

# 2019 Individual Plans

## Benefits Highlights

HEALTHY PREFERRED

HEALTHY PREMIER

|   | GOLD COPAY           | SILVER COPAY         | SILVER COPAY (OFF)        | BRONZE 3 COPAY                         | BRONZE HSA                | EXPANDED BRONZE    |
|---|----------------------|----------------------|---------------------------|--|---------------------------|--------------------|
| <b>FEATURES</b>   |                      |                      |                           |  |                           |                    |
| Annual Deductible (individual/family)   | \$1,500/\$3,000      | \$4,500/\$9,000      | \$4,000/\$8,000           | \$6,550/\$13,100                       | \$6,750/\$13,500          | \$3,000/\$6,000    |
| Prescription Drug Deductible (individual/family)  | \$500/\$1,000        | \$1,200/\$2,400      | Included with medical ded | Included with medical ded              | Included with medical ded | \$1,500/\$3,000    |
| Annual Out-of-Pocket Maximum (individual/family)  | \$7,000/\$14,000     | \$7,350/\$14,700     | \$7,900/\$15,800          | \$7,350/\$14,700                       | \$6,750/\$13,500          | \$7,900/\$15,800   |
| <b>BENEFITS</b>   |                      |                      |                           |  |                           |                    |
| <b>Emergency and Urgent Care</b>  |                      |                      |                           |  |                           |                    |
| Emergency Room  | \$200 copay/visit AD | \$500 copay/visit AD | \$500 copay/visit AD      | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Urgent Care   | \$65 copay/visit DW  | \$75 copay/visit DW  | \$75 copay/visit DW       | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| <b>Office Visits</b>  |                      |                      |                           |  |                           |                    |
| Preventive Care/Screening/Immunizations   | No Charge            |                      |                           |  |                           |                    |
| Primary Care  | \$25 copay/visit DW  | \$30 copay/visit DW  | \$30 copay/visit DW       | \$45 copay/ first 3 visits then 40% AD | 0% coinsurance AD         | \$45 copay         |
| Mental Health/Substance Abuse Services  | \$25 copay/visit DW  | \$30 copay/visit DW  | \$30 copay/visit DW       |  | 0% coinsurance AD         | \$45 copay         |
| Specialty Care  | \$40 copay/visit DW  | \$75 copay/visit DW  | \$75 copay/visit DW       | 40% coinsurance AD                     | 0% coinsurance AD         | \$75 copay AD      |
| Other Practitioner Care   | \$40 copay/visit DW  | \$75 copay/visit DW  | \$75 copay/visit DW       | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Habilitative Care   | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Rehabilitative Care   | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| <b>Pediatric Vision Services</b>  |                      |                      |                           |  |                           |                    |
| Vision Exam   | No Charge            |                      |                           |  |                           |                    |
| Corrective Lenses   | No Charge            |                      |                           |  |                           |                    |
| <b>Prescription Drugs</b>   |                      |                      |                           |  |                           |                    |
| Formulary Generic Drugs   | \$15 copay DW        | \$15 copay DW        | \$15 copay DW             | \$35 copay DW                          | 0% coinsurance AD         | \$25 copay         |
| Formulary Preferred Brand Drugs   | 25% coinsurance AD   | 25% coinsurance AD   | 25% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 25% coinsurance AD |
| Formulary Non Preferred Brand Drugs   | 50% coinsurance AD   | 50% coinsurance AD   | 50% coinsurance AD        | 50% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Specialty Drugs   | 25% coinsurance AD   | 25% coinsurance AD   | 25% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 25% coinsurance AD |
| <b>Outpatient Hospital / Facility Services</b>  |                      |                      |                           |  |                           |                    |
| Laboratory Services   | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Radiology Services  | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Specialized Scanning Services (CT, MRI, PET Scans)  | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Medical / Surgical Services   | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| <b>Inpatient Hospital Services</b>  |                      |                      |                           |  |                           |                    |
| Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care           | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Hospice Care  | 15% coinsurance AD   | 40% coinsurance AD   | 40% coinsurance AD        | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| <b>Transportation Assistance</b>  |                      |                      |                           |  |                           |                    |
| Emergency Transportation - Ambulance  | \$250 copay/trip AD  | \$250 copay/trip AD  | \$250 copay/trip AD       | 40% coinsurance AD                     | 0% coinsurance AD         | 50% coinsurance AD |
| Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments | Not Covered          |                      |                           |  |                           |                    |
| <b>SUPPLEMENTAL BENEFITS</b>  |                      |                      |                           |  |                           |                    |
| Virtual Visits - Instant Online Care  | No Charge            |                      |                           |  | 0% coinsurance AD         | No Charge          |
| 24-Hour Nurse Line  | No Charge            |                      |                           |  |                           |                    |
| U Baby Care - Prenatal & Postnatal Care   |                      |                      |                           |  |                           |                    |
| Tobacco Counseling, Smoking Cessation Program   |                      |                      |                           |  |                           |                    |

AD = After Deductible, DW = Deductible Waived

The 2019 Benefit Highlights is intended to be a summary of coverage benefits that lists some features of our plan, and does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please refer to each plans SBC for more details. Rev. 10/1/2018



# 2019 Individual Plans

HEALTHY PREFERRED

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## Cost Sharing Reduction (CSR) Plans

| Plans available through Marketplace Only  | SILVER COPAY 73% CSR | SILVER COPAY 87% CSR | SILVER COPAY 94% CSR |
|---|----------------------|----------------------|----------------------|
| <b>FEATURES</b>   |                      |                      |                      |
| Annual Deductible (individual/family)   | \$3,000/\$6,000      | \$400/\$800          | \$0/\$0              |
| Prescription Drug Deductible (individual/family)  | \$300/\$600          | \$150/\$300          | \$0/\$0              |
| Annual Out-of-Pocket Maximum (individual/family)  | \$5,850/\$11,700     | \$2,450/\$4,900      | \$1,500/\$3,000      |
| <b>BENEFITS</b>   |                      |                      |                      |
| <b>Emergency and Urgent Care</b>  |                      |                      |                      |
| Emergency Room  | \$250 copay/visit AD | \$250 copay/visit AD | \$100 copay/visit AD |
| Urgent Care   | \$75 copay/visit DW  | \$75 copay/visit DW  | \$50 copay/visit DW  |
| <b>Office Visits</b>  |                      |                      |                      |
| Preventive Care/Screening/Immunizations   | No Charge            |                      |                      |
| Primary Care  | \$30 copay/visit DW  | \$10 copay/visit DW  | \$10 copay/visit DW  |
| Mental Health/Substance Abuse Services  | \$30 copay/visit DW  | \$10 copay/visit DW  | \$10 copay/visit DW  |
| Specialty Care  | \$60 copay/visit DW  | \$30 copay/visit DW  | \$20 copay/visit DW  |
| Other Practitioner Care   | \$60 copay/visit DW  | \$30 copay/visit DW  | \$20 copay/visit DW  |
| Habilitative Care   | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| Rehabilitative Care   | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| <b>Pediatric Vision Services</b>  |                      |                      |                      |
| Vision Exam   | No Charge            |                      |                      |
| Corrective Lenses   | No Charge            |                      |                      |
| <b>Prescription Drugs</b>   |                      |                      |                      |
| Formulary Generic Drugs   | \$15 copay DW        | \$10 copay DW        | \$10 copay DW        |
| Formulary Preferred Brand Drugs   | 25% coinsurance AD   | 15% coinsurance AD   | 10% coinsurance AD   |
| Formulary Non Preferred Brand Drugs   | 50% coinsurance AD   | 50% coinsurance AD   | 50% coinsurance AD   |
| Specialty Drugs   | 25% coinsurance AD   | 20% coinsurance AD   | 20% coinsurance AD   |
| <b>Outpatient Hospital / Facility Services</b>  |                      |                      |                      |
| Laboratory Services   | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| Radiology Services  | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| Specialized Scanning Services (CT, MRI, PET Scans)  | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| Medical / Surgical Services   | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| <b>Inpatient Hospital Services</b>  |                      |                      |                      |
| Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care           | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| Hospice Care  | 30% coinsurance AD   | 25% coinsurance AD   | 10% coinsurance AD   |
| <b>Transportation Assistance</b>  |                      |                      |                      |
| Emergency Transportation - Ambulance  | \$250 copay/trip AD  | \$250 copay/trip AD  | \$250 copay/trip AD  |
| Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments | Not Covered          |                      |                      |
| <b>SUPPLEMENTAL BENEFITS</b>  |                      |                      |                      |
| Virtual Visits - Instant Online Care  | No Charge            |                      |                      |
| 24-Hour Nurse Line  | No Charge            |                      |                      |
| U Baby Care - Prenatal & Postnatal Care   | No Charge            |                      |                      |
| Tobacco Counseling, Smoking Cessation Program   | No Charge            |                      |                      |

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