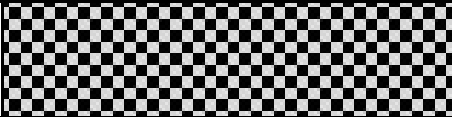


Draft Individual Benefits Template, RBIS, version 1

Issuer ID	Product Smart ID (Issuer ID + State + Product ID)	Temp Plan ID (ProdSmartID + 4 digit #)	Plan Name	Plan Type	Provider Network	Primary Care Physician Required	Specialist Referrals Required	Annual Deductible
10029	10029MD001		Spectrum 1000	PPO	This is a preferred provider network.	No	No	50 Individual / 100 Deductible
10029	10029MD001		Spectrum 1500					100/201
10029	10029MD001		Spectrum 2200					200/301
10029	10029MD001		Spectrum 2500					300/501
10029	10029MD002		Advantage 500	HMO	No	No	No	1000/2000
10029	10029MD002		Advantage 700					2001/4000
10029	10029MD003		Prestige 1200	PPO	No	No	No	None

Key:	
Product Level Data Populated from First Plan	

HSA Eligible	Out-of-Network Coverage	Out-of-Country Coverage	Admin Fees(In Network)	Annual Out-of-Pocket Limit (In Network)	OOP Exceptions and Limits	Out of Pocket Limit (Out Network)	Deductible(Other Services)	In-Network Coinsurance	Coinsurance(Out Network)	Annual Maximum Limit
No	Yes	NA	50	No Limit		\$X Individual/\$X Family	\$X Individual/\$X Family	X % After deductible	X % After deductible	No Limit
	No									
No	Yes	NA	50	200/2929		12500/25000	10000/20000	20	50	200/2932
No	Yes	NA	100	No Limit		No Limit	None	40	60	200/2934

50/101  
100/201  
200/301

Primary care visit to treat an injury or illness:			Specialist Visit:			Other practitio	
In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network
\$X Individual/\$X Family	\$X Individual/\$X Family		--	X% Coinsurance after deductible		--	X% Coinsurance after deductible
50/101	50/101		50	50		--	X% Coinsurance after deductible
50/101	50/101		100	150		\$50 Copay/ \$70 Copay with \$300	\$50 Copay/ \$70 Copay with \$300 annual maximum

				Diagnostic tests and Lab Wo				
ner office visit:	Preventive care/screening/immunization:			In Network			Out-of-Net	
Limitations and Exception	In Network	Out of Network	Limitations and Exception	Doctor's offices	Standalone centers	Hospitals	Doctor's offices	Standalone centers
	--	X% Coinsurance after deductible		--	\$X Copay	\$X Copay	\$X Copay	Not Covered
		No Charge after deductible		\$50 Copay/ \$70 Copay with \$300 annual maximum	50	50	70	Not Covered
	\$50 Copay/ \$70 Copay with \$300 annual maximum	Not Covered		\$50 Copay/ \$70 Copay with \$300 annual maximum	30	50	80	\$70 Copay 10 Visits per insured per contract

Work	Hospitals	Exceptions	Imaging (CT/PET scans, MRIs)						Exceptions	Doctor's offices
			In Network			Out-of-Network				
			Doctor's offices	Standalone centers	Hospitals	Doctor's offices	Standalone centers	Hospitals		
X% Coinsurance after deductible			X% Coinsurance before deductible	\$X Copay	X% Coinsurance after deductible	\$X Copay	X% Coinsurance after deductible	\$X Copay		\$X Copay
10			40	75	50	70	70	10		50
X% Coinsurance after deductible			X% Coinsurance before deductible	\$X Copay	X% Coinsurance after deductible	\$X Copay	X% Coinsurance after deductible	\$X Copay		\$X Copay

Advanced Imaging					X-Rays				
In Network		Out-of-Network			Exceptions	In Network			Doctor's offices
Standalone centers	Hospitals	Doctor's offices	Standalone centers	Hospitals		Doctor's offices	Standalone centers	Hospitals	
--	\$X Individual / \$X Family	\$X Copay	\$X Copay	X% Coinsurance before deductible		\$X Copay	X% Coinsurance after deductible	X% Coinsurance before deductible	\$X Individual / \$X Family
	500/500	20	80	150		500	20	80	150/150
--	\$X Individual / \$X Family	\$X Copay	\$X Copay	X% Coinsurance before deductible		\$X Copay	X% Coinsurance after deductible	X% Coinsurance before deductible	\$X Individual / \$X Family

Out-of-Network		Exceptions	Generic Drugs			Preferred brand drugs		
Standalone centers	Hospitals		Fixed Cost	Co-Insurance	Exceptions and Limitations	Fixed Cost	Co-Insurance	Exceptions and Limitations
90	X% Coinsurance after deductible		\$X Copay	\$X Copay		X% Coinsurance after deductible	X% Coinsurance after deductible	
	50		50	50		50	50	
90	X% Coinsurance after deductible		\$X Copay	\$X Copay		X% Coinsurance after deductible	X% Coinsurance after deductible	

Non-Preferred brand drugs			Specialty drugs (e.g., chemotherapy)			Outpatient Surgery Facility fee (e.g.,		
Fixed Cost	Co-Insurance	Exceptions and Limitations	Fixed Cost	Co-Insurance	Exceptions and Limitations	In Network	Out of Network	Limitations and Exception
X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible	
50	50		50	50		50	50	
X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible	



Outpatient Surgery Physician/surgeon fees			Emergency room services			Emergency medical transportation			
In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network
X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible
50	50		50	50		50	50		50
X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible

Urgent care		Hospital Stay Facility fee (e.g., hospital room)			Hospital Stay Physician/surgeon fee			Mental/Behavioral health outp	
Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network
X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible
50		50	50		50	50		50	50
X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible

atient services	Substance use disorder outpatient services			Prenatal and postnatal care			Delivery and all inpatient services for		
Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception
	X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible	
	50	50		50	50		50	50	
	X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible	

Home health care			Rehabilitation services			Habilitation services			Sk
In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network
X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible
50	50		50	50		50	50		50
X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible

Skilled nursing care		Durable medical equipment			Hospice service			Eye exam for childr	
Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network
X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible
50		50	50		50	50		50	50
X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible

Children	Glasses for children			Dental check-up for children			
Limitations and Exception	In Network	Out of Network	Limitations and Exception	In Network	Out of Network	Limitations and Exception	Plan Brochure
	X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		
	50	50		50	50		
	X% Coinsurance after deductible	X% Coinsurance after deductible		X% Coinsurance after deductible	X% Coinsurance after deductible		

