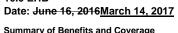
20172018 Patient-Centered Benefit Plan Designs 10.0 EHB





Member Cost S	hare amounts describe the Er	nrollee's out of pocket costs.			Platinum Copay Plan		
Actuarial Value	e - AV Calculator		89.7%<u>91</u>	.2%	90.3%<u>88</u>	.1%	
	cludes a deductible?		No		No		
	ndividual deductible Family deductible						
Individual d	eductible, NOT integrated:		\$0 / \$0 /		\$0 / \$0 /		
	uctible, NOT integrated: Mee -of-pocket maximum	dical / Pharmacy / Dental					
amily Out-of-	pocket maximum		\$8,000 \$6		\$8,000 <u>\$6</u>		
	-only coverage deductible In: Individual deductible						
					N/A		
Common Medical Event	50		Member Cost	Deductible	Member Cost	Deductible Applies	
				, ppmoo		Tippiloo	
Health care							
provider's office or clinic visit	Other practitioner office visit		\$15		\$15		
	Specialist visit		\$40<u>\$30</u>		\$40<u>\$30</u>		
	Preventive care/ screening/ i Laboratory Tests	mmunization					
Fests	X-rays and Diagnostic Imagin	Ig	\$40 <u>\$30</u>		\$40 <u>\$30</u>		
	Imaging (CT/PET scans, MR	s)	10%		\$150 <u>\$75</u>		
	Tier 1		\$5		\$5		
Drugs to treat	Tier 2		\$15		\$15		
illness or condition	Tier 3		\$25		\$25		
	Tier 4		10% up to \$250		10% up to \$250		
	Surgery facility fee (e.g. ASC	No No No No No No No S0 S0 No S0 S0 No S0 S0 S0 S1 S1 S1 S1 S1					
Outpatient	Physician/surgeon fees	,					
services	Outpatient visit		> 0 S0 S0 S0 / 50 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 S0 / 50 / 50 NA NA S15 S15 S15 </td <td></td>				
	Surgery facility fee (e.g., ASC) 10% \$256 Physician/surgeon fees 10% \$46 Outpatient visit 10% 10 Emergency room facility fee (waived if admitted) \$150 \$1 Emergency room physician fee (waived if admitted) No charge No c Emergency medical transportation \$150 \$1	\$150					
	Emergency room physician fe	ee (waived if admitted)	No charge		No charge		
leed mmediate			-				
attention	Urgent care		\$15		\$15		
	Facility fee (e.g. hospital roor	n)	10%				
Hospital stay	Physician/surgeon fee	,			-		
	Mental/Behavioral health outpatient office visits						
	Mental/Behavioral health other outpatient items and services		\$15		\$15		
	Mental/Behavioral health inpa	atient facility fee (e.g.hospital room)	10%				
Mental health,		, , , , ,					
behavioral health, or			1078		oro<u>ivo</u> charge		
substance abuse needs	Substance Use disorder outp	atient office visits	\$15		\$15		
	Substance Use disorder othe	r outpatient items and services	\$15		\$15		
	Substance Use inpatient faci	ity fee (e.g. hospital room)	10%				
	Substance use disorder inpa	tient physician fee	10%				
	Prenatal care and preconcep						
Pregnancy	Delivery and all inpatient				\$250 per day up		
	services	· · ·					
	Home health care (cost share	e per visit)	10%				
lelp	Outpatient Rehabilitation service						
ecovering or	Outpatient Habilitation servic	5					
other special nealth needs	Skilled nursing care				to 5 days		
	Durable medical equipment Hospice service						
Child eye	Eye exam						
are		contact lenses in lieu of glasses)					
	Oral Exam		Ŭ,				
Child Dental							
Diagnostic and Preventive	Sealants per Tooth		No charge		No charge		
Child Dental	Space Maintainers - Fixed		l				
Basic Services	Restorative Procedures Periodontal Maintenance Ser	vices	20%		See 2017 Dental Copay Schedule		
	Crowns and Casts						
Child Dental	Endodontics				See 2017 Dental		
Major Services	Periodontics (other than main	itenance)	50%		Copay Schedule		
Ser VICES	Prosthodontics Oral Surgery						
Child							
	Medically necessary orthodo		50%		\$1,000		

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Date: June 16, 2016 March 14, 2017

Summary of Benefits and Coverage Gold Gold Member Cost Share amounts describe the Enrollee's out of pocket costs. Coinsurance Plan 80.9%81.8% Copay Plan 81.2%78.4% an design includes a deductible? Integrated Individual deductible Integrated Family deductible Individual deductible, NOT integrated: Medical / Pharmacy / Dental Family deductible, NOT integrated: Medical / Pharmacy / Dental dividual Out-of-pocket maximum mily Out-of-pocket maximum A plan: Self-only coverage deduction l Value - AV Calo .40 \$0 \$0 /\$0 /\$0 \$0 /\$0 /\$0 \$6,750<u>\$6,000</u> \$13.500<u>\$12,000</u> N/A No \$0 \$0 \$0 \$0 / \$0 / \$0 \$0 / \$0 / \$0 \$6,750<u>\$6,000</u> \$13,500<u>\$12,000</u> N/A N/A ly pl I deductil Common ledical Even er Cos Service Type Primary care visit to treat an injury, illness, or condition \$30\$25 \$30\$25 lealth care orovider's office or clinic visit Other practitioner office visit \$30\$25 \$30\$25 Specialist visit \$55 \$55 Preventive care/ screening/ immunization Laboratory Tests X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs) No charge No charge \$35 \$55 \$35 \$55 ests 20% \$275 Tier 1 \$15 \$15 \$55 Tier 2 \$55 Drugs to trea Iness or ondition Tier 3 \$75 \$75 20% up to \$250 per script 20% up to \$250 per script Tier 4 Surgery facility fee (e.g., ASC) Physician/surgeon fees \$600<u>\$300</u> 20% Outpatient services 20% \$55<u>\$40</u> Outpatient visit 20% 20% Emergency room facility fee (waived if admitted) \$325 \$325 Emergency room physician fee (waived if admitted) No charge No charge Emergency medical transportation \$250 \$250 Urgent care \$30\$25 \$30\$25 \$600 per day up to 5 days Facility fee (e.g. hospital room) 20% lospital stay Physician/surgeon fee \$55No charge 20% Mental/Behavioral health outpatient office visits \$30<u>\$25</u> \$30<u>\$25</u> Mental/Behavioral health other outpatient items and services \$30\$25 \$30\$25 \$600 per day up to 5 days Mental/Behavioral health inpatient facility fee (e.g.hospital room) 20% Mental/Behavioral health inpatient physician fee 20% \$55No charge th, o Substance Use disorder outpatient office visits \$30<u>\$25</u> \$30<u>\$25</u> Substance Use disorder other outpatient items and services \$30<u>\$25</u> \$30<u>\$25</u> \$600 per day up to 5 days Substance Use inpatient facility fee (e.g. hospital room) 20% Substance use disorder inpatient physician fee 20% \$55No charge Prenatal care and preconception visits No charge No charge \$600 per day up to 5 days Delivery and all inpatient services 20% regnancy 20% 20% Profes \$55<u>No charge</u> \$30 iona Home health care (cost share per visit) Outpatient Rehabilitation services Outpatient Habilitation services \$30\$25 \$30\$25 lelp \$30<u>\$25</u> \$300 per day up to 5 days \$30<u>\$25</u> ring covering Skilled nursing care 20% Durable medical equipment 20% 20% Hospice service Eye exam No charge No charge N No charge No charge Child eye care 1 pair of glasses per year (or contact lenses in lieu of glas No charge No charge Oral Exam Preventive - Cleaning hild Dental Preventive - Creating Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed No charge No charge ٦đ reventive Child Dental Restorative Procedures See 2017 Dental Basic 20% Copay Schedule Services Periodontal Maintenance Services Crowns and Casts Endodontics Child Dental See 2017 Denta Major Services Periodontics (other than maintenance) 50% Copay Schedule Prosthodontics Oral Surgery Child Orthodo Medically necessary orthodontics 50% \$1,000

2017<u>2018</u> Patient-Centered Benefit Plan Designs 10.0 EHB Date: June 16, 2016March 14, 2017

•	Benefits and Coverage		Individua Silver Plar	
	e - AV Calculator	iroliee's out of pocket costs.	71.5% 71.9	
	cludes a deductible?		Yes, Medical/Pha	
	ndividual deductible Family deductible		N/A N/A	
Individual d	eductible, NOT integrated: I		\$2,500/ \$250 <u>\$1</u> ;	
ndividual Out	uctible, NOT integrated: Mec -of-pocket maximum	lical / Pharmacy / Dental	\$5,000/ \$500<u>\$20</u> \$6800<u>\$7,00</u>	0
	pocket maximum -only coverage deductible		<u>\$13,600\$14,0</u> N/A	000
HSA family pla	n: Individual deductible		N/A	
Common				Deductible
Medical Event	Se	rvice Type	Member Cost Share	Applies
	Primary care visit to treat an i	njury, illness, or condition	\$35	
Health care provider's office or clinic visit	Other practitioner office visit		\$35	
	Specialist visit		\$70 <u>\$75</u>	
	Preventive care/ screening/ in Laboratory Tests	nmunization	No charge \$35	
Tests	X-rays and Diagnostic Imagin		\$70<u>\$75</u>	
	Imaging (CT/PET scans, MRI	s)	\$300	Dharman
	Tier 1		\$15	Pharmacy deductible
Drugs to treat Ilness or	Tier 2		\$55	Pharmacy deductible
condition	Tier 3		\$80	Pharmacy deductible
	Tier 4 Surgery facility fee (e.g., ASC		20% up to \$250 per script after pharmacy deductible	Pharmacy deductible
Outpatient services	Physician/surgeon fees		20% 20%	
Services	Outpatient visit		20%	
	Emergency room facility fee (\$350	
Need mmediate	Emergency room physician fe Emergency medical transport	No charge \$250	Х	
attention	Urgent care		\$35	
Hospital stay	Facility fee (e.g. hospital roon	ו)	20%	х
	Physician/surgeon fee		20%	Х
	Mental/Behavioral health outpatient office visits		\$35	
	Mental/Behavioral health othe	\$35		
Mental	Mental/Behavioral health inpa	tient facility fee (e.g.hospital room)	20%	х
health,	Mental/Behavioral health inpa	tient physician fee	20%	х
behavioral health, or substance	Substance Use disorder outp	\$35		
abuse needs				
	Substance Use disorder othe	r outpatient items and services	\$35	
	Substance Use inpatient facil	ity fee (e.g. hospital room)	20%	х
	Substance use disorder inpat		20%	Х
	Prenatal care and preconcep		No charge	
Pregnancy	Delivery and all inpatient services	Hospital Professional	20%	X X
	Home health care (cost share	per visit)	\$45	^
Help	Outpatient Rehabilitation service		\$35 \$35	
ecovering or other special	Skilled nursing care		20%	х
nealth needs	Durable medical equipment		20%	
SI 11 I I I I	Hospice service Eye exam		No charge No charge	
Child eye care	1 pair of glasses per year (or	contact lenses in lieu of glasses)	No charge	
	Oral Exam			
Child Dental Diagnostic			No charge	
and Preventive	Sealants per Tooth Topical Fluoride Application		. to onarge	
Child Dental Basic	Space Maintainers - Fixed Restorative Procedures		20%	
Basic Services	Periodontal Maintenance Ser	vices	20%	
	Crowns and Casts Endodontics			
Child Dental Major	Periodontics (other than main	tenance)	50%	
Services	Prosthodontics Oral Surgery	·		
Child	Medically necessary orthodor	ntics	50%	
Orthodontics	and any necessary ormouor		0070	

2017<u>2018</u> Patient-Centered Benefit Plan Designs 10.0 EHB Date: June 16, 2016March 14, 2017

Summer Level and Lower (book or low (book or lo		e 16, 2016<u>March 14,</u>	2017					
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Summary of	Benefits and Coverage	•					
Katalat Katalat <t< th=""><th>Member Cost S</th><th>Share amounts describe the E</th><th>nrollee's out of pocket costs.</th><th></th><th>Plan</th><th colspan="3"></th></t<>	Member Cost S	Share amounts describe the E	nrollee's out of pocket costs.		Plan			
Image of the stand decisions Image of the stand decisions <t< th=""><th>Actuarial Value</th><th>e - AV Calculator</th><th></th><th></th><th></th><th></th><th></th></t<>	Actuarial Value	e - AV Calculator						
<form> Image of the initial defactable Image of the</form>				Yes Medical/Ph	armacy			
Book details details Not Transport level (Primery Detail Sector 1999) Sector 2000 (Sector 1999) Sector 2000 (Sector 1999) Sector 2000 (Sector 1999) Sector 2000 (Sector 1999) First Details Sector 1999 Sector 2000 (Sector 1999) Sector 2000 (Sector 1999) Sector 2000 (Sector 1999) Sector 2000 (Sector 1999) First Details Sector 2000 (Sector 1990)	Integrated I	ndividual deductible		N/A	annaoy	N/A	annaoy	
Tenery curve with the second			Medical / Pharmacy / Dental		25 / \$0		25 / \$0	
Party betwee two provides of the state of type 9 4 3.00 (
Bit bit is the set of the set o								
His field					000		<u> 100</u>	
Notice to the series in the series in the secies				N/A		N/A		
Notice to the series in the series in the secies								
Induction Induction Induction Induction Induction Special value Special v		Se	гvice Туре	Member Cost Share		Member Cost Share		
Promotion official Product of a construct of a construc		Primary care visit to treat an	injury, illness, or condition	\$45		\$45		
<form> Special value Special value Not drampe <th< td=""><td>provider's office or</td><td>Other practitioner office visit</td><td></td><td>\$45</td><td></td><td>\$45</td><td></td></th<></form>	provider's office or	Other practitioner office visit		\$45		\$45		
Laboratory Tests manging (CTPET scores, bitks) Set0 20% Set0 20% Set0 20% Permany participant partite participant participant participant participant part	clinic visit	Specialist visit		\$75		\$75		
Hand And and a diamatic image 970 0.00 370 0.000 Barnacy 0.000 0.0000 0.0000 0.0000 0.0000 0.0000 Barnacy 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 Barnacy 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 Barnacy 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 Composition (equination (e		Preventive care/ screening/ i	mmunization	No charge		No charge		
majn of CFUPET some, MR3i) Q20% C S350 Permaty Relations Tor 1 Tor 1 S15 Permaty Relations Permaty Relations S15 Permaty Relations	_							
Tor 1 Image is a set of the set of	Tests							
Image Image <t< td=""><td></td><td></td><td>3)</td><td>2078</td><td>Dharman</td><td></td><td>Dhamaan</td></t<>			3)	2078	Dharman		Dhamaan	
Prings or price Init A Same deductible Same deductible Ter 3 Ter 3 Same		Tier 1		\$15		\$15		
Initial set in the set in	illness or	Tier 2		\$55		\$55		
Ter 4 serign alter paramage	condition	Tier 3						
Durpsican Visition Physican Visition Permission Visition			;)	script after pharmacy deductible		script after pharmacy deductible		
services Qupatient visit Image I	Plan design in Uudes a deductible? Integrated Family deductible Individual Out-of-pockt maximum ramily Call (ramin)	<i>''</i>						
Near statement Emergency medical transportation No charge								
Ned immediate attention attention attention immediate attention urgent care Emergency medical transportation S250 X S250 X Urgent care \$45 \$45 \$45 \$45 \$45 \$45 Hospital stay Provision/surgeon fee 20% X 20% X 20% X Mental/Behavioral health outpatient office visits \$45 \$45 \$45 \$45 Mental/Behavioral health notpatient facility (ex (e.g. hospital room) 20% X 20% X Mental/Behavioral health inpatient facility (ex (e.g. hospital room) 20% X 20% X Mental/Behavioral health inpatient facility (ex (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility (ex (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility (ex (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility (ex (e.g. hospital room) 20% X 20% X Prematal care and preconception visits No charge No charge No charge <t< td=""><td></td><td>Emergency room facility fee</td><td>waived if admitted)</td><td>\$350</td><td></td><td>NSilver Copay Play274.3%21.49acy74.3%21.49acyYes, Medical/Phay N/A\$0\$2.000/\$560522\$6800\$7.00\$68600\$7.00\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$100\$6800\$100\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$1000\$14.0Statis\$1000\$14.0Statis\$1000\$14.0Statis***********************************</td><td></td></t<>		Emergency room facility fee	waived if admitted)	\$350		NSilver Copay Play274.3%21.49acy74.3%21.49acyYes, Medical/Phay N/A\$0\$2.000/\$560522\$6800\$7.00\$68600\$7.00\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$14.0N/A\$6800\$100\$6800\$100\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$6000\$14.0N/A\$1000\$14.0Statis\$1000\$14.0Statis\$1000\$14.0Statis***********************************		
Ned immediate attention attention attention immediate attention urgent care Emergency medical transportation S250 X S250 X Urgent care \$45 \$45 \$45 \$45 \$45 \$45 Hospital stay Provision/surgeon fee 20% X 20% X 20% X Mental/Behavioral health outpatient office visits \$45 \$45 \$45 \$45 Mental/Behavioral health notpatient facility (ex (e.g. hospital room) 20% X 20% X Mental/Behavioral health inpatient facility (ex (e.g. hospital room) 20% X 20% X Mental/Behavioral health inpatient facility (ex (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility (ex (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility (ex (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility (ex (e.g. hospital room) 20% X 20% X Prematal care and preconception visits No charge No charge No charge <t< td=""><td></td><td>Emorgonov room physician f</td><td>on (waived if admitted)</td><td>No oborgo</td><td></td><td>No oborgo</td><td></td></t<>		Emorgonov room physician f	on (waived if admitted)	No oborgo		No oborgo		
Intention Urgent care 545 S45 S45 Hespital stap Facility fee (e.g. hospital room) 20% X 20% X Hespital stap Facility fee (e.g. hospital room) 20% X 20% X Mental/Behavioral health outpatient office visits S45 S45 S45 X Mental/Behavioral health outpatient facility fee (e.g. hospital room) 20% X 20% X Mental/Behavioral health notifice visits S45 S45 S45 X 20% X Mental/Behavioral health inpatient facility fee (e.g. hospital room) 20% X 20% X Mental/Behavioral health inpatient physician fee 20% X 20% X Substance Use disorder outpatient facility fee (e.g. hospital room) 20% X 20% X Substance Use inpatient facility fee (e.g. hospital room) 20% X 20% X Substance Use inpatient facility fee (e.g. hospital room) 20% X 20% X Progenary Perofescanal 20% X				-	V	-	V	
Horization Second		Emergency medical transpor	ation	\$250	X	\$250	X	
Integrate and products and produc	attention	Urgent care		\$45		\$45		
Integrate and products and produc		Eacility fee (e.g. bospital roo	n)	20%	v	20%	v	
Mental Network Mental/Behavioral health outpatient office visits \$45 \$45 Mental/Behavioral health other outpatient litems and services \$45 \$45 \$45 Mental/Behavioral health other outpatient litems and services \$45 \$45 \$45 Mental/Behavioral health inpatient physician fee 20% X 20% X Mental/Behavioral health inpatient physician fee 20% X 20% X Substance Substance Use disorder outpatient office visits \$45 \$45 \$45 Substance Use disorder other outpatient and services \$45 \$45 X 20% X Substance Use disorder inpatient facility fee (e.g. hospital room) 20% X 20% X 20% X Substance Use disorder inpatient physician fee 20% X 20% X 20% X Pregnancy Delivery and all inpatient facility fee (e.g. hospital room) 20% X	Hospital stay		11)					
Mental Period Mental Period Mental Period Mental Period Mental Period S45 S45 S45 Mental Period Mental Period Mental Period 20% X 20% X Mental Period Substance Use disorder outpatient facility fee (e.g. hospital room) 20% X 20% X Substance Use disorder outpatient facility fee (e.g. hospital room) S45 S45 S45 X Substance Use disorder inpatient physician fee 20% X 20% X 20% X Pregnancy Substance Use disorder inpatient physician fee 20% X 20% X Pregnancy Delivery and all inpatient dispital 20% X 20% X Pregnancy Delivery and all inpatient dispital 20% X 20% X No charge S45 S45 S45 S45 S45 S45 Month Path Care (cost Share Query Share) 20% X 20% X 20% X 20% X 20% X 20%		Physician/surgeon fee		20%	X	20%	X	
Mental health. beath. beath.or behavioral health. beath.or behavioral health. beath.or behavioral health. beath.or behavioral health. beath. beath.or behavioral health. beath. beath.or b		Mental/Behavioral health outpatient office visits		\$45		\$45		
Mental Mental/Behavioral health inpatient physician fee 20% X 20% X behavioral health, or substance abuse needs Substance Use disorder outpatient office visits \$45 \$45 \$45 Substance babuse needs Substance Use disorder outpatient office visits \$45 \$45 \$45 Substance babuse needs Substance Use disorder outpatient physician fee 20% X 20% X Substance Use inpatient physician fee 20% X 20% X 20% X Pregnancy Pregnancy Delivery and all patient services Hospital 20% X 20% X 20% X Help recovering or other special Baith needs Delivery and all patient Habithalitation services 545 545 545 Child Detait Protestional 20% X 20% X Durable medical equipment Habith needs Hospital 20% X 20% X Durable medical equipment Habith needs Hospital 20% X 20% X Child Detait Protestional 20% X 20% X Child Detait Protestio		Mental/Behavioral health other outpatient items and services		\$45		\$45		
health beaking substance basing substance basing substance basing substance basing substance basing substance su		Mental/Behavioral health inp	atient facility fee (e.g.hospital room)	20%	х	20%	х	
behavioral module data factor productive pro		Mantal/Rehavioral health inn	atient physician fee	000/	v	2001	×	
Substance abuse needs Substance Use disorder outpatient items and services \$45 \$45 Substance Use disorder orber outpatient items and services \$45 \$45 \$45 Substance Use inpatient facility fee (e.g. hospital room) 20% X 20% X Prenaticare and preconception pattern physician fee 20% X 20% X Prenaticare and preconception pattern physician fee No charge No charge No charge Prenaticare and preconception pattern physician fee 20% X 20% X Prenaticare and preconception pattern physician fee 20% X 20% X Prenaticare and preconception pattern physician fee 20% X 20% X Prenaticare and preconception pattern physician fee 20% X 20% X Outpattern Habilitation services \$45 \$45 \$45 \$45 Outpattern Habilitation services \$45 \$45 \$45 \$45 Skilled nursing care No charge No charge No charge \$1000% \$1000% \$1000% \$1000%	behavioral	wenta/benavioral nealth inp	alient physician ree	20%	~	20%	~	
Substance Use inpatient facility fee (e.g. hospital room) 20% X 20% X Substance use disorder inpatient physician fee 20% X 20% X Pregnancy Prenatal care and preconception visits No charge No charge Pregnancy Delivery and all inpatient services Hospital 20% X 20% X Help Delivery and all inpatient facility fee (e.g. hospital 20% X 20% X Home health care (cost share per visit) 20% X 20% X Outpatient Rabilitation services \$45 \$45 Outpatient Rabilitation services \$45 \$45 Outpatient Rabilitation services \$45 \$45 Durable medical equipment 20% X 20% Hospice service No charge No charge No charge Child bental faciant per visit Sealants per rooth Preventive No charge Preventive - Cleaning Preventive - Cleaning No charge No charge Preventive - Cleaning Preventive - Cleaning Preventive No charge Preventive - Cleaning Preventive - Cleaning Preventive No charge Preventive - Cleaning Preventive - Cleaning Preventive Preven	substance	Substance Use disorder out	atient office visits	\$45		\$45		
Substance use disorder inpatient physician fee 20% X 20% X Pregnancy Prenatal care and preconception visits No charge No charge No charge Pregnancy Delivery and all inpatient services Hospital 20% X 20% X Home health care (cost share per visit) 20% X 20% X X Outpatient Rehabilitation services \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 Durable medical equipment 20% X 20% X Hospice service No charge No charge No charge Child eve and Eve exam No charge No charge No charge Preventive - Cleaning No charge No charge No charge Preventive - Cleaning No charge No charge No charge Preventive - Cleaning No charge No charge No charge Preventive - Cleaning No charge No charge No charge Preventive - Cleaning No charge No charge No charge Preventive - Cleaning See 2017 Dental See 2017 Dental S		Substance Use disorder othe	r outpatient items and services	\$45		\$45		
Prenatal care and preconception visits No charge No charge Pregnancy Delivery and all inpatient services Hospital 20% X 20% X Professional 20% X 20% X 20% X Heip recovering or other special health need Home health care (cost share per visit) 20% X 20% X Skilled nursing care \$45 \$45 \$45 \$45 Durable medical equipment Hospice service 20% X 20% X Durable medical equipment Hospice service No charge No charge No charge Child eve and Eve exam No charge No charge No charge Oral Exam Freventive - Cleaning No charge No charge No charge Preventive - X-ray seal ants per Tooth Topical Fluoride Application space Maintainers - Fixed 20% See 2017 Dentail Copay Schedule See 2017 Dentail Copay Schedule		Substance Use inpatient faci	ity fee (e.g. hospital room)	20%	х	20%	х	
Pregnancy services Delivery and all inpatient services Hospital Professional 20% X 20% X Help recovering or other special health neath neath neadb Home health care (cost share per visit) 20% \$45 \$45 Skilled nursing care health neadb \$45 \$45 \$45 Skilled nursing care health neadb 20% X 20% X Durable medical equipment Hospice service 20% X 20% X Child eye care Eye exam No charge No charge No charge Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed No charge No charge No charge Child Dental Basic Services Restorative Procedures Findodontics 20% See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule Child Dental Basic Crowns and Casts Endodontics Feriodontal Maintenance Services 50% See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule Child Dental Major Services Periodontics (other than maintenance) 50% See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule		Substance use disorder inpa	tient physician fee	20%	х	20%	х	
services Professional 20% X 20% X Help recovering or outpatient Rehabilitation services \$45 \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 \$45 Skilled nursing care \$20% X 20% X Durable medical equipment 20% X 20% X Hospice service No charge No charge No charge No charge Child Perta Feventive - Cleaning No charge No charge No charge Image: Selants per Tooth Image: Sel		Prenatal care and preconcept	tion visits	No charge		No charge		
services Professional 20% X 20% X Heip recovering or other special health care (cost share per visit) 20% \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 \$45 Outpatient Rehabilitation services \$45 \$45 \$45 \$45 Skilled nursing care \$20% X 20% X Durable medical equipment Hospice service 20% X 20% X Child eve care Eye exam No charge No charge No charge No charge Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning Preventive - Cleaning No charge No charge No charge Image: Space Maintainers - Fixed Ima	Pregnancy	Delivery and all inpatient	Hospital	20%	х	20%	х	
Home health care (cost share per visit) 20% \$45 Help Quipatient Rehabilitation services \$45 \$45 Outpatient Rehabilitation services \$45 \$45 Outpatient Habilitation services \$45 \$45 Outpatient Habilitation services \$45 \$45 Durable medical equipment 20% X 20% X Home health care (cost share per visit) 20% X 20% X Durable medical equipment 20% X 20% X Home health care (cost share per visit) 20% X 20% X Child eye Eye exam No charge No charge No charge Child Dental Preventive - Cleaning No charge No charge No charge Preventive Topical Fluoride Application Sace Maintainers - Fixed No charge No charge No charge Child Dental Restorative Procedures 20% See 2017 Dental Copay Schedule Copay Schedule Basic Eriodontics (other than maintenance) 50% See 2017 Dental Copay Schedule Copay Schedule Copay Schedule Copay Schedule					X	20%	х	
Heip recovering other special health needs Outpatient Habilitation services \$45 \$45 Outpatient Habilitation services \$45 X 20% X Skilled nursing care 20% X 20% X Durable medical equipment 20% No charge No charge Child eve care 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge No charge No charge Oral Exam Preventive - Cleaning			e per visit)	20%		\$45		
recovering or other special skilled nursing care 20% X 20% X bealth needs Skilled nursing care 20% X 20% X Durable medical equipment 20% 00 charge No charge 20% 20% Child eye care Eye exam No charge No charge No charge No charge Child Dental Preventive - Cleaning Preventive - Cleaning No charge No charge No charge								
health needs Durable medical equipment 20% 20% Durable medical equipment 20% 20% 20% Hospice service No charge No charge No charge Child eye care 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge No charge Oral Exam Preventive - Cleaning No charge No charge No charge Diagnostic and Sealarts per Tooth Preventive - X-ray No charge No charge No charge Child Dental Basic Sealants per Tooth Space Maintainers - Fixed No charge No charge No charge Child Dental Basic Restorative Procedures 20% See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule Feriodontics (other than maintenance) 50% See 2017 Dental Copay Schedule See 2017 De					v		v	
Hospice service No charge No charge Child eye care Eye exam No charge No charge 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge No charge Oral Exam Preventive - Cleaning No charge No charge Preventive - Cleaning Preventive - X-ray No charge No charge Sealants per Tooth Sealants per Tooth No charge No charge Topical Fluoride Application Space Maintainers - Fixed No charge Image: Copy Schedule Child Dental Basic Restorative Procedures 20% See 2017 Dental Copy Schedule Child Dental Maintenance Services 50% See 2017 Dental Copy Schedule Image: Copy Schedule Fendodntics Periodontics (other than maintenance) 50% See 2017 Dental Copy Schedule Image: Copy Schedule Services Prosthodontics See 2017 Dental Copy Schedule Image: Copy Sche		-			^		^	
Child eye care Eye exam No charge No charge 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge No charge Oral Exam Oral Exam No charge No charge Preventive - Cleaning Preventive - Cleaning No charge Diagnostic and Sealants per Tooth No charge No charge Preventive - X-ray and Sealants per Tooth No charge No charge Preventive - X-ray and Sealants per Tooth No charge No charge Preventive - X-ray and Sealants per Tooth No charge No charge Preventive - Topical Fluoride Application Space Maintainers - Fixed 20% See 2017 Dential Copay Schedule Child Dental Basic Services Crowns and Casts See 2017 Dential Copay Schedule See 2017 Dential Copay Schedule Periodontics (other than maintenance) 50% See 2017 Dential Copay Schedule Prosthodontics Oral Surgery See 2017 Dential Copay Schedule See 2017 Dential Copay Schedule								
care 1 pair of glasses per year (or contact lenses in lieu of glasses) No charge No charge Oral Exam Preventive - Cleaning Prevent	Child eye							
Child Dental Diagnostic and Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed No charge No charge Child Dental Basic Services Restorative Procedures 20% See 2017 Dental Copay Schedule Child Dental Basic Services Periodontics (other than maintenance) 50% See 2017 Dental Copay Schedule Periodontics Oral Surgery Periodontics 50% See 2017 Dental Copay Schedule		1 pair of glasses per year (or	contact lenses in lieu of glasses)	No charge		No charge		
Diagnostic and Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed No charge No charge Child Dental Basic Services Restorative Procedures 20% See 2017 Dental Copay Schedule Periodontics Periodontics (other than maintenance) 50% See 2017 Dental Copay Schedule Prosthodontics Oral Surgery See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule		·						
and Preventive Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed No charge No charge Child Dental Basic Restorative Procedures 20% See 2017 Dental Copay Schedule Periodontal Maintenance Services 20% See 2017 Dental Copay Schedule Endodontics Periodontics See 2017 Dental Copay Schedule Prosthodontics See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule Prosthodontics Periodontics (other than maintenance) 50% See 2017 Dental Copay Schedule Prosthodontics Prosthodontics See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule Prosthodontics Prosthodontics See 2017 Dental Copay Schedule See 2017 Dental Copay Schedule				N 1 1		N . 1		
Space Maintainers - Fixed Image: Constraint of the sector of the secto	and	Sealants per Tooth		ino charge		No cnarge		
Child Dental Basic Restorative Procedures 20% See 2017 Dental Copay Schedule Periodontal Maintenance Services 20% See 2017 Dental Copay Schedule Child Dental Maintenance Services Endodontics Periodontics Periodontics Periodontics (other than maintenance) 50% Prosthodontics See 2017 Dental Copay Schedule Oral Surgery 50%	reventive							
Basic Restorative Procedures 20% See 2017 Dental Copay Schedule Services Periodontics (other than maintenance) 50% See 2017 Dental Copay Schedule Prosthodontics Oral Surgery Periodontics See 2017 Dental Copay Schedule	Child Dental					0		
Services Periodontal Maintenance Services Image: Constraint of the services Child Dental Maintenance Services Endodontics Major Endodontics Periodontics (other than maintenance) 50% Prosthodontics See 2017 Dental Copay Schedule Oral Surgery	Basic	Restorative Procedures		20%				
Child Dental Major Endodontics Services Periodontics (other than maintenance) Prosthodontics 50% Oral Surgery	Services		vices					
Child Dental Major See 2017 Dental Copay Schedule Periodontics (other than maintenance) 50% Prosthodontics Oral Surgery 50%	Ohill I D							
Services Prosthodontics Oral Surgery Child			itenance)	50%				
Child				50%		Copay Schedule	L	
		Prosthodontics		1				

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Member Cost S	Benefits and Coverage		CCSB Silver HDHP PI	an
	e - AV Calculator		71.3% 71.	
	cludes a deductible? ndividual deductible		Yes, integr \$2,000 integr	
	Family deductible eductible, NOT integrated: I	Medical / Pharmacy / Dental	\$4,000 integ N/A	grated
Family ded	uctible, NOT integrated: Med		N/A	
	-of-pocket maximum pocket maximum		\$6,550	
	-only coverage deductible		\$2,000 \$2,600	
			ψ2,000	
Common Medical Event	Sei	гvісе Туре	Member Cost Share	Deductible Applies
	Primary care visit to treat an i	njury, illness, or condition	20%	x
Health care provider's office or clinic visit	Other practitioner office visit		20%	x
	Specialist visit		20%	x
	Preventive care/ screening/ in Laboratory Tests	nmunization	No charge 20%	X
Tests	X-rays and Diagnostic Imagin		20%	Х
	Imaging (CT/PET scans, MRI	s)	20%	<u> </u>
	Tier 1		20% up to \$250 per script	x
Drugs to treat illness or	Tier 2		20% up to \$250 per script	x
condition	Tier 3		20% up to \$250 per script	х
	Tier 4		20% up to \$250 per script	x
Outpatient	Surgery facility fee (e.g., ASC Physician/surgeon fees)	20% 20%	X X
services	Outpatient visit		20%	X
	Emergency room facility fee (waived if admitted)	20%	х
Need	Emergency room physician fee (waived if admitted)		0%	х
Need immediate	Emergency medical transportation		20%	Х
attention	Urgent care		20%	х
Hospital stay	Facility fee (e.g. hospital roon	n)	20%	х
	Physician/surgeon fee Mental/Behavioral health outpatient office visits		20%	x x
	Mental/Behavioral health other outpatient items and services		20%	x
Mental	Mental/Behavioral health inpa	atient facility fee (e.g.hospital room)	20%	х
health,	Mental/Behavioral health inpatient physician fee		20%	х
behavioral health, or substance abuse needs	Substance Use disorder outpatient office visits		20%	x
	Substance Use disorder other outpatient items and services		20%	x
	Substance Use inpatient facil	ity fee (e.g. hospital room)	20%	x
	Substance use disorder inpat	ient physician fee	20%	х
	Prenatal care and preconcep	tion visits	No charge	
Pregnancy	Delivery and all inpatient	Hospital	20%	х
	services	Professional	20%	<u>x</u>
	Home health care (cost share Outpatient Rehabilitation serv		20% 20%	X X
Help recovering or	Outpatient Habilitation service		20%	X
other special health needs	Skilled nursing care		20%	х
nearth needs	Durable medical equipment Hospice service		20% 0%	X
Child eye	Eye exam		No charge	X
care	1 pair of glasses per year (or	contact lenses in lieu of glasses)	No charge	
Child Dental Diagnostic	Oral Exam Preventive - Cleaning Preventive - X-ray			
and Preventive	Sealants per Tooth		No charge	
Child Dental	Space Maintainers - Fixed			
Basic Services	Restorative Procedures Periodontal Maintenance Ser	vices	20%	
	Crowns and Casts Endodontics			
Child Dental Major	Periodontics (other than main	tenance)	50%	
Services	Prosthodontics Oral Surgery			
Child Orthodontics	Medically necessary orthodor	ntics	50%	

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Member Cost Share amounts describe the Enrollee's out of pocket costs.		Silver F 100%-150	% FPL	Silver Plan 150%-200% FPL		
	e - AV Calculator cludes a deductible?	94.1% <u>93</u> Yes, Medical/		87.5% <u>87.9%</u> Yes, Medical/Pha		
Integrated I	ndividual deductible	N/A		N/A	rmacy	
	Family deductible leductible, NOT integrated: Medical / Pharmacy / Dental	N/A \$75 / \$0		N/A \$650 / \$50 / \$	50	
Family dedu	uctible, NOT integrated: Medical / Pharmacy / Dental	\$150 / \$0) / \$0	\$1,300 / \$100 /	\$0	
	–of–pocket maximum pocket maximum	\$2,350<u>\$1</u> \$4,700<u>\$</u>2		\$2,350<u></u>\$2,45 \$4,700 <u></u> \$4,90		
ISA plan: Self	-only coverage deductible	N/A		N/A	-	
15A laininy pia	n: Individual deductible	N/A		N/A		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductibl Applies	
	Primary care visit to treat an injury, illness, or condition	\$5		\$10		
Health care provider's office or clinic visit	Other practitioner office visit	\$5		\$10		
	Specialist visit	\$8		\$25		
	Preventive care/ screening/ immunization Laboratory Tests	No charge \$8		No charge \$15		
ests	X-rays and Diagnostic Imaging	\$8		\$25		
	Imaging (CT/PET scans, MRIs)	\$50		\$100		
	Tier 1	\$3		\$5		
Drugs to treat llness or	Tier 2	\$10		\$20	Pharmac deductibl	
condition	Tier 3	\$15		\$35	Pharmac deductibl	
	Tier 4	10% up to \$150 per script		15% up to \$150 per script after pharmacy deductible	Pharmac deductibl	
Dutpatient	Surgery facility fee (e.g., ASC) Physician/surgeon fees	10% 10%		15% 15%		
ervices	Outpatient visit	10%		15%		
	Emergency room facility fee (waived if admitted)	\$50		\$100		
	Emergency room physician fee (waived if admitted)	No chargo		No chargo		
leed mmediate	Emergency medical transportation	No charge \$30	X	No charge \$75	Х	
attention	Urgent care	\$5		\$10		
lospital stay	Facility fee (e.g. hospital room)	10%	х	15%	х	
	Physician/surgeon fee	10%	Х	15%	X	
	Mental/Behavioral health outpatient office visits	\$5		\$10		
	Mental/Behavioral health other outpatient items and services	\$5		\$10		
	Mental/Behavioral health inpatient facility fee (e.g.hospital room)	10%	х	15%	х	
Nental nealth,	Mental/Behavioral health inpatient physician fee	10%	X	15%	х	
behavioral nealth, or substance	Substance Use disorder outpatient office visits	\$5		\$10	~	
abuse needs						
	Substance Use disorder other outpatient items and services	\$5		\$10		
	Substance Use inpatient facility fee (e.g. hospital room)	10%	Х	15%	х	
	Substance use disorder inpatient physician fee	10%	X	15%	X	
	Prenatal care and preconception visits	No charge		No charge		
Pregnancy	Delivery and all inpatient Hospital services	10%	X	15%	X	
	Home health care (cost share per visit)	10% \$3	<u> </u>	15% \$15	<u> </u>	
lelp	Outpatient Rehabilitation services	\$5		\$10		
ecovering or	Outpatient Habilitation services	\$5		\$10		
other special nealth needs	Skilled nursing care	10%	X	15%	X	
	Durable medical equipment Hospice service	10% No charge		15% No charge		
Child eye	Eye exam	No charge		No charge		
are	1 pair of glasses per year (or contact lenses in lieu of glasses)	No charge		No charge		
Child Dental	Oral Exam Preventive - Cleaning					
Diagnostic	Preventive - X-ray	No charge		No charge		
and Preventive	Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed	. to onarge		ino onarge		
Child Dental	Restorative Procedures					
Basic Services	Periodontal Maintenance Services	20%		20%		
Child Devis	Crowns and Casts Endodontics					
Child Dental	Periodontics (other than maintenance)	50%		50%		
Major Services	Prosthodontics Oral Surgery					

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		Enrollee's out of pocket costs.	Silver Plan 200%-250% F	
	e - AV Calculator		73.7% 73.9%	
	cludes a deductible? ndividual deductible		Yes, Medical/Pha N/A	rmacy
Integrated F	Family deductible		N/A	
	leductible, NOT integrated: uctible, NOT integrated: Me	Medical / Pharmacy / Dental	\$2,200 / \$250 <u>\$13</u> \$4,400 / \$500 \$26	
ndividual Out	-of-pocket maximum		\$5,700 \$5,850	2
	pocket maximum f-only coverage deductible		\$11,400 <u>\$11,70</u> N/A	<u>00</u>
	an: Individual deductible		N/A	
Common Medical Event			Member Cost Share	Deductible Applies
	S	ervice Type	Member Cost onare	Applies
	Primary care visit to treat an	injury, illness, or condition	\$30	
Health care provider's office or	Other practitioner office visit	i -	\$30	
clinic visit	Specialist visit		\$ 55 <u>\$75</u>	
	Preventive care/ screening/	immunization	No charge	
Ta a ƙa	Laboratory Tests		\$35	
Fests	X-rays and Diagnostic Imag Imaging (CT/PET scans, MF		\$65 <u>\$75</u> \$300	
		'		Pharmacy
	Tier 1		\$15	deductible
Drugs to treat illness or	Tier 2		\$50	Pharmacy deductible
condition	Tier 3		\$75	Pharmacy deductible
	Tier 4		20% up to \$250 per script after pharmacy	Pharmacy deductible
Outpatient	Surgery facility fee (e.g., AS	C)	deductible 20%	
services	Physician/surgeon fees		20%	_
	Outpatient visit	7 1 - 1 - 1 - 1 - 1 - 1 - 1	20%	
	Emergency room facility fee	(waived if admitted)	\$350	
Need	Emergency room physician	fee (waived if admitted)	No charge	
mmediate	Emergency medical transportation		\$250	Х
attention	Urgent care		\$30	
Hospital stay	Facility fee (e.g. hospital roo	nm)	20%	х
	Physician/surgeon fee	sician/surgeon fee		<u> </u>
	Mental/Behavioral health outpatient office visits		\$30	
	Mental/Behavioral health other outpatient items and services		\$30	
	Mental/Behavioral health in	patient facility fee (e.g.hospital room)	20%	x
Mental nealth,		, , , , ,		_
pehavioral	Mental/Behavioral health inp	batient physician fee	20%	X
health, or substance abuse needs	Substance Use disorder outpatient office visits		\$30	
	Substance Use disorder oth	er outpatient items and services	\$30	
	Substance Lice inpatient fac	ility foo (o.g. hospital room)	20%	×
	Substance Use inpatient fac			
	Substance use disorder inpa		20%	х
	Prenatal care and preconce	ption visits	No charge	
Pregnancy	Delivery and all inpatient services	Hospital	20%	х
		Professional	20%	X
	Home health care (cost sha Outpatient Rehabilitation se		\$40 \$30	
Help recovering or	Outpatient Habilitation servi		\$30	
other special	Skilled nursing care		20%	х
health needs	Durable medical equipment		20%	
	Hospice service		No charge	
Child eye	Eye exam		No charge	
care		r contact lenses in lieu of glasses)	No charge	
Child Dental	Oral Exam Ital Preventive - Cleaning			
Diagnostic	Preventive - X-ray		No charge	
and Preventive	Sealants per Tooth Topical Fluoride Application		No onarge	
	Space Maintainers - Fixed			
Child Dental Basic	Restorative Procedures		20%	
Services	Periodontal Maintenance Se	ervices		
	Crowns and Casts Endodontics			_
Child Dental Major	Periodontics (other than ma	intenance)	50%	
Services	Prosthodontics	·		
	Oral Surgery			
Child Orthodontics	Medically necessary orthode	ontics	50%	

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Member Cost Share amounts describe the Enrollee's out of pocket costs.		Bronze Pla	Bronze HDHP Plan 62:0%61.4%			
	e - AV Calculator cludes a deductible?		61.9%<u>60.89</u> Yes, Medical/Pha		62.0%61 Yes, integ	
Integrated I	ndividual deductible Family deductible		N/A N/A		\$4,800 inte \$9,600 inte	grated
Individual d	eductible, NOT integrated: M		\$6,300 / \$500		N/A	gratea
	uctible, NOT integrated: Med –of–pocket maximum	ical / Pharmacy / Dental	\$12,600 / \$1,00 \$6,800 <u>\$7,00</u>	00	N/A \$6,55	
	pocket maximum -only coverage deductible		\$13,600<u>\$14,0</u> N/A	000	\$13,10 \$4,80	
			N/A		\$4,80	
Common Medical Event	Ser	vice Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductibl Applies
	Primary care visit to treat an in	njury, illness, or condition	\$75	After 1st three non-preventive visits	40%	х
lealth care rovider's ffice or	Other practitioner office visit		\$75	After 1st three non-preventive visits	40%	х
clinic visit	Specialist visit		\$105	After 1st three non-preventive visits	40%	х
		nmunization	No charge		No charge	V
Tests		g	\$40 100%	Х	40%	X X
	Imaging (CT/PET scans, MRI	5)	100%	Х	40%	Х
	Tier 1		100% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	40% up to \$500 per script	х
Drugs to treat Ilness or	Tier 2		100% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	40% up to \$500 per script	х
condition	Tier 3		100% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	40% up to \$500 per script	х
	Tier 4		100% up to \$500 per script after pharmacy deductible	Pharmacy Deductible	40% up to \$500 per script	X
Outpatient)	100%	X	40% 40%	X X
services	Outpatient visit		100%	X	40%	X
	Emergency room facility fee (vaived if admitted)	100%	Х	40%	Х
	Dem Service Type Member Cost Share Descention After test three non-preventive control on on-preventive cost share Member Cost Share Primary care visit to treat an injury, liness, or condition \$75 After test three non-preventive cost share 40% Specialist visit \$75 After test three non-preventive cost share 40% Specialist visit \$105 After test three visits 40% Specialist visit No charpe 40% 40% Preventive cost a costening immunization No charpe 40% 40% Varias and Diagnostic Imaging 100% X 40% 40% Ter 1 100% up to \$500 per script Pharmacy docubits 40% up to \$500 per script Pharmacy docubits Ter 2 Ter 4 100% up to \$500 per script Pharmacy docubits 40% up to \$500 per script Stript Tast 100% up to \$500 per script Pharmacy docubits Pharmacy docubits 40% up to \$500 per script Ter 4 100% up to \$500 per script Pharmacy docubits 20% up to \$500 per script Pharmacy docubits Stript Tast 3 100% up to \$500 per script <	х				
leed			-	X		X
attention				After 1st three non-preventive		x
Hospital stay	Facility fee (e.g. hospital room)	100%	x	40%	х
	Physician/surgeon fee		100%	X	40%	Х
	Mental/Behavioral health outpatient office visits		\$75	non-preventive	40%	х
	Mental/Behavioral health other outpatient items and services		\$75	non-preventive-	40%	х
	Mental/Behavioral health inpa	tient facility fee (e.g.hospital room)	100%	х	40%	х
Mental nealth,			100%	×	409/	х
behavioral nealth, or substance abuse needs				After 1st three non-preventive		x
	Substance Use disorder other	outpatient items and services	\$75	After 1st three non-preventive-	40%	x
	Substance Lies innationt facili	ty fee (e.g. hospital room)	100%		400/	x
eed nmediate ttention ospital stay ealth, ehavioral ealth, or ubstance buse needs substance subs						X
				^		
Pregnancy				Y		х
. ognancy		· ·				X
	Home health care (cost share		100%		40%	Х
lelp	Outpatient Rehabilitation serv Outpatient Habilitation service		\$75 \$75		40% 40%	X X
ecovering or other special	Skilled nursing care		\$75 100%	х	40%	X
health needs	Durable medical equipment		100%	× X	40%	X
	Hospice service		No charge		0%	X
Child eye	Eye exam	contract language in these of a first of	No charge		No charge	_
are	1 pair of glasses per year (or o Oral Exam	contact tenses in lieu of glasses)	No charge		No charge	
Child Dental	Preventive - Cleaning					
Diagnostic and Preventive	Preventive - X-ray Sealants per Tooth Topical Fluoride Application		No charge		No charge	
Child Dental Basic	Space Maintainers - Fixed Restorative Procedures		20%		20%	
Services	Periodontal Maintenance Serv Crowns and Casts	vices				
Child Dental Major	Endodontics Periodontics (other than main	tenance)	50%		50%	
	or Periodontics (other than maintenance)		() () () () () () () () () ()			
Services	Prosthodontics Oral Surgery					

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Member Cost S	hare amounts describe the Er	rollee's out of pocket costs.	Catastro	ohic Plan
	e - AV Calculator			
	cludes a deductible?		Yes, int \$7,150<u>\$7,35</u>	egrated 0 integrated
	amily deductible eductible, NOT integrated: I	Andianal / Dharmany / Dantal	\$14,300<u>\$14,7</u> N	00 integrated
	actible, NOT integrated: Med		N	
	-of-pocket maximum		\$7,150 \$14,300	
HSA plan: Self	pocket maximum -only coverage deductible		\$14,300 N	
HSA family pla	n: Individual deductible		N	Ά
Common Medical Event	Sei	vice Type	Member Cost Share	Deductible Applies
	Primary care visit to treat an i		0%	After 1st three non-preventive visits
Health care provider's office or	Other practitioner office visit		0%	After 1st three non-preventive visits
clinic visit	Specialist visit		0%	х
	Preventive care/ screening/ ir	nmunization	No charge	
Tests	Laboratory Tests X-rays and Diagnostic Imagin		0% 0%	X X
16313	Imaging (CT/PET scans, MRI		0%	X
	Tier 1		0%	х
Drugs to treat	Tier 2		0%	х
illness or condition	Tier 3		0%	х
	Tier 4		0%	х
Outpatient	Surgery facility fee (e.g., ASC Physician/surgeon fees)	0%	X
services	Outpatient visit		0%	X X
	Emergency room facility fee (waived if admitted)	0%	x
Need	Emergency room physician fee (waived if admitted)		No charge	N/
immediate attention	Emergency medical transportation		0%	X
attention	Urgent care		0%	After 1st three non-preventive visits
	Facility fee (e.g. hospital roon	1)	0%	х
Hospital stay	Physician/surgeon fee	7	0%	X
	Mental/Behavioral health outpatient office visits		0%	After 1st three non-preventive visits
	Mental/Behavioral health other outpatient items and services		0%	After 1st three non-preventive visitsX
	Mental/Behavioral health inpa	tient facility fee (e.g.hospital room)	0%	х
Mental health,	· · ·			
behavioral	Mental/Behavioral health inpa	tient physician fee	0%	X
health, or substance abuse needs	Substance Use disorder outp	0%	After 1st three non-preventive visits	
	Substance Use disorder other outpatient items and services		0%	After 1st three non-preventive visitsX
	Substance Use inpatient facil	ty ree (e.g. nospital room)	0%	X
	Substance use disorder inpat	ient physician fee	0%	х
	Prenatal care and preconcept	ion visits	No charge	
Pregnancy	Delivery and all inpatient	Hospital	0%	х
	services	Professional	0%	X
	Home health care (cost share Outpatient Rehabilitation serv		0% 0%	X X
Help recovering or	Outpatient Habilitation service		0%	Х
other special health needs	Skilled nursing care		0%	х
isani neeus	Durable medical equipment		0%	X
Child eye	Hospice service Eye exam		0% No charge	X
care	1 pair of glasses per year (or contact lenses in lieu of glasses) Oral Exam Preventive - Cleaning		0%	X
Child Dental				
Diagnostic and Preventive			No charge	
revenuve	Space Maintainers - Fixed			
Child Dental	Restorative Procedures	iaco	0%	x
	Periodontal Maintenance Ser Crowns and Casts	vices		X
	CIOWIIS and Casts			X
Services	Endodontics			^
Services Child Dental Major	Endodontics Periodontics (other than main	tenance)	0%	х
Services Child Dental Major	Endodontics Periodontics (other than main Prosthodontics	tenance)	0%	X X
Basic Services Child Dental Major Services Child	Endodontics Periodontics (other than main		0%	х