# 2020 Individual Plans

## Benefits Highlights

### Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Gold Copay</th>
<th>Silver Copay</th>
<th>Silver COPAY (OFF)</th>
<th>Bronze COPAY</th>
<th>Bronze HSA</th>
<th>Expanded Bronze HSA</th>
<th>Expanded Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (individual/family)</td>
<td>$1,500/$3,000</td>
<td>$3,500/$7,000</td>
<td>$4,500/$9,000</td>
<td>$6,550/$13,100</td>
<td>$6,900/$13,800</td>
<td>$4,000/$8,000</td>
<td>$3,500/$7,000</td>
</tr>
<tr>
<td>Prescription Drug Deductible (individual/family)</td>
<td>$500/$1,000</td>
<td>$2,000/$4,000</td>
<td>Included with MD</td>
<td>Included with MD</td>
<td>Included with MD</td>
<td>Included with MD</td>
<td>$1,650/$3,300</td>
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<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>$7,000/$14,000</td>
<td>$8,000/$16,000</td>
<td>$8,150/$16,300</td>
<td>$8,150/$16,300</td>
<td>$6,900/$13,800</td>
<td>$6,900/$13,800</td>
<td>$8,150/$16,300</td>
</tr>
</tbody>
</table>

### Benefits

#### Emergency and Urgent Care

- **Emergency Room**
  - $200 copay/visit AD
  - $500 copay/visit AD
  - $500 copay/visit AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD
  - 50% Co AD

- **Urgent Care**
  - $25 copay/visit DW
  - $30 copay/visit DW
  - $30 copay/visit DW
  - $45 copay/first 3 visits then 40% AD
  - 0% Co AD
  - $25 copay AD
  - $45 copay/visit DW

#### Office Visits

- **Preventive Care/Screening/Immunizations**

#### Vision Services

- **Adult Annual Routine Vision Exam**
  - No Charge

- **Pediatric Vision Exam & Corrective Lenses**
  - No Charge

#### Prescription Drugs

- **Formulary Generic Drugs**
  - $15 copay DW
  - $15 copay DW
  - $15 copay DW
  - $35 copay DW
  - 0% Co AD
  - 30% Co AD
  - $25 copay AD

- **Formulary Preferred Brand Drugs**
  - 25% Co AD
  - 25% Co AD
  - 25% Co AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD

- **Formulary Non Preferred Brand Drugs**
  - 50% Co AD
  - 50% Co AD
  - 50% Co AD
  - 50% Co AD

#### Outpatient Hospital / Facility Services

- **Laboratory Services**
  - 20% Co AD
  - 40% Co AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD
  - 50% Co AD

- **Radiology Services**
  - 20% Co AD
  - 40% Co AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD
  - 50% Co AD

#### Inpatient Hospital Services

- **Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care**
  - 20% Co AD
  - 40% Co AD
  - 40% Co AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD
  - 50% Co AD

- **Hospice Care**
  - 20% Co AD
  - 40% Co AD
  - 40% Co AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD
  - 50% Co AD

#### Transportation Assistance

- **Emergency Transportation - Ambulance**
  - $250 copay/trip AD
  - $250 copay/trip AD
  - $250 copay/trip AD
  - 40% Co AD
  - 0% Co AD
  - 30% Co AD
  - 50% Co AD

- **Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments**
  - Not Covered

#### Supplemental Benefits

- **MD Live 24/7 Telehealth**
  - No Charge
  - 0% Co AD
  - No Charge

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

- **24-Hour Nurse Line**

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

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MD = Medical Deductible, AD = After Deductible, Co AD = Coinsurance After Deductible, DW = Deductible Waived

The 2020 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. 9/2019
### 2020 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>
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</thead>
<tbody>
<tr>
<td><strong>FEATURES</strong></td>
<td></td>
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</tr>
<tr>
<td>Annual Deductible (individual/family)</td>
<td>$3,000/$6,000</td>
<td>$400/$800</td>
<td>$0/$0</td>
</tr>
<tr>
<td>Prescription Drug Deductible (individual/family)</td>
<td>$500/$1,000</td>
<td>$150/$300</td>
<td>$0/$0</td>
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<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>$6,500/$13,000</td>
<td>$2,600/$5,200</td>
<td>$1,600/$3,200</td>
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<tr>
<td><strong>BENEFITS</strong></td>
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<tr>
<td><strong>Emergency and Urgent Care</strong></td>
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<tr>
<td>Emergency Room</td>
<td>$250 copay/visit AD</td>
<td>$250 copay/visit AD</td>
<td>$100 copay/visit AD</td>
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<td>Urgent Care</td>
<td>$30 copay/visit DW</td>
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<tr>
<td>Preventive Care/Screening/Immunizations</td>
<td>No Charge</td>
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<td>Primary Care</td>
<td>$30 copay/visit DW</td>
<td>$10 copay/visit DW</td>
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<td>Mental Health/Substance Abuse Services</td>
<td>$30 copay/visit DW</td>
<td>$10 copay/visit DW</td>
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<tr>
<td>Specialty Care</td>
<td>$60 copay/visit DW</td>
<td>$30 copay/visit DW</td>
<td>$20 copay/visit DW</td>
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<tr>
<td>Other Practitioner Care</td>
<td>$60 copay/visit DW</td>
<td>$30 copay/visit DW</td>
<td>$20 copay/visit DW</td>
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<td>Habilitative Care</td>
<td>30% Co AD</td>
<td>25% Co AD</td>
<td>10% Co AD</td>
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<tr>
<td>Rehabilitative Care</td>
<td>30% Co AD</td>
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<td>Specialized Scanning Services (CT, MRI, PET Scans)</td>
<td>30% Co AD</td>
<td>25% Co AD</td>
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<td>Medical / Surgical Services</td>
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<td>Tobacco Counseling, Smoking Cessation Program</td>
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