

**PROPOSED 2017 STANDARD BENEFIT PLAN DESIGN
PENDING LEGAL REVIEW AND FINAL 2017 AV CALCULATOR**

PROPOSED 2017 STANDARD BENEFIT PLAN DESIGNS

| Benefit | BRONZE | | BRONZE HDHP | | SILVER | | SILVER 73 | | SILVER 87 | | SILVER 94 | | CCSB SILVER COPAY | | CCSB SILVER COINS | | CCSB SILVER HDHP | | GOLD COPAY | | GOLD COINS | | PLATINUM COP | | PLATINUM COINS | |
|--|--------|---------------|-------------|---------------|--------|---------------|-----------|---------------|-----------|---------------|-----------|---------------|-------------------|---------------|-------------------|---------------|------------------|---------------|------------|---------------|------------|---------------|--------------|---------------|----------------|---------------|
| | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount |
| Deductible | | | | \$4,500 | | | | | | | | | | | | | | | | | | | | | | |
| Medical Deductible | | \$6,300 | | | | \$2,500 | | \$2,200 | | \$650 | | \$75 | | \$2,000 | | \$2,000 | | | | | | | | | | |
| Drug Deductible | | \$500 | | | | \$250 | | \$250 | | \$50 | | \$0 | | \$250 | | \$250 | | | | | | | | | | |
| Coinsurance (Member) | | 100% | | 40% | | 20% | | 20% | | 15% | | 10% | | 20% | | 20% | | | | | | | | 10% | | 10% |
| MOOP | | \$6,800 | | \$6,650 | | \$6,800 | | \$5,700 | | \$2,350 | | \$2,350 | | \$6,800 | | \$6,800 | | | | | | | | \$4,000 | | \$4,000 |
| ED Facility Fee | X | 100% | X | 40% | | \$350 | | \$350 | | \$100 | | \$50 | | \$350 | | \$350 | X | 20% | | \$325 | | \$325 | | \$150 | | \$150 |
| ED Physician Fee | | --- | | --- | | --- | | --- | | --- | | --- | | --- | | --- | | | | | | | | | | |
| Urgent Care‡ | X | \$75 | X | 40% | | \$35 | | \$30 | | \$10 | | \$5 | | \$45 | | \$45 | X | 20% | | \$30 | | \$30 | | \$15 | | \$15 |
| Inpatient Facility Fee | X | 100% | X | 40% | X | 20% | X | 20% | X | 15% | X | 10% | X | 20% | X | 20% | X | 20% | | \$600/day | | 20% | | \$250 | | 10% |
| Inpatient Physician Fee | X | 100% | X | 40% | X | 20% | X | 20% | X | 15% | X | 10% | X | 20% | X | 20% | X | 20% | | \$55 † | | 20% | | \$40 † | | 10% |
| Primary Care Visit | X | \$75 | X | 40% | | \$35 | | \$30 | | \$10 | | \$5 | | \$45 | | \$45 | X | 20% | | \$30 | | \$30 | | \$15 | | \$15 |
| Specialist Visit | X | \$105 | X | 40% | | \$70 | | \$55 | | \$25 | | \$8 | | \$75 | | \$75 | X | 20% | | \$55 | | \$55 | | \$40 | | \$40 |
| MH/SU Outpatient Services | X | \$75 | X | 40% | | \$35 | | \$30 | | \$10 | | \$5 | | \$45 | | \$45 | X | 20% | | \$30 | | \$30 | | \$15 | | \$15 |
| Imaging (CT/PET Scans, MRIs) | X | 100% | X | 40% | | \$300 | | \$300 | | \$100 | | \$50 | | \$300 | | 20% | X | 20% | | \$275 | | 20% | | \$150 | | 10% |
| Rehabilitative Speech Therapy | | \$75 | X | 40% | | \$35 | | \$30 | | \$10 | | \$5 | | \$45 | | \$45 | X | 20% | | \$30 | | \$30 | | \$15 | | \$15 |
| Rehabilitative Occupational/PT | | \$75 | X | 40% | | \$35 | | \$30 | | \$10 | | \$5 | | \$45 | | \$45 | X | 20% | | \$30 | | \$30 | | \$15 | | \$15 |
| Laboratory Services | | \$40 | X | 40% | | \$35 | | \$35 | | \$15 | | \$8 | | \$40 | | \$40 | X | 20% | | \$35 | | \$35 | | \$20 | | \$20 |
| X-rays and Diagnostic Imaging | X | 100% | X | 40% | | \$70 | | \$65 | | \$25 | | \$8 | | \$70 | | \$70 | X | 20% | | \$55 | | \$55 | | \$40 | | \$40 |
| Skilled Nursing Facility | X | 100% | X | 40% | X | 20% | X | 20% | X | 15% | X | 10% | X | 20% | X | 20% | X | 20% | | \$300/day | | 20% | | \$150/day | | 10% |
| Outpatient Facility Fee | X | 100% | X | 40% | | 20% | | 20% | | 15% | | 10% | | 20% | | 20% | X | 20% | | \$600 † | | 20% | | \$250 † | | 10% |
| Outpatient Physician Fee | X | 100% | X | 40% | | 20% | | 20% | | 15% | | 10% | | 20% | | 20% | X | 20% | | \$55 † | | 20% | | \$40 † | | 10% |
| Tier 1 (Generics) | X | 100%* | X | 40%* | | \$15 | | \$15 | | \$5 | | \$3 | | \$15 | | \$15 | X | 20%* | | \$15 | | \$15 | | \$5 | | \$5 |
| Tier 2 (Preferred Brand) | X | 100%* † | X | 40%* † | X | \$55 | X | \$50 | X | \$20 | | \$10 | X | \$55 | X | \$55 | X | 20%* † | | \$55 | | \$55 | | \$15 | | \$15 |
| Tier 3 (Nonpreferred Brand) | X | 100%* † | X | 40%* † | X | \$80 | X | \$75 | X | \$35 | | \$15 | X | \$85 | X | \$85 | X | 20%* † | | \$75 | | \$75 | | \$25 | | \$25 |
| Tier 4 (Specialty) | X | 100%* | X | 40%* | X | 20% | X | 20% | X | 15% | | 10% | X | 20% | X | 20% | X | 20%* | | 20% | | 20% | | 10% | | 10% |
| Tier 4 Maximum Coinsurance | | \$500 | | \$500 | | \$250 | | \$250 | | \$150 | | \$150 | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 |
| Maximum Days for charging IP copay | | | | | | | | | | | | | | | | | | | | 5 | | 5 | | | | |
| Begin PCP deductible after # of copays | | 3 visits | | | | | | | | | | | | | | | | | | | | | | | | |
| Actuarial Value | | 61.89 | | 61.13 | | 71.53 | | 73.67 | | 87.48 | | 94.12 | | 71.25 | | 71.56 | | 71.16 | | 81.59 | | 80.86 | | 90.46 | | 89.72 |
| AV Δ FROM 2016 | | + 0.02 | | + 0.07 | | + 1.08 | | + 0.84 | | + 0.64 | | + 0.28 | | - 0.01 | | - 0.01 | | + 0.66 | | + 0.56 | | + 0.62 | | + 0.99 | | + 1.22 |

| | | |
|-----|--|--------------------------------|
| KEY | | Increase member cost from 2016 |
| | | Decrease member cost from 2016 |
| | | Does not meet AV |
| | | Within 0.5 de minimus |
| | | Securely within AV |
| | * | Drug cap applies to drug tier |
| † | Need Milliman to calculate custom input in new AVC | |
| ‡ | Benefit not included in AV Calculator | |