# 2019 Individual Plans

**Benefits Highlights**

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>GOLD COPAY</th>
<th>SILVER COPAY</th>
<th>SILVER COPAY (OFF)</th>
<th>BRONZE 3 COPAY</th>
<th>BRONZE HSA</th>
<th>EXPANDED BRONZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (individual/family)</td>
<td>$1,500/$3,000</td>
<td>$4,000/$8,000</td>
<td>$4,000/$8,000</td>
<td>$6,550/$13,100</td>
<td>$6,750/$13,500</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Prescription Drug Deductible (individual/family)</td>
<td>$500/$1,000</td>
<td>$1,200/$2,400</td>
<td>Included with medical ded</td>
<td>Included with medical ded</td>
<td>Included with medical ded</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>$7,000/$14,000</td>
<td>$7,350/$14,700</td>
<td>$7,900/$15,800</td>
<td>$7,350/$14,700</td>
<td>$6,750/$13,500</td>
<td>$7,900/$15,800</td>
</tr>
</tbody>
</table>

**BENEFITS**

**Emergency and Urgent Care**

- **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

**Office Visits**

- **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
  - 40% coinsurance AD
  - 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
  - $77 copay AD

- **Other Practitioner Care**
  - 15% coinsurance AD
  - 40% coinsurance AD
  - 40% coinsurance AD
  - 40% coinsurance AD
  - 0% coinsurance AD
  - 50% coinsurance AD

- **Habilitation 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

**Pediatric Vision Services**

- **Vision Exam**
  - No Charge

- **Corrective Lenses**
  - No Charge

**Prescription Drugs**

- **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

**Outpatient Hospital / Facility Services**

- **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

**Inpatient Hospital Services**

- **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

**Transportation Assistance**

- **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

**SUPPLEMENTAL BENEFITS**

- **Virtual Visits – Instant Online Care**
  - No Charge
  - 0% coinsurance AD
  - No Charge

- **24-Hour Nurse Line**
  - No Charge

- **U Baby Care - Prenatal & Postnatal Care**
  - No Charge

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
Cost Sharing Reduction (CSR) Plans

<table>
<thead>
<tr>
<th>Plans available through Marketplace Only</th>
<th>SILVER COPAY 73% CSR</th>
<th>SILVER COPAY 87% CSR</th>
<th>SILVER COPAY 94% CSR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEATURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible (individual/family)</td>
<td>$3,000/$6,000</td>
<td>$400/$600</td>
<td>$0/$0</td>
</tr>
<tr>
<td>Prescription Drug Deductible (individual/family)</td>
<td>$300/$600</td>
<td>$150/$300</td>
<td>$0/$0</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>$5,850/$11,700</td>
<td>$2,450/$4,900</td>
<td>$1,500/$3,000</td>
</tr>
</tbody>
</table>

| **BENEFITS**                             |                       |                       |                       |
| Emergency and Urgent Care               |                       |                       |                       |
| 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    |
| Office Visits                           |                       |                       |                       |
| 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    |
| Rehabilitative Care                     | 30% coinsurance AD    | 25% coinsurance AD    | 10% coinsurance AD    |
| Habilitative Care                       | 30% coinsurance AD    | 25% coinsurance AD    | 10% coinsurance AD    |
| Pediatric Vision Services               | 30% coinsurance AD    | 25% coinsurance AD    | 10% coinsurance AD    |

| Vision Exam                             |                       |                       |                       |
| Corrective Lenses                       |                       |                       |                       |
| Prescription Drugs                      |                       |                       |                       |
| 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    |
| Outpatient Hospital / Facility Services  |                       |                       |                       |
| 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    |
| Inpatient Hospital Services             | 30% coinsurance AD    | 25% coinsurance AD    | 10% coinsurance AD    |
| 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    |
| Transportation Assistance               |                       |                       |                       |
| Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments | $250 copay/trip AD | $250 copay/trip AD | $250 copay/trip AD |
| Emergency Transportation - Ambulance    |                       |                       |                       |

| **SUPPLEMENTAL BENEFITS**                |                       |                       |                       |
| Virtual Visits - Instant Online Care     |                       |                       |                       |
| 24-Hour Nurse Line                       |                       |                       |                       |
| 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.

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