in	nmunization	No cost share		No cost share	
T4-	Laboratory Tests	_	\$20		\$20	
Tests	X-rays and Diagnostic Imagin Imaging (CT/PET scans, MRI		\$40 10%		\$40 \$150	
	Generic drugs	<u>, </u>	\$5		\$5	
Drugs to treat illness or	Preferred brand drugs		\$15		\$15	
condition	Non-preferred brand drugs		\$25		\$25	
	Specialty drugs		10%		10%	
Outpatient	Facility fee (e.g., ASC)		10%		\$250	
surgery	Physician/surgeon fees	-1 1 17 1 11 15	10%			
	Emergency room services (was Emergency medical transport		\$150 \$150		\$150 \$150	
	Emergency medical transport	auon	\$150		\$150	
Need immediate attention	Urgent care		\$40		\$40	
	Facility fee (e.g. hospital roon	n)	10%		\$250 per day up	
Hospital stay	Physician/surgeon fee	,	10%		to 5 days	
Mental health,	Mental/Behavioral health outp	patient services	\$20		\$20	
behavioral	Mental/Behavioral health inpa	tient services	10%		\$250 per day up to 5 days	
health, or substance abuse needs	Substance use disorder outpa	itient services	\$20		\$20	
	Substance use disorder inpati	ient services	10%		\$250 per day up to 5 days	
Pregnancy	Prenatal care and preconcept		No cost share		No cost share	
	Delivery and all inpatient services	Hospital Professional	10%		\$250 per day up to 5 days	
	Home health care	riolessional	10%		\$20	
	Outpatient Rehabilitation serv	rices	\$20		\$20	
Help	Outpatient Habilitation service	es	\$20		\$20	
recovering or	Skilled nursing care		10%		\$150 per day up	
other special health needs	<u> </u>				to 5 days	
nealth needs	Durable medical equipment		10%		10%	
	Hospice service		No cost share		No cost share	
	Eye exam		No cost share		No cost share	
Child eye care	1 pair of glasses per year (or	contact lenses in lieu	No cost share		No cost share	
	of glasses) Oral Exam					
Child Dental Diagnostic and Preventive	Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed		No cost share		No cost share	
Child Dental Basic Services	Amalgam Fill - 1 Surface		20%		\$25	
	Root Canal- Molar				\$300	
Child Dental	Gingivectomy per Quad	seed Post or	50%		\$150 \$65	
Major Services	Extraction- Single Tooth Expo Extraction- Complete Bony	DSEG LOOL OL	50%		\$65 \$160	
3	Porcelain with Metal Crown				\$300	
Orthodontics	Medically necessary orthodor	ntics	50%		\$1,000	
- Till Subritios	aroung moododary orthodor	50	3070		ψ1,000	

Summary of	Benefits and Coverage				
	G AMOUNTS DESCRIBE THE ENROLLEE'S	Gold		Gold	
OUT OF POCK	e - AV Calculator	Coinsurand 78.80°		78.609	
			70		70
Overall deduction	bles for specific services	\$0		\$0	
Other deduction	Medical	\$0		\$0	
	Brand Drugs	\$0		\$0	
Out-of-pocket	Dental	\$0 \$6,25	n	\$0 \$6,250	<u> </u>
Out-oi-pocker	t maximum	φ0,23	U	φ0,230	J
C		Member Cost		Member Cost	
Common Medical Event	Service Type	Share	Deductible Applies	Share	Deductible Applies
	0.0.00.1,p0				
	Primary care visit or non-specialist practitioner	•			
Health care provider's	visit to treat an injury or illness	\$30		\$30	
office or					
clinic visit					
	Specialist visit	\$50		\$50	
	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)	20%		\$250	
Drugs to treat	Generic drugs	\$15		\$15	
illness or	Preferred brand drugs Non-preferred brand drugs	\$50 \$70		\$50 \$70	
condition	Specialty drugs	20%		20%	
Outpatient	Facility fee (e.g., ASC)	20%		\$600	
surgery	Physician/surgeon fees	20%		2000	
	Emergency room services (waived if admitted)	\$250		\$250	
	Emergency medical transportation	\$250		\$250	
Need immediate attention	Urgent care	\$60		\$60	
	Facility for (and housing longer)	000/		# 000	
Hospital stay	Facility fee (e.g. hospital room) Physician/surgeon fee	20%		\$600 per day up to 5 days	
	1 Hydiolatii dai gooti 100	2070		to o dayo	
	Mental/Behavioral health outpatient services	\$30		\$30	
Mental health, behavioral	Mental/Behavioral health inpatient services	20%		\$600 per day up	
health, or	ivienta/benavioral nealth inpatient services	20%		to 5 days	
substance abuse needs	Substance use disorder outpatient services	\$30		\$30	
	Substance use disorder inpatient services	20%		\$600 per day up	
	·			to 5 days	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
ognanoy	Delivery and all inpatient Hospital	20%		\$600 per day up	
	services Professional Home health care	20%		to 5 days \$30	
	Outpatient Rehabilitation services	\$30		\$30	
Help	Outpatient Habilitation services	\$30		\$30	
recovering or	Skilled nursing care	20%		\$300 per day up	
other special health needs	Durable medical equipment	20%		to 5 days 20%	
	Hospice service	No cost share		No cost share	
Child eve care	Eye exam 1 pair of glasses per year (or contact lenses in lieu	No cost share		No cost share	
Jima Cyc Cale	of glasses)	No cost share		No cost share	
01.11.1.0	Oral Exam				
Child Dental Diagnostic	Preventive - Cleaning Preventive - X-ray				
and	Sealants per Tooth	No cost share		No cost share	
Preventive	Topical Fluoride Application				
	Space Maintainers - Fixed				
Child Dental Basic Services	Amalgam Fill - 1 Surface	20%		\$25	
01.11.1.0	Root Canal- Molar			\$300	
Child Dental Major	Gingivectomy per Quad Extraction- Single Tooth Exposed Root or	50%		\$150 \$65	
Services	Extraction- Complete Bony	5076		\$160	
	Porcelain with Metal Crown			\$300	
Orthodontics	Medically necessary orthodontics	50%		\$1,000	
	The state of the s				

-	Benefits and Coverage G AMOUNTS DESCRIBE THE ET COSTS	ENROLLEE'S	Individ Silve Coinsurand	r	Individe Silve Copay F	
Actuarial Value	- AV Calculator		70.30	%	69.909	6
Overall deducti	ible		N/A		N/A	
	les for specific services			_		_
	Medical		\$2,00		\$2,000	
	Brand Drugs Dental		\$250 \$0	J	\$250 \$0	
Out-of-pocket			\$6,25	0	\$6,25)
Common Medical Event	Service Typ	e	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Hoalth caro	Primary care visit or non-spec visit to treat an injury or illness	•	\$45		\$45	
	Specialist visit		\$65		\$65	
		umunization				
	Preventive care/ screening/ im	imunization	No cost share		No cost share	
	Laboratory Tests		\$45		\$45	
	X-rays and Diagnostic Imaging		\$65	V	\$65	
	Imaging (CT/PET scans, MRIs	5)	20%	X	\$250	
Trune to treat	Generic drugs Preferred brand drugs		\$15 \$50	X	\$15 \$50	V
liness or	Non-preferred brand drugs		\$50 \$70	X	\$50 \$70	X
CONDITION	Specialty drugs		20%	X	20%	X
	Facility fee (e.g., ASC)		20%		20%	
	Physician/surgeon fees		20%		20%	
	Emergency room services (wa	ived if admitted)	\$250	X	\$250	X
	Emergency medical transporta		\$250	Х	\$250	Х
Need mmediate attention	Urgent care		\$90		\$90	
Jospital stay	Facility fee (e.g. hospital room)	20%	Х	20%	Х
Hospital stay	Physician/surgeon fee		20%		20%	^
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outp Mental/Behavioral health inpat Substance use disorder outpa	tient services	\$45 20% \$45	х	\$45 20% \$45	х
	Substance use disorder inpation	ent services	20%	Х	20%	X
	Prenatal care and preconcepti	on visits	No cost share		No cost share	
Pregnancy	Delivery and all inpatient	Hospital	20%	X		
	services	Professional	20%		20%	Х
	Home health care		20%		\$45	
	Outpatient Rehabilitation servi		\$45		\$45	
	Outpatient Habilitation service	S	\$45		\$45	
ecovering or	Skilled nursing care		20%	Х	20%	Х
otner special	<u> </u>					
	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
	Eye exam		No cost share		No cost share	
Child eye care	1 pair of glasses per year (or o	ontact lenses in lieu	No cost share		No cost share	
	of glasses)		NO COST SHAFE		INU CUSI SHAFE	
Child Dental Diagnostic and Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed		No cost share		No cost share	
Services	Amalgam Fill - 1 Surface		20%		\$25	
	Root Canal- Molar				\$300	
	Gingivectomy per Quad				\$150	
	Extraction- Single Tooth Expor	sed Root or	50%		\$65	
Services	Extraction- Complete Bony Porcelain with Metal Crown				\$160 \$300	
					\$300	
Orthodontics	Medically necessary orthodon		50%			

	f Benefits and Coverage G AMOUNTS DESCRIBE THE ENROLLEE'S LET COSTS	S Coinsu	HOP Silver rance Plan	SHO Silv Copay	/er / Plan
Actuarial Value	e - AV Calculator		1.50%	71.0	0%
Overall deduct			N/A	N/	A
Otner deduction	oles for specific services Medical	\$	1,500	\$1,5	500
	Brand Drugs		5500	\$50	00
0.4.46	Dental	0.0	\$0	\$0	
Out-of-pocket	maximum	26	6,250	\$6,2	250
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health care provider's office or clinic visit	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$45		\$45	
	Specialist visit	\$65		\$65	
	Preventive care/ screening/ immunization	No cost share		No cost share	
	Laboratory Tests	\$45		\$45	-
Tests	X-rays and Diagnostic Imaging	\$45 \$65		\$45 \$65	
	Imaging (CT/PET scans, MRIs)	20%	X	\$250	
Drugs to treat	Generic drugs	\$15		\$15	
illness or	Preferred brand drugs	\$50	X	\$50	X
condition	Non-preferred brand drugs	\$70	X	\$70	X
Outpatient	Specialty drugs Facility fee (e.g., ASC)	20%	X	20%	X
Outpatient surgery	Physician/surgeon fees	20%		20%	
gor y	Emergency room services (waived if admitted)	\$250	X	\$250	X
	Emergency medical transportation	\$250	X	\$250	X
Need immediate attention	Urgent care	\$90		\$90	
Hannital atou	Facility fee (e.g. hospital room)	20%	X	2007	V
Hospital stay	Physician/surgeon fee	20%		20%	Х
Mental health, behavioral health, or substance	Mental/Behavioral health outpatient services Mental/Behavioral health inpatient services	\$45	X	\$45 20%	х
abuse needs					
abuse needs	Substance use disorder outpatient services Substance use disorder inpatient services	\$45 20%	х	\$45 20%	Х
		, ·	X	·	X
abuse needs	Substance use disorder inpatient services	20%	X	20% No cost share	
	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional	20% No cost share		20%	X
	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Services Professional Home health care	20% No cost share 20% 20% 20%		20% No cost share 20% \$45	
Pregnancy	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services	20% No cost share 20% 20% 20% \$45		20% No cost share 20% \$45 \$45	
Pregnancy Help	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services	20% No cost share 20% 20% 20% \$45 \$45	X	20% No cost share 20% \$45 \$45 \$45	X
Pregnancy Help recovering or other special	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services	20% No cost share 20% 20% 20% \$45		20% No cost share 20% \$45 \$45	
Pregnancy Help recovering or	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services	20% No cost share 20% 20% 20% \$45 \$45	X	20% No cost share 20% \$45 \$45 \$45	X
Pregnancy Help recovering or other special	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care	20% No cost share 20% 20% 20% \$45 \$45 20%	X	20% No cost share 20% \$45 \$45 \$45 \$45 \$20%	X
Pregnancy Help recovering or other special	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service	20% No cost share 20% 20% 20% \$45 \$45 20% 20% No cost share	X	20% No cost share 20% \$45 \$45 \$45 20% 20% No cost share	X
Pregnancy Help recovering or other special health needs	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment	20% No cost share 20% 20% \$45 \$45 20% 20%	X	20% No cost share 20% \$45 \$45 \$45 20% 20%	X
Pregnancy Help recovering or other special health needs Child eye care	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam	20% No cost share 20% 20% 20% \$45 \$45 20% 20% No cost share	X	20% No cost share 20% \$45 \$45 \$45 20% 20% No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning	20% No cost share 20% 20% 20% \$45 \$45 20% 20% No cost share	X	20% No cost share 20% \$45 \$45 \$45 20% 20% No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray	20% No cost share 20% 20% 20% \$45 \$45 20% 20% No cost share	X	20% No cost share 20% \$45 \$45 \$45 20% 20% No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital Services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning	20% No cost share 20% 20% \$45 \$45 20% 20% No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 \$20% 20% No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic and	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth	20% No cost share 20% 20% \$45 \$45 20% 20% No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 \$20% 20% No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic and	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application	20% No cost share 20% 20% \$45 \$45 20% 20% No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 \$20% 20% No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient Hospital services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Root Canal- Molar	20% No cost share 20% 20% \$45 \$45 20% 20% No cost share No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 20% No cost share No cost share No cost share No cost share	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - 1 Surface Root Canal- Molar Gingivectomy per Quad	20% No cost share 20% 20% 20% \$45 \$45 20% No cost share No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 \$20% 20% No cost share No cost share No cost share \$25 \$300 \$150	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Root Canal- Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or	20% No cost share 20% 20% \$45 \$45 20% 20% No cost share No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 \$45 20% 20% No cost share No cost share No cost share \$25 \$300 \$150 \$65	X
Pregnancy Help recovering or other special health needs Child eye care Child Dental Diagnostic and Preventive Child Dental Basic Services Child Dental	Substance use disorder inpatient services Prenatal care and preconception visits Delivery and all inpatient services Professional Home health care Outpatient Rehabilitation services Outpatient Habilitation services Skilled nursing care Durable medical equipment Hospice service Eye exam 1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - 1 Surface Root Canal- Molar Gingivectomy per Quad	20% No cost share 20% 20% 20% \$45 \$45 20% No cost share No cost share No cost share	X	20% No cost share 20% \$45 \$45 \$45 \$20% 20% No cost share No cost share No cost share \$25 \$300 \$150	X

-	Benefits and Coverage G AMOUNTS DESCRIBE THE EN	ROLLEE'S	SHO	
OUT OF POCK			HSA P	
Actuarial Value	e - AV Calculator		71.60)%
Overall deduct			\$1,500 integrated	d Med/Rx Ded
Otner deduction	oles for specific services Medical		N/A	
	Brand Drugs		N/A	
Out-of-pocket	Dental t maximum		N/A \$6,25	
out or pooner			Ψο,Ξ	
Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Health care provider's office or clinic visit	Primary care visit or non-specialis visit to treat an injury or illness	t practitioner	20%	х
	Specialist visit		20%	X
	Preventive care/ screening/ immur	nization	No cost share	
				V
Tests	Laboratory Tests X-rays and Diagnostic Imaging		20%	X
	Imaging (CT/PET scans, MRIs)		20%	X
Drugs to treat	Generic drugs		20%	X
illness or	Preferred brand drugs		20%	X
condition	Non-preferred brand drugs Specialty drugs		20% 20%	X
Outpatient	Facility fee (e.g., ASC)		20%	X
surgery	Physician/surgeon fees		20%	X
	Emergency room services (waived Emergency medical transportation		20% 20%	X
Need immediate attention	Urgent care		20%	X
	Facility fee (e.g. hospital room)		20%	Х
Hospital stay	Physician/surgeon fee		20%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatien Mental/Behavioral health inpatient	services	20% 20%	x
	Substance use disorder outpatient Substance use disorder inpatient s		20%	X
	Prenatal care and preconception v	vicite	No cost share	
Pregnancy				V
		spital fessional	20% 20%	X
	Home health care		20%	X
	Outpatient Rehabilitation services		20%	X
Help recovering or	Outpatient Habilitation services		20%	X
other special	Skilled nursing care		20%	X
health needs	Durable medical equipment		20%	X
	Hospice service		No cost share	Х
	Eye exam		No cost share	
Child eye care	1 pair of glasses per year (or conta of glasses)	ct lenses in lieu	No cost share	
	Oral Exam			
Child Dental	Preventive - Cleaning			
Diagnostic and	Preventive - X-ray Sealants per Tooth		No cost share	
Preventive	Topical Fluoride Application			
	Space Maintainers - Fixed			
Child Dental Basic Services	Amalgam Fill - 1 Surface		20%	
Root Canal- Molar				
Child Dental	Gingivectomy per Quad			
Child Dental Major Services	Gingivectomy per Quad Extraction- Single Tooth Exposed Extraction- Complete Bony Porcelain with Metal Crown	Root or	50%	

Summary of Benefits and Coverage

COST SHARIN OUT OF POCK	G AMOUNTS DESCRIBE THE ENROLLEE'S ET COSTS a - AV Calculator	Silver Coinsur 100%-150 94.80	% FPL	Silver Coinsur 150%-2009 88.009	% FPL
Overall deduct	iible	\$0		N/A	
Other deductib	oles for specific services				
	Medical Brand Drugs	\$0 \$0		\$500 \$50	
	Dental Drugs	\$0		\$0	
Out-of-pocket		\$2,25	0	\$2,25	0
Common		Member Cost	Deductible	Member Cost	Deductible
Medical Event	Service Type	Share	Applies	Share	Applies
Health care	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$3		\$ 15	
provider's office or	,,,,				
clinic visit					
	Specialist visit	\$5		\$20	
	·				
	Preventive care/ screening/ immunization	No cost share		No cost share	
	Laboratory Tests	\$3		\$15	
Tests	X-rays and Diagnostic Imaging	\$5		\$20	V
	Imaging (CT/PET scans, MRIs)	10%		15%	Х
Drugs to treat	Generic drugs Preferred brand drugs	\$3 \$5		\$5 \$15	X
illness or	Non-preferred brand drugs	\$10		\$25	X
condition	Specialty drugs	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	X
	Emergency medical transportation	\$25		\$75	Х
Need immediate attention	Urgent care	\$6		\$30	
Hannital atom	Facility fee (e.g. hospital room)	10%		15%	Х
Hospital stay	Physician/surgeon fee	10%		15%	
Mental health,	Mental/Behavioral health outpatient services	\$3		\$15	
behavioral health, or	Mental/Behavioral health inpatient services	10%		15%	Х
substance abuse needs	Substance use disorder outpatient services	\$3		\$15	
	Substance use disorder inpatient services	10%		15%	Х
Prognancy	Prenatal care and preconception visits	No cost share		No cost share	
Pregnancy	Delivery and all inpatient Hospital	10%		15%	X
	services Professional Home health care	10%		15%	
	Outpatient Rehabilitation services	10% \$3		15% \$15	
Help	Outpatient Habilitation services	\$3		\$15	
recovering or	Skilled nursing care	10%		15%	Х
other special					~
health needs	Durable medical equipment	10%		15%	
	Hospice service	No cost share		No cost share	
	Eye exam	No cost share		No cost share	
Child eye care	1 pair of glasses per year (or contact lenses in lieu	No cost share		No cost share	
	of glasses) Oral Exam				
Child Dental	Preventive - Cleaning				
Diagnostic	Preventive - X-ray	No cost share		No cost share	
and	Sealants per Tooth	500. 511010			
Preventive	Topical Fluoride Application Space Maintainers - Fixed				
Child Dental Basic Services	Amalgam Fill - 1 Surface	20%		20%	
Child Dental Major Services	Root Canal- Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Extraction- Complete Bony Porcelain with Metal Crown	50%		50%	
Orthodontics	Medically necessary orthodontics	50%		50%	
or modernities		JU /0		30 /0	

Summary of	Benefits and Coverage		
COST SHARIN	G AMOUNTS DESCRIBE THE ENROLLEE'S	Silver Coinsu	
OUT OF POCK	ET COSTS AV Calculator	200%-250 73.50	
Overall deduct	ible bles for specific services	N/A	
	Medical	\$1,50	0
	Brand Drugs	\$250)
Out-of-pocket	Dental maximum	\$0 \$5,20	0
		, , ,	
Common		Member Cost	Deductible
Medical Event	Service Type	Share	Applies
Health care provider's office or clinic visit	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$40	
	Specialist visit	\$50	
	Preventive care/ screening/ immunization	No cost share	
	Laboratory Tests	\$40	
Tests	X-rays and Diagnostic Imaging	\$50	
	Imaging (CT/PET scans, MRIs)	30%	X
Drugs to treat	Generic drugs Preferred brand drugs	\$15 \$20	V
illness or	Non-preferred brand drugs	\$30 \$50	X
condition	Specialty drugs	20%	X
Outpatient	Facility fee (e.g., ASC)	20%	
surgery	Physician/surgeon fees	20%	
	Emergency room services (waived if admitted)	\$250	Х
	Emergency medical transportation	\$250	X
Need immediate attention	Urgent care	\$80	
Hospital stay	Facility fee (e.g. hospital room)	20%	Х
rioopitai otay	Physician/surgeon fee	20%	
Mental health, behavioral health, or substance	Mental/Behavioral health outpatient services Mental/Behavioral health inpatient services	\$40 20%	X
abuse needs	Substance use disorder outpatient services	\$40	
	Substance use disorder inpatient services	20%	Х
	Prenatal care and preconception visits	No cost share	
Pregnancy			X
	Delivery and all inpatient Hospital services Professional	20%	^
	Home health care	20%	
	Outpatient Rehabilitation services	\$40	
Help	Outpatient Habilitation services	\$40	
recovering or other special	Skilled nursing care	20%	Х
health needs	Durable medical equipment	20%	
	Hospice service	No cost share	
	•		
Child eye care	Eye exam 1 pair of glasses per year (or contact lenses in lieu	No cost share	
	of glasses)	No cost share	
Child Dental Diagnostic and Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed	No cost share	
Child Dental Basic Services	Amalgam Fill - 1 Surface	20%	
Child Dental Major Services	Root Canal- Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Extraction- Complete Bony Porcelain with Metal Crown	50%	
Orthodontics	Medically necessary orthodontics	50%	
Orthodolitics .		30 /8	

Summary of Benefits and Coverage

OUT OF POCK	G AMOUNTS DESCRIBE THE ENROLLEE'S ET COSTS	Silver Cop 100%-150	•	Silver Cop 150%-200	•
Actuarial Value	e - AV Calculator	94.90	%	88.00)%
Overall deduct		\$0		N/A	١
Other deductib	bles for specific services Medical	\$0		\$50	n
	Brand Drugs	\$0		\$50	
	Dental	\$0		\$0	
Out-of-pocket	maximum	\$2,25	00	\$2,250	
C		Mambar Cost		Mambar Cast	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health care provider's office or	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$3		\$15	
clinic visit					
	Specialist visit	\$5		\$20	
	Preventive care/ screening/ immunization	No cost share		No cost share	
	Laboratory Tests	\$3		\$15	
Tests	X-rays and Diagnostic Imaging	\$5		\$20	
	Imaging (CT/PET scans, MRIs) Generic drugs	\$50 \$3		\$100 \$5	
Drugs to treat	Preferred brand drugs	\$5		\$15	Х
illness or condition	Non-preferred brand drugs	\$10		\$25	Х
	Specialty drugs	10%		15%	X
Outpatient surgery	Facility fee (e.g., ASC) Physician/surgeon fees	10% 10%		15% 15%	
ou.gory	Emergency room services (waived if admitted)	\$25		\$75	Х
	Emergency medical transportation	\$25		\$75	X
Need immediate attention	Urgent care	\$6		\$30	
Hospital stay	Facility fee (e.g. hospital room)	10%		15%	Х
nospitai stay	Physician/surgeon fee	10%		1576	^
Mental health,	Mental/Behavioral health outpatient services	\$3		\$15	
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
	·				
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
January	Delivery and all inpatient services Hospital Professional	10%		15%	Х
	Home health care	\$3		\$15	
	Outpatient Rehabilitation services	\$3		\$15	
Help recovering or	Outpatient Habilitation services	\$3		\$15	
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	No cost share		No cost share	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)	No cost share		No cost share	
	Oral Exam				
Child Dental Diagnostic	Preventive - Cleaning				
Diagnostic and	Preventive - X-ray Sealants per Tooth	No cost share		No cost share	
Preventive	Topical Fluoride Application				
Child Dental Basic	Space Maintainers - Fixed Amalgam Fill - 1 Surface	\$25		\$25	
Services	Root Canal- Molar	\$300		\$300	
Child Dental	Gingivectomy per Quad	\$300 \$150		\$300 \$150	
Major	Extraction- Single Tooth Exposed Root or	\$65		\$65	
Services	Extraction- Complete Bony Porcelain with Metal Crown	\$160 \$300		\$160 \$300	
		\$300		\$300	
Orthodontics	Medically necessary orthodontics	\$1,000		\$1,000	

Summary of	Benefits and Coverage		
COST SHARIN	G AMOUNTS DESCRIBE THE ENROLLEE'S	Silver Copa	
OUT OF POCK		200%-250 ° 74.00°	
	e - AV Calculator		
Overall deduction	ible les for specific services	N/A	
Other deduction	Medical	\$1,60	0
	Brand Drugs	\$250)
Out-of-pocket	Dental	\$0 \$5,20	10
Out-oi-pocket	maximum	\$5,20	
Common		Member Cost	De describée
Medical Event	Service Type	Share	Deductible Applies
Health care provider's office or clinic visit	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$40	
	Specialist visit	\$50	
	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	\$15	V
illness or	Preferred brand drugs Non-preferred brand drugs	\$30 \$50	X
condition	Specialty drugs	\$50 20%	X
Outpatient	Facility fee (e.g., ASC)	20%	^_
surgery	Physician/surgeon fees	20%	
	Emergency room services (waived if admitted)	\$250	X
	Emergency medical transportation	\$250	Х
Need immediate attention	Urgent care	\$80	
Hospital stay	Facility fee (e.g. hospital room)	20%	Х
	Physician/surgeon fee		
Mental health,	Mental/Behavioral health outpatient services	\$40	
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		INO COST STIATE	
	Delivery and all inpatient Hospital services Professional	20%	Х
	Home health care	\$40	
	Outpatient Rehabilitation services	\$40	
Help	Outpatient Habilitation services	\$40	
recovering or other special	Skilled nursing care	20%	Х
health needs	Durable medical equipment	20%	
	Hospice service	No cost share	
	·		
Child eve care	Eye exam 1 pair of glasses per year (or contact lenses in lieu	No cost share	
Jima Cyc Care	of glasses)	No cost share	
OFFICE	Oral Exam		
Child Dental Diagnostic	Preventive - Cleaning Preventive - X-ray		
and	Sealants per Tooth	No cost share	
Preventive	Topical Fluoride Application		
	Space Maintainers - Fixed		
Child Dental Basic Services	Amalgam Fill - 1 Surface	\$25	
	Root Canal- Molar	\$300	
Child Dental	Gingivectomy per Quad	\$150	
Major Services	Extraction- Single Tooth Exposed Root or Extraction- Complete Bony	\$65 \$160	
30	Porcelain with Metal Crown	\$300	
Orthodontics	Medically necessary orthodontics	\$1,000	
Orthodomics	modically necessary orthodonales	ψ1,000	

Summary of Benefits and Coverage COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS Bronze Plan **HSA Plan** Actuarial Value - AV Calcul \$5,000 integrated Med/Rx Ded \$4,500 integrated Med/Rx Other deductibles for specific services N/A \$0 N/A N/A **Brand Drugs** Dental
Out-of-pocket maximum \$6.250 \$6.250 Member Cost Share **Member Cost** Service Type Primary care visit or non-specialist practitioner Health care \$60 See Note 4 40% Х visit to treat an injury or illness office or clinic visit Specialist visit \$70 40% Preventive care/ screening/ immunization No cost share No cost share Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) 30% Χ 40% Χ Tests 30% 40% 30% 40% Generic drugs \$15 Х 40% X Drugs to treat Preferred brand drugs Non-preferred brand drugs \$75 40% condition Specialty drugs 40% 30% Facility fee (e.g., ASC) Outpatient 30% 40% Physician/surgeon fees surgery 30% 40% Emergency room services (waived if admitted) \$300 40% Emergency medical transportation \$300 40% Need immediate Urgent care \$120 See Note 4 40% Χ Facility fee (e.g. hospital room) 30% 40% X X Hospital stav Physician/surgeon fee 30% 40% Mental/Behavioral health outpatient services \$60 See Note 4 40% Χ Mental health Mental/Behavioral health inpatient services 30% behavioral Х 40% Х substance Substance use disorder outpatient services \$60 See Note 4 40% Χ Substance use disorder inpatient services 30% Χ 40% Χ Prenatal care and preconception visits No cost share No cost share Pregnancy Delivery and all inpatient Hospital 30% 40% services Professional 30% 40% Home health care 30% 40% Х Outpatient Rehabilitation services \$60 40% Outpatient Habilitation services Help \$60 Х 40% Χ Skilled nursing care 30% Х 40% Х other special health needs Durable medical equipment 30% 40% Χ Hospice service No cost share No cost share Χ No cost share No cost share Child eye care 1 pair of glasses per year (or contact lenses in lieu No cost share No cost share of glasses) Child Dental Preventive - Cleaning Diagnostic Preventive - X-ray No cost share No cost share Sealants per Tooth Preventive Topical Fluoride Application Space Maintainers - Fixed **Child Dental** Amalgam Fill - 1 Surface 20% 20% Basic Root Canal- Molar Child Dental Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Extraction- Complete Bony 50% 50% Porcelain with Metal Crow Orthodontics Medically necessary orthodontics 50% 50%

Summary of	Benefits and Coverage		
COST SHARING	G AMOUNTS DESCRIBE THE ENROLLEE'S ET COSTS	Catastroph	ic Plan
Actuarial Value	e - AV Calculator		
Overall deduct		\$6,600 integrat	ed Med/Rx
Other deductib	bles for specific services	NI/A	
	Medical Brand Drugs	N/A N/A	
	Dental Drugs	N/A	
Out-of-pocket		\$6,60	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Health care provider's office or clinic visit	Primary care visit or non-specialist practitioner visit to treat an injury or illness	0%	After 1st non- preventive visits
	Specialist visit	0%	Х
	Preventive care/ screening/ immunization	No cost share	
	Preventive care/ screening/ immunization	No cost share	
	Laboratory Tests	0%	Х
Tests	X-rays and Diagnostic Imaging	0%	Х
	Imaging (CT/PET scans, MRIs)	0%	X
Drugs to treat	Generic drugs	0%	X
illness or	Preferred brand drugs	0%	X
condition	Non-preferred brand drugs	0%	X
Outpotions	Specialty drugs Facility fee (e.g., ASC)	0%	X
Outpatient			
surgery	Physician/surgeon fees Emergency room services (waived if admitted)	0%	X
	Emergency room services (waived if admitted) Emergency medical transportation	0% 0%	X
Need immediate attention	Urgent care	0%	After 1st non- preventive visits
	Facility fee (e.g. hospital room)	0%	Х
Hospital stay	Physician/surgeon fee	0%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services Mental/Behavioral health inpatient services	0%	non-preventive visits X After 1st
	Substance use disorder outpatient services Substance use disorder inpatient services	0%	non- preventive visits
Drawnsus	Prenatal care and preconception visits	No cost share	
Pregnancy	Delivery and all inpatient Hospital	0%	Х
	services Professional	0%	X
	Home health care	0%	X
Helm	Outpatient Rehabilitation services Outpatient Habilitation services	0%	X
Help recovering or	Outpatient Habilitation services	0%	Х
other special	Skilled nursing care	0%	Х
health needs	Durable medical equipment	0%	X
	Hospice service	No cost share	X
	Eye exam	No cost share	
Child eye care	1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam	No cost share	х
Child Dental	Preventive - Cleaning		
Diagnostic	Preventive - X-ray	No cost share	
and Preventive	Sealants per Tooth Topical Fluoride Application	NO COST SHALE	
Child Dental Basic Services	Space Maintainers - Fixed Amalgam Fill - 1 Surface	20%	Х
	Root Canal- Molar		X
Child Dental	Gingivectomy per Quad		X
Major	Extraction- Single Tooth Exposed Root or	50%	X
Services	Extraction- Complete Bony		Х
	Porcelain with Metal Crown		X
Orthodontics	Medically necessary orthodontics	50%	Х

End Notes:

- The family deductible and out-of-pocket maximum are equal to 2 times the individual values. In a family plan, an individual is responsible only for the individual deductible and the individual out-of-pocket maximum. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out-of-pocket maximum. Once the family deductible is satisfied, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members.
- Cost sharing amounts for all in-network services accumulate toward the maximum out-ofpocket expense.
- Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For Bronze and Catastrophic plans, the deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.
- 5) Member cost-share for oral anti-cancer drugs shall not exceed \$200 per month.
- 6) The in-patient stay for Platinum and Gold Copay Plans has no additional cost share after 5 days.
- 7) For drugs to treat an illness or condition, the copay applies to the term of prescription.
- 8) The member cost share for a generic drug is the copay specified or the retail cost of the generic drug, whichever is less.
- 9) There is no requirement for the pediatric dental benefit design to match the non-dental benefit design. It is permissible to combine a coinsurance benefit design with a copay pediatric dental benefit design or a copay benefit design with a coinsurance pediatric dental benefit design.