

Small Group 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 ¹	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

Partners 60 Bronze 6500	\$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
Partners 100 Bronze 6550 <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

Partners 70 Silver 3000	\$3,000	\$6,000	\$6,350	\$12,700	30%	30%	\$30	\$50	No Cost to You	30%	30%	30%	\$0	\$15	\$45	\$75	\$100
Partners 80 Silver 3500 <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%
Partners 80 Silver 4000	\$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

Partners 80 Gold 1000	\$1,000	\$2,000	\$6,000	\$12,000	20%	20%	\$20	\$40	No Cost to You	20%	\$200	\$75	\$0	\$15	\$45	\$75	\$100
Partners 80 Gold 1500	\$1,500	\$3,000	\$4,000	\$8,000	20%	20%	\$20	\$30	No Cost to You	20%	\$200	\$75	\$0	\$10	\$35	\$75	\$100
Partners 80 Gold 2000	\$2,000	\$4,000	\$3,000	\$6,000	20%	20%	\$30	\$50	No Cost to You	20%	\$200	\$75	\$0	\$10	\$35	\$75	\$100
Partners 90 Gold 1500	\$1,500	\$3,000	\$5,000	\$10,000	10%	10%	\$20	\$30	No Cost to You	10%	\$150	\$75	\$0	\$15	\$45	\$75	\$100
Partners HRA Gold 2500* <i>Annual Employer HRA Contribution \$500</i>	\$2,500	\$5,000	\$5,000	\$10,000	30%	30%	\$30	\$50	No Cost to You	30%	\$200	\$75	\$0	\$10	\$35	\$75	\$100

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).

*Employers are responsible for making the HRA amount available for first dollar spending in the benefit year annually.

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

¹Dependent children through age 18.

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