

# Individual Plans Benefit Summary 2017

Benefit Plan	Deductible		Annual Maximum Out-of-Pocket <i>(includes all deductibles, co-pays and co-insurance)</i>		Co-insurance		Office Visit			Pediatric Dental <sup>1</sup>	Emergency Room	Urgent Care	Pharmacy Services				
	Per Covered Person	Per Family	Per Covered Person	Per Family	Inpatient	Outpatient	Primary Care Physician	Specialty Care Physician	Preventive Services				Deductible	Generic (most), Tier 1	Preferred Brand, Tier 2	Other Brand/Non-Formulary, Tier 3	Specialty Formulary Brand/Non-Formulary, Tier 4

## Bronze

<b>Bronze 6500</b>	\$6,500	\$13,000	\$7,150	\$14,300	40%	40%	First 5 visits at \$45 then D&C	40%	No Cost to You	40%	40%	\$75	\$650 (Tier 2-4)	\$20	\$45	\$75	\$100
<b>Bronze 6550</b> <i>(May be used with HSA arrangement)</i>	\$6,550	\$13,100	\$6,550	\$13,100	0%	0%	0%	0%	No Cost to You	0%	0%	0%	Medical Deductible and Co-insurance	0%	0%	0%	0%

## Silver

<b>Silver 3000</b>	\$3,000	\$6,000	\$6,350	\$12,700	30%	30%	\$30	\$50	No Cost to You	30%	30%	30%	\$0	\$15	\$45	\$75	\$100
<b>Silver 3500</b> <i>(May be used with HSA arrangement)</i>	\$3,500	\$7,000	\$4,000	\$8,000	20%	20%	20%	20%	No Cost to You	20%	20%	20%	Medical Deductible and Co-insurance	20%	20%	20%	20%
<b>Silver 4000</b>	\$4,000	\$8,000	\$6,000	\$12,000	20%	20%	First 3 visits at \$10 then D&C	20%	No Cost to You	20%	\$450	\$75	\$0	\$15	\$45	\$75	\$100

## Gold

<b>Gold 1000</b>	\$1,000	\$2,000	\$6,000	\$12,000	20%	20%	\$20	\$40	No Cost to You	20%	\$200	\$75	\$0	\$15	\$45	\$75	\$100
<b>Gold 1500</b>	\$1,500	\$3,000	\$5,000	\$10,000	10%	10%	\$20	\$30	No Cost to You	10%	\$150	\$75	\$0	\$15	\$45	\$75	\$100

## Catastrophic *(Under 30 Years Old)*

<b>High Deductible Health Plan</b>	\$7,150	\$14,300	\$7,150	\$14,300	0%	0%	1st 3 visits \$0 member costshare; subsequent visits 0%	0%	No Cost to You	0%	0%	0%	Medical Deductible and Co-insurance	0%	0%	0%	0%
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The benefit details are a summary for informational and comparison purposes only. Please review the Individual Health Plan Policy for a detailed description of benefits, co-pays, co-insurance, deductibles, limitations and exclusions. The summary of benefits are based on in-network providers and member cost shares may be more for services received from an out-of-network provider.

Percentages demonstrate member's responsibility (after deductible is met).

\*D&C is used as an abbreviation for Deductible and Co-pay/Co-insurance.

<sup>1</sup>Dependent children through age 18.

*All Plans Are Qualified Health Plans*  
*(Plans Available Beginning: 1/1/2017)*