

NY Health Exchange Products - SHOP Market

MetroPlus Health Plan, Inc.

**NY Health Benefits Exchange Products
SHOP Market**

Rates Effective 2015

Revised September 5, 2014

MetroPlus Health Plan, Inc.

NY Health Benefits Exchange Products SHOP Market

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MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective First Quarter 2015
Rating Area 4 - New York City Area

						<u>First Quarter 2015 Premium Rates</u>			
<u>Metal</u>	<u>Plan</u>	<u>Plan ID</u>	<u>Age 29 Rider</u>	<u>Domestic Partner</u>	<u>Family Planning</u>	<u>Single</u>	<u>Single and Spouse</u>	<u>Single and Child(ren)</u>	<u>Single, Spouse, Child(ren)</u>
Bronze	BronzePlus - B4	11177NY0020001	No	Yes	Yes	\$ 386.53	\$ 773.07	\$ 657.11	\$ 1,101.62
	BronzePlus - B4	11177NY0020002	Yes	Yes	Yes	416.16	832.32	707.47	1,186.06
	BronzePlus - B4	11177NY0020003	No	No	Yes	386.53	773.07	657.11	1,101.62
	BronzePlus - B4	11177NY0020004	Yes	No	Yes	416.16	832.32	707.47	1,186.06
	BronzePlus - B4	11177NY0020005	No	No	No	383.70	767.40	652.29	1,093.55
	BronzePlus - B4	11177NY0020006	Yes	No	No	413.33	826.66	702.66	1,177.99
	BronzePlus - B4	11177NY0020007	No	Yes	No	383.70	767.40	652.29	1,093.55
	BronzePlus - B4	11177NY0020008	Yes	Yes	No	413.33	826.66	702.66	1,177.99
Silver	SilverPlus - S4	11177NY0050001	No	Yes	Yes	428.72	857.44	728.83	1,221.85
	SilverPlus - S4	11177NY0050002	Yes	Yes	Yes	462.31	924.63	785.93	1,317.59
	SilverPlus - S4	11177NY0050003	No	No	Yes	428.72	857.44	728.83	1,221.85
	SilverPlus - S4	11177NY0050004	Yes	No	Yes	462.31	924.63	785.93	1,317.59
	SilverPlus - S4	11177NY0050005	No	No	No	425.51	851.02	723.37	1,212.70
	SilverPlus - S4	11177NY0050006	Yes	No	No	459.10	918.20	780.47	1,308.44
	SilverPlus - S4	11177NY0050007	No	Yes	No	425.51	851.02	723.37	1,212.70
	SilverPlus - S4	11177NY0050008	Yes	Yes	No	459.10	918.20	780.47	1,308.44
Gold	GoldPlus - G4	11177NY0090001	No	Yes	Yes	489.35	978.70	831.89	1,394.65
	GoldPlus - G4	11177NY0090002	Yes	Yes	Yes	528.64	1,057.28	898.69	1,506.62
	GoldPlus - G4	11177NY0090003	No	No	Yes	489.35	978.70	831.89	1,394.65
	GoldPlus - G4	11177NY0090004	Yes	No	Yes	528.64	1,057.28	898.69	1,506.62
	GoldPlus - G4	11177NY0090005	No	No	No	485.59	971.19	825.51	1,383.94
	GoldPlus - G4	11177NY0090006	Yes	No	No	524.88	1,049.77	892.30	1,495.92
	GoldPlus - G4	11177NY0090007	No	Yes	No	485.59	971.19	825.51	1,383.94
	GoldPlus - G4	11177NY0090008	Yes	Yes	No	524.88	1,049.77	892.30	1,495.92
Platinum	PlatinumPlus - P4	11177NY0120001	No	Yes	Yes	572.99	1,145.97	974.08	1,633.01
	PlatinumPlus - P4	11177NY0120002	Yes	Yes	Yes	620.14	1,240.27	1,054.23	1,767.39
	PlatinumPlus - P4	11177NY0120003	No	No	Yes	572.99	1,145.97	974.08	1,633.01
	PlatinumPlus - P4	11177NY0120004	Yes	No	Yes	620.14	1,240.27	1,054.23	1,767.39
	PlatinumPlus - P4	11177NY0120005	No	No	No	568.48	1,136.96	966.42	1,620.17
	PlatinumPlus - P4	11177NY0120006	Yes	No	No	615.63	1,231.26	1,046.57	1,754.54
	PlatinumPlus - P4	11177NY0120007	No	Yes	No	568.48	1,136.96	966.42	1,620.17
	PlatinumPlus - P4	11177NY0120008	Yes	Yes	No	615.63	1,231.26	1,046.57	1,754.54

Notes:

1. All medical, drug and pediatric dental benefit designs follow the state-mandated essential health benefits for the indicated metal level.
2. All Plans are to be sold on the NY Health Exchange, and only in Rating Area 4 (New York City Area)
3. There is an additional 3% for commission fees included in the above rates.
4. Tier relativities are 1.00 for Single Coverage, 2.00 for Single and Spouse Coverage, 1.70 for Single and Children Coverage, 2.85 for Single, Spouse and Child(ren) Coverage and 0.412 for Child Only Coverage.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective Second Quarter 2015
Rating Area 4 - New York City Area

						<u>Second Quarter 2015 Premium Rates</u>			
<u>Metal</u>	<u>Plan</u>	<u>Plan ID</u>	<u>Age 29 Rider</u>	<u>Domestic Partner</u>	<u>Family Planning</u>	<u>Single</u>	<u>Single and Spouse</u>	<u>Single and Child(ren)</u>	<u>Single, Spouse, Child(ren)</u>
Bronze	BronzePlus - B4	11177NY0020001	No	Yes	Yes	\$ 391.42	\$ 782.85	\$ 665.42	\$ 1,115.56
	BronzePlus - B4	11177NY0020002	Yes	Yes	Yes	421.43	842.86	716.43	1,201.07
	BronzePlus - B4	11177NY0020003	No	No	Yes	391.42	782.85	665.42	1,115.56
	BronzePlus - B4	11177NY0020004	Yes	No	Yes	421.43	842.86	716.43	1,201.07
	BronzePlus - B4	11177NY0020005	No	No	No	388.56	777.11	660.55	1,107.39
	BronzePlus - B4	11177NY0020006	Yes	No	No	418.56	837.12	711.55	1,192.89
	BronzePlus - B4	11177NY0020007	No	Yes	No	388.56	777.11	660.55	1,107.39
	BronzePlus - B4	11177NY0020008	Yes	Yes	No	418.56	837.12	711.55	1,192.89
Silver	SilverPlus - S4	11177NY0050001	No	Yes	Yes	434.15	868.29	738.05	1,237.32
	SilverPlus - S4	11177NY0050002	Yes	Yes	Yes	468.16	936.33	795.88	1,334.27
	SilverPlus - S4	11177NY0050003	No	No	Yes	434.15	868.29	738.05	1,237.32
	SilverPlus - S4	11177NY0050004	Yes	No	Yes	468.16	936.33	795.88	1,334.27
	SilverPlus - S4	11177NY0050005	No	No	No	430.89	861.79	732.52	1,228.05
	SilverPlus - S4	11177NY0050006	Yes	No	No	464.91	929.82	790.35	1,325.00
	SilverPlus - S4	11177NY0050007	No	Yes	No	430.89	861.79	732.52	1,228.05
	SilverPlus - S4	11177NY0050008	Yes	Yes	No	464.91	929.82	790.35	1,325.00
Gold	GoldPlus - G4	11177NY0090001	No	Yes	Yes	495.54	991.08	842.42	1,412.29
	GoldPlus - G4	11177NY0090002	Yes	Yes	Yes	535.33	1,070.66	910.06	1,525.69
	GoldPlus - G4	11177NY0090003	No	No	Yes	495.54	991.08	842.42	1,412.29
	GoldPlus - G4	11177NY0090004	Yes	No	Yes	535.33	1,070.66	910.06	1,525.69
	GoldPlus - G4	11177NY0090005	No	No	No	491.74	983.48	835.95	1,401.45
	GoldPlus - G4	11177NY0090006	Yes	No	No	531.52	1,063.05	903.59	1,514.85
	GoldPlus - G4	11177NY0090007	No	Yes	No	491.74	983.48	835.95	1,401.45
	GoldPlus - G4	11177NY0090008	Yes	Yes	No	531.52	1,063.05	903.59	1,514.85
Platinum	PlatinumPlus - P4	11177NY0120001	No	Yes	Yes	580.24	1,160.48	986.41	1,653.68
	PlatinumPlus - P4	11177NY0120002	Yes	Yes	Yes	627.98	1,255.97	1,067.57	1,789.76
	PlatinumPlus - P4	11177NY0120003	No	No	Yes	580.24	1,160.48	986.41	1,653.68
	PlatinumPlus - P4	11177NY0120004	Yes	No	Yes	627.98	1,255.97	1,067.57	1,789.76
	PlatinumPlus - P4	11177NY0120005	No	No	No	575.67	1,151.35	978.65	1,640.67
	PlatinumPlus - P4	11177NY0120006	Yes	No	No	623.42	1,246.84	1,059.81	1,776.75
	PlatinumPlus - P4	11177NY0120007	No	Yes	No	575.67	1,151.35	978.65	1,640.67
	PlatinumPlus - P4	11177NY0120008	Yes	Yes	No	623.42	1,246.84	1,059.81	1,776.75

Notes:

1. All medical, drug and pediatric dental benefit designs follow the state-mandated essential health benefits for the indicated metal level.
2. All Plans are to be sold on the NY Health Exchange, and only in Rating Area 4 (New York City Area)
3. There is an additional 3% for commission fees included in the above rates.
4. Tier relativities are 1.00 for Single Coverage, 2.00 for Single and Spouse Coverage, 1.70 for Single and Children Coverage, 2.85 for Single, Spouse and Child(ren) Coverage and 0.412 for Child Only Coverage.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective Third Quarter 2015
Rating Area 4 - New York City Area

						<u>Third Quarter 2015 Premium Rates</u>			
<u>Metal</u>	<u>Plan</u>	<u>Plan ID</u>	<u>Age 29 Rider</u>	<u>Domestic Partner</u>	<u>Family Planning</u>	<u>Single</u>	<u>Single and Spouse</u>	<u>Single and Child(ren)</u>	<u>Single, Spouse, Child(ren)</u>
Bronze	BronzePlus - B4	11177NY0020001	No	Yes	Yes	\$ 396.38	\$ 792.76	\$ 673.84	\$ 1,129.68
	BronzePlus - B4	11177NY0020002	Yes	Yes	Yes	426.76	853.52	725.49	1,216.27
	BronzePlus - B4	11177NY0020003	No	No	Yes	396.38	792.76	673.84	1,129.68
	BronzePlus - B4	11177NY0020004	Yes	No	Yes	426.76	853.52	725.49	1,216.27
	BronzePlus - B4	11177NY0020005	No	No	No	393.47	786.95	668.91	1,121.40
	BronzePlus - B4	11177NY0020006	Yes	No	No	423.86	847.71	720.56	1,207.99
	BronzePlus - B4	11177NY0020007	No	Yes	No	393.47	786.95	668.91	1,121.40
	BronzePlus - B4	11177NY0020008	Yes	Yes	No	423.86	847.71	720.56	1,207.99
Silver	SilverPlus - S4	11177NY0050001	No	Yes	Yes	439.64	879.28	747.39	1,252.97
	SilverPlus - S4	11177NY0050002	Yes	Yes	Yes	474.09	948.18	805.95	1,351.15
	SilverPlus - S4	11177NY0050003	No	No	Yes	439.64	879.28	747.39	1,252.97
	SilverPlus - S4	11177NY0050004	Yes	No	Yes	474.09	948.18	805.95	1,351.15
	SilverPlus - S4	11177NY0050005	No	No	No	436.35	872.69	741.79	1,243.59
	SilverPlus - S4	11177NY0050006	Yes	No	No	470.79	941.59	800.35	1,341.76
	SilverPlus - S4	11177NY0050007	No	Yes	No	436.35	872.69	741.79	1,243.59
	SilverPlus - S4	11177NY0050008	Yes	Yes	No	470.79	941.59	800.35	1,341.76
Gold	GoldPlus - G4	11177NY0090001	No	Yes	Yes	501.81	1,003.63	853.08	1,430.17
	GoldPlus - G4	11177NY0090002	Yes	Yes	Yes	542.10	1,084.21	921.58	1,544.99
	GoldPlus - G4	11177NY0090003	No	No	Yes	501.81	1,003.63	853.08	1,430.17
	GoldPlus - G4	11177NY0090004	Yes	No	Yes	542.10	1,084.21	921.58	1,544.99
	GoldPlus - G4	11177NY0090005	No	No	No	497.96	995.92	846.53	1,419.19
	GoldPlus - G4	11177NY0090006	Yes	No	No	538.25	1,076.50	915.03	1,534.02
	GoldPlus - G4	11177NY0090007	No	Yes	No	497.96	995.92	846.53	1,419.19
	GoldPlus - G4	11177NY0090008	Yes	Yes	No	538.25	1,076.50	915.03	1,534.02
Platinum	PlatinumPlus - P4	11177NY0120001	No	Yes	Yes	587.58	1,175.16	998.89	1,674.61
	PlatinumPlus - P4	11177NY0120002	Yes	Yes	Yes	635.93	1,271.86	1,081.08	1,812.40
	PlatinumPlus - P4	11177NY0120003	No	No	Yes	587.58	1,175.16	998.89	1,674.61
	PlatinumPlus - P4	11177NY0120004	Yes	No	Yes	635.93	1,271.86	1,081.08	1,812.40
	PlatinumPlus - P4	11177NY0120005	No	No	No	582.96	1,165.92	991.03	1,661.43
	PlatinumPlus - P4	11177NY0120006	Yes	No	No	631.31	1,262.62	1,073.23	1,799.23
	PlatinumPlus - P4	11177NY0120007	No	Yes	No	582.96	1,165.92	991.03	1,661.43
	PlatinumPlus - P4	11177NY0120008	Yes	Yes	No	631.31	1,262.62	1,073.23	1,799.23

Notes:

1. All medical, drug and pediatric dental benefit designs follow the state-mandated essential health benefits for the indicated metal level.
2. All Plans are to be sold on the NY Health Exchange, and only in Rating Area 4 (New York City Area)
3. There is an additional 3% for commission fees included in the above rates.
4. Tier relativities are 1.00 for Single Coverage, 2.00 for Single and Spouse Coverage, 1.70 for Single and Children Coverage, 2.85 for Single, Spouse and Child(ren) Coverage and 0.412 for Child Only Coverage.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective Fourth Quarter 2015
Rating Area 4 - New York City Area

						<u>Fourth Quarter 2015 Premium Rates</u>			
<u>Metal</u>	<u>Plan</u>	<u>Plan ID</u>	<u>Age 29 Rider</u>	<u>Domestic Partner</u>	<u>Family Planning</u>	<u>Single</u>	<u>Single and Spouse</u>	<u>Single and Child(ren)</u>	<u>Single, Spouse, Child(ren)</u>
Bronze	BronzePlus - B4	11177NY0020001	No	Yes	Yes	\$ 401.39	\$ 802.79	\$ 682.37	\$ 1,143.97
	BronzePlus - B4	11177NY0020002	Yes	Yes	Yes	432.16	864.32	734.67	1,231.66
	BronzePlus - B4	11177NY0020003	No	No	Yes	401.39	802.79	682.37	1,143.97
	BronzePlus - B4	11177NY0020004	Yes	No	Yes	432.16	864.32	734.67	1,231.66
	BronzePlus - B4	11177NY0020005	No	No	No	398.45	796.91	677.37	1,135.59
	BronzePlus - B4	11177NY0020006	Yes	No	No	429.22	858.44	729.67	1,223.28
	BronzePlus - B4	11177NY0020007	No	Yes	No	398.45	796.91	677.37	1,135.59
	BronzePlus - B4	11177NY0020008	Yes	Yes	No	429.22	858.44	729.67	1,223.28
Silver	SilverPlus - S4	11177NY0050001	No	Yes	Yes	445.20	890.41	756.85	1,268.83
	SilverPlus - S4	11177NY0050002	Yes	Yes	Yes	480.09	960.17	816.15	1,368.25
	SilverPlus - S4	11177NY0050003	No	No	Yes	445.20	890.41	756.85	1,268.83
	SilverPlus - S4	11177NY0050004	Yes	No	Yes	480.09	960.17	816.15	1,368.25
	SilverPlus - S4	11177NY0050005	No	No	No	441.87	883.74	751.18	1,259.33
	SilverPlus - S4	11177NY0050006	Yes	No	No	476.75	953.50	810.48	1,358.74
	SilverPlus - S4	11177NY0050007	No	Yes	No	441.87	883.74	751.18	1,259.33
	SilverPlus - S4	11177NY0050008	Yes	Yes	No	476.75	953.50	810.48	1,358.74
Gold	GoldPlus - G4	11177NY0090001	No	Yes	Yes	508.16	1,016.33	863.88	1,448.27
	GoldPlus - G4	11177NY0090002	Yes	Yes	Yes	548.96	1,097.93	933.24	1,564.55
	GoldPlus - G4	11177NY0090003	No	No	Yes	508.16	1,016.33	863.88	1,448.27
	GoldPlus - G4	11177NY0090004	Yes	No	Yes	548.96	1,097.93	933.24	1,564.55
	GoldPlus - G4	11177NY0090005	No	No	No	504.26	1,008.53	857.25	1,437.15
	GoldPlus - G4	11177NY0090006	Yes	No	No	545.06	1,090.13	926.61	1,553.43
	GoldPlus - G4	11177NY0090007	No	Yes	No	504.26	1,008.53	857.25	1,437.15
	GoldPlus - G4	11177NY0090008	Yes	Yes	No	545.06	1,090.13	926.61	1,553.43
Platinum	PlatinumPlus - P4	11177NY0120001	No	Yes	Yes	595.02	1,190.03	1,011.53	1,695.80
	PlatinumPlus - P4	11177NY0120002	Yes	Yes	Yes	643.98	1,287.96	1,094.76	1,835.34
	PlatinumPlus - P4	11177NY0120003	No	No	Yes	595.02	1,190.03	1,011.53	1,695.80
	PlatinumPlus - P4	11177NY0120004	Yes	No	Yes	643.98	1,287.96	1,094.76	1,835.34
	PlatinumPlus - P4	11177NY0120005	No	No	No	590.34	1,180.67	1,003.57	1,682.46
	PlatinumPlus - P4	11177NY0120006	Yes	No	No	639.30	1,278.60	1,086.81	1,822.00
	PlatinumPlus - P4	11177NY0120007	No	Yes	No	590.34	1,180.67	1,003.57	1,682.46
	PlatinumPlus - P4	11177NY0120008	Yes	Yes	No	639.30	1,278.60	1,086.81	1,822.00

Notes:

1. All medical, drug and pediatric dental benefit designs follow the state-mandated essential health benefits for the indicated metal level.
2. All Plans are to be sold on the NY Health Exchange, and only in Rating Area 4 (New York City Area)
3. There is an additional 4% for commission fees included in the above rates.
4. Tier relativities are 1.00 for Single Coverage, 2.00 for Single and Spouse Coverage, 1.70 for Single and Children Coverage, 2.85 for Single, Spouse and Child(ren) Coverage and 0.412 for Child Only Coverage.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Sample Rate Calculation

Medical Plan: SilverPlus - S4
Effective Date: 1/1/2015
Market: Individual
Region: Rating Area 4 - New York City Area

Medical and Drug Calculation

Medical and Drug Index Rate	\$	532.62	(1)
Silver Pricing Value		0.7136	(2)
Plan Design Level Adjustments	\$	109.33	(3)
Silver Medical and Drug Start Rate		489.41	(4)
Effective Date Adjustment		1.00	(5)
Area Factor		1.00	(6)
DFS Adjustment Factor		0.8760	
Area and Trend Adjusted Medical and Drug Start Rate		428.72	(7)

Optional Rider

Age 29 Rider	\$33.59	(8)
Eliminate Family Planning	(3.21)	(9)
Cover Domestic Partners	-	(10)

Tier Relativities

Single	1.000	(11)
Single and Spouse	2.000	
Single and Child(ren)	1.700	
Single, Spouse, Child(ren)	2.850	

<u>Monthly Rates</u>		With Age 29 Rider	Eliminate Family Planning	Cover Domestic Partners	With Age 29	With Age 29
					Rider	Rider
Single	428.72	462.31	425.51	428.72	459.10	462.31
Single and Spouse	857.44	924.63	851.02	857.44	918.20	924.63
Single and Child(ren)	728.83	785.93	723.37	728.83	780.47	785.93
Single, Spouse, Child(ren)	1,221.85	1,317.59	1,212.70	1,221.85	1,308.44	1,317.59

- (1) Starting index rate for all metals.
- (2) Silver Pricing Actuarial Value
- (3) Plan level adjustments.
- (4) = (1) x (2) + (3)
- (5) Rates effective for 1/1/2015; trend 1.13% for 4/1/2015; 2.5% for 7/1/2015; 3.8% for 10/1/2015
- (6) Single rating area
- (7) = (4) x (5) x (6)
- (8) Coverage to age 29 optional rider
- (9) Optional rider to eliminate Family Planning
- (10) Optional rider to cover domestic partners
- (11) Tier Factors as prescribed by New York State.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective 2015

Commissions 3.00%

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective 2015

Counties in Rating Area

New York County
Kings County
Bronx County
Queens Coutny

MetroPlus Health Plan, Inc.
NY Health Exchange Products - SHOP Market

Premium Rates Effective 2015

Expected Loss Ratio

Expected Loss Ratio 95%

STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final versions for 2015) and NYS laws/regulations.

**Note: The Catastrophic plan design was revised to reflect the official HHS OOP maximum of \$6,600 (single) for calendar year 2015.

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,200	\$250	\$0	\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$4,000	\$5,500	\$5,200	\$2,000	\$1,000	\$6,350	\$6,600	\$0
COST SHARING - MEDICAL SERVICES									
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	\$15	\$25	\$30	\$30	\$15	\$10	50% cost sharing	0% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	\$50	\$35	\$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	\$30	\$25	\$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing

INPATIENT HOSPITAL SERVICES

Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit	50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #	50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #	50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #	50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #	50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #	50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #	50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility	50% cost sharing	0% cost sharing	0% cost sharing

EMERGENCY MEDICAL SERVICES

Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
Physician charge - Emergency Room visit	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	\$0 copay						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES									
Bone density testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.						50% cost sharing	0% cost sharing	0% cost sharing
Cervical cytology									
Colonoscopy screening	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Gynecological exams									
Immunizations									
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									
PHYSICIAN/PROFESSIONAL SERVICES									
Inpatient hospital surgery - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing

Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
				Silver - CSR Versions					sharing variation
TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Less than or equal to 300% FPL
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)						50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
ADDITIONAL BENEFITS/SERVICES									
ABA treatment for Autism Spectrum Disorder	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device						50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.								
PEDIATRIC DENTAL SERVICES									
Dental office visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES									
Eye exam visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames						50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing

Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing

PRESCRIPTION DRUGS

Generic or Tier 1	\$10	\$10	\$10	\$10	\$9	\$6	\$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	\$20	\$15	\$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	\$40	\$30	\$70	0% cost sharing	0% cost sharing

Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply

Additional Instructions:

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:

For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.

There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.

For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.

The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

For all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.

If the copay payable is more than the allowed amount (or remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount).

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.

For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.

For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA.

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.

These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.

These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

Note: The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan will have its own deductible and cost sharing arrangements and associated premium.