

2018 Individual Plans

HEALTHY PREFERRED

HEALTHY PREMIER

Benefits Highlights

	GOLD COPAY	SILVER COPAY	SILVER COPAY (OFF)	BRONZE 3 COPAY	BRONZE HSA
FEATURES					
Annual Deductible (individual/family)	\$1,500/\$3,000	\$4,500/\$9,000	\$4,000/\$8,000	\$6,550/\$13,100	\$6,650/\$13,300
Prescription Drug Deductible (individual/family)	\$500/\$1,000	\$1,200/\$2,400	Included with medical ded	Included with medical ded	
Annual Out-of-Pocket Maximum (individual/family)	\$7,000/\$14,000	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$6,650/\$13,300
BENEFITS					
Emergency and Urgent Care					
Emergency Room	\$200 copay/visit AD	\$500 copay/visit AD	\$500 copay/visit AD	50% coinsurance AD	0% coinsurance AD
Urgent Care	\$65 copay/visit DW	\$75 copay/visit DW	\$75 copay/visit DW	50% coinsurance AD	0% 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 50% AD	0% coinsurance AD
Mental Health/Substance Abuse Services	\$25 copay/visit DW	\$30 copay/visit DW	\$30 copay/visit DW		0% coinsurance AD
Specialty Care	\$40 copay/visit DW	\$75 copay/visit DW	\$75 copay/visit DW	50% coinsurance AD	0% coinsurance AD
Other Practitioner Care	\$40 copay/visit DW	\$75 copay/visit DW	\$75 copay/visit DW	50% coinsurance AD	0% coinsurance AD
Habilitative Care	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Rehabilitative Care	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Pediatric Vision Services					
Vision Exam	No Charge				0% coinsurance AD
Corrective Lenses					
Prescription Drugs					
Formulary Generic Drugs	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$35 copay DW	0% coinsurance AD
Formulary Preferred Brand Drugs	25% coinsurance AD	25% coinsurance AD	25% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Formulary Non Preferred Brand Drugs	50% coinsurance AD	50% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Specialty Drugs	25% coinsurance AD	25% coinsurance AD	25% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Outpatient Hospital / Facility Services					
Laboratory Services	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Radiology Services	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Specialized Scanning Services (CT, MRI, PET Scans)	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Medical / Surgical Services	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Inpatient Hospital Services					
Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Hospice Care	15% coinsurance AD	40% coinsurance AD	50% coinsurance AD	50% coinsurance AD	0% coinsurance AD
Transportation Assistance					
Emergency Transportation - Ambulance	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	50% coinsurance AD	0% 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
24-Hour Nurse Line	No Charge				
U Baby Care - Prenatal & Postnatal Care					
Tobacco Counseling, Smoking Cessation Program					

AD = After Deductible, DW = Deductible Waived

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Cost Sharing Reduction (CSR) Plans

Plans available through Marketplace Only	SILVER COPAY 73% CSR	SILVER COPAY 87% CSR	SILVER COPAY 94% CSR
FEATURES			
Annual Deductible (individual/family)	\$3,000/\$6,000	\$400/\$800	\$0/\$0
Prescription Drug Deductible (individual/family)	\$300/\$600	\$150/\$300	\$0/\$0
Annual Out-of-Pocket Maximum (individual/family)	\$5,850/\$11,700	\$2,450/\$4,900	\$2,450/\$4,900
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	\$5 copay/visit DW
Mental Health/Substance Abuse Services	\$30 copay/visit DW	\$10 copay/visit DW	\$5 copay/visit DW
Specialty Care	\$60 copay/visit DW	\$30 copay/visit DW	\$10 copay/visit DW
Other Practitioner Care	\$60 copay/visit DW	\$30 copay/visit DW	\$10 copay/visit DW
Habilitative Care	30% coinsurance AD	25% coinsurance AD	10% coinsurance AD
Rehabilitative Care	30% coinsurance AD	25% coinsurance AD	10% coinsurance AD
Pediatric Vision Services			
Vision Exam	No Charge		
Corrective Lenses	No Charge		
Prescription Drugs			
Formulary Generic Drugs	\$15 copay DW	\$10 copay DW	\$3 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
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Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	30% coinsurance AD	25% coinsurance AD	10% coinsurance AD
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Transportation Assistance			
Emergency Transportation - Ambulance	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD
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