

Plans & Benefits Template

To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required

Fields with a tilde "~" indicate a field that would be added for PY 2017 under this PRA package. Fields with a caret "^" indicates revisions that will be
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.

To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.

To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

HIOS Issuer ID*					
Issuer State*					
Market Coverage*					
Dental Only Plan*					
TIN*					
Multi-State Plan~					
Benchmark Used~					
Plan Identifiers - HIOS Plan ID* (Standard Component)	Plan Identifiers - Plan Marketing Name*	Plan Identifiers - HIOS Product ID*	Plan Identifiers - HPID	Plan Identifiers - Network ID*	Plan Identifiers - Service Area ID*

Benefits	Benefit Information - EHB	Benefit Information - EHB Category ^{~*}	Benefit Information - State-Required Benefit	Benefit Information - Is this Benefit Covered?	General Information - Quantitative Limit on Service
Primary Care Visit to Treat an Injury or Illness Mental Health and Substance Abuse Disorder Office Visit ^{~^} All Other Mental Health/Substance Use Outpatient Visits ^{~^} Specialist Visit Other Practitioner Office Visit (Nurse, Physician Assistant) Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services Hospice Services Non-Emergency Care When Traveling Outside the U.S. Routine Dental Services (Adult) Infertility Treatment Long-Term/Custodial Nursing Home Care Private-Duty Nursing Routine Eye Exam (Adult) Urgent Care Centers or Facilities					

Home Health Care
Services

Emergency Room
Services

Mental Health
Emergency Services~
Emergency

Transportation/Ambulan

inpatient Hospital
Services (e.g., Hospital
Stay)

Inpatient Physician and
Surgical Services

Bariatric Surgery

Cosmetic Surgery

Skilled Nursing Facility

Prenatal and Postnatal
Care

Delivery and All
Inpatient Services for

Maternity Care

Mental/Behavioral
Health Outpatient
Services

Mental/Behavioral
Health Inpatient Services

Substance Abuse
Disorder Outpatient

Services

Substance Abuse
Disorder Inpatient
Services

Generic Drugs

Preferred Brand Drugs

Non-Preferred Brand
Drugs

Specialty Drugs

Outpatient
Rehabilitation Services

Habilitation Services

Chiropractic Care

Durable Medical
Equipment

Hearing Aids

Imaging (CT/PET Scans,
MRIs)
Preventive
Care/Screening/Immuniz
ation

Routine Foot Care

Acupuncture

Weight Loss Programs

Routine Eye Exam for
Children

Eye Glasses for Children

Dental Check-Up for
Children

Rehabilitative Speech
Therapy

Occupational and
Rehabilitative Physical

Well Baby Visits and
Care

Laboratory Outpatient
and Professional
Services

X-rays and Diagnostic
Imaging

Basic Dental Care - Child

Orthodontia - Child

Major Dental Care -
Child

Basic Dental Care - Adult

Orthodontia - Adult

Major Dental Care -
Adult

ΑΡΘΡΟΠΟΙΗΤΗΣ ΓΙΑ ΟΠΟΙΟΝ
Public Funding is
Prohibited

Transplant

Accidental Dental

Dialysis

Allergy Testing

Chemotherapy

Radiation

Diabetes Education

Prosthetic Devices

Infusion Therapy

Treatment for
Temporomandibular
Joint Disorders

Nutritional Counseling

Reconstructive Surgery

not be implemented for PY 2017 but will be included in PY 2018. Fields with a number sign (hash mark) "#" indicate a field that would be moved to the Cost Share Variances macro.

Plan Identifiers - Formulary ID*	Plan Attributes - New/Existing Plan?*	Plan Attributes - Plan Type*	Plan Attributes - Level of Coverage*	Plan Attributes - Unique Plan Design?*	Plan Attributes - QHP/Non-QHP*
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General Information - Limit Quantity	General Information - Limit Unit	General Information - Care Plan Limit?~^	General Information - Number of Visits before Care Plan Limit applies~^	General Information - Minimum Stay	General Information - Exclusions
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l or removed under this PRA package.

Plan Attributes - Notice Required for Pregnancy*	Plan Attributes - Is a Referral Required for Specialist?*	Plan Attributes - Specialist(s) Requiring a Referral	Plan Attributes - Plan Level Exclusions	Plan Attributes - Limited Cost Sharing Plan Variation - Est Advanced Payment	Plan Attributes - Does this plan offer Composite Rating?*
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General Information - Benefit Explanation	General Information - EHB Variance Reason	General Information - Excluded from In Network MOOP	Out of Pocket Exceptions - Excluded from Out of Network MOOP	Out of Pocket Exceptions - Excluded from Out of Network MOOP2
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**Plan Attributes -
Child-Only Offering***

**Plan Attributes -
Child Only Plan ID**

**Plan Attributes -
Tobacco Wellness
Program Offered***

**Plan Attributes -
Disease
Management
Programs Offered**

**Plan Attributes -
EHB Percent of Total
Premium***

**Plan Attributes - Plan
Design Type~**

**Stand Alone Dental Only
- EHB Apportionment for
Pediatric Dental**

**Stand Alone Dental Only
- Guaranteed vs.
Estimated Rate**

**AV Calculator Additional
Benefit Design - Maximum
Coinsurance for Specialty
Drugs#**

**AV Calculator Additional
Benefit Design - Maximum
Number of Days for Charging
an Inpatient Copay?#**

AV Calculator Additional Benefit Design - Begin Primary Care Cost-Sharing After a Set Number of Visits?#

AV Calculator Additional Benefit Design - Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?#

Plan Dates - Plan Effective Date*

Plan Dates - Plan Expiration Date

Geographic Coverage - Out of Country Coverage*

Geographic Coverage - Out of Country Coverage Description	Geographic Coverage - Out of Service Area Coverage*	Geographic Coverage - Out of Service Area Coverage Description	Geographic Coverage - National Network*	Plan Level URLs - URL for Enrollment Payment
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Plan Cost Sharing Attributes HIOS Plan ID* (Standard Component + Variant)	Plan Cost Sharing Attributes Plan Marketing Name*~	Plan Cost Sharing Attributes Level of Coverage* (Metal Level)	Plan Cost Sharing Attributes CSR Variation Type*
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caret "^" indicates revisions that will not be implemented for PY 2017 but will be included in PY 2018.

Plan Cost Sharing Attributes Issuer Actuarial Value	Plan Cost Sharing Attributes AV Calculator Output Number*	Plan Cost Sharing Attributes Medical & Drug Deductibles Integrated?*	Plan Cost Sharing Attributes Medical & Drug Maximum Out of Pocket Integrated?*
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8. Fields with a number sign (hash tag) "#" indicate a field that would be moved or removed under this PRA pac

Plan Cost Sharing Attributes Multiple In Network Tiers?*	Plan Cost Sharing Attributes 1st Tier Utilization*	Plan Cost Sharing Attributes 2nd Tier Utilization	AV Calculator Additional Benefit Design Maximum Coinsurance for Specialty Drugs^
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Package.

<p>AV Calculator Additional Benefit Design Maximum Number of Days for Charging an Inpatient Copay?^</p>	<p>AV Calculator Additional Benefit Design Which Benefits Begin Cost-Sharing After a Set Number of Visits? ^</p>
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**AV Calculator Additional Benefit Design
Number of Visits before Cost Sharing
Begins^**

**AV Calculator Additional Benefit
Design
Which Benefits Begin Deductible/
Coinsurance After a Set Number of
Copays? ^**

AV Calculator Additional Benefit Design Number of Copays before Deductible/Coinsurance Begins^	<i>SBC Scenario Having a Baby Deductible*</i>	<i>SBC Scenario Having a Baby Copayment*</i>	<i>SBC Scenario Having a Baby Coinsurance*</i>
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<i>SBC Scenario Having a Baby Limit*</i>	<i>SBC Scenario Having Diabetes Deductible*</i>	<i>SBC Scenario Having Diabetes Copayment*</i>	<i>SBC Scenario Having Diabetes Coinsurance*</i>	<i>SBC Scenario Having Diabetes Limit*</i>
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*SBC Scenario
Simple Fracture
Deductible~*

*SBC Scenario
Simple Fracture
Copayment~*

*SBC Scenario
Simple Fracture
Coinsurance~*

*SBC Scenario
Simple Fracture
Limit~*

*Maximum Out of Pocket
for Medical EHB Benefits
In Network
Individual*

*Maximum Out of Pocket for Medical EHB Benefits
In Network
Family*

*Maximum Out of Pocket for
Medical EHB Benefits
In Network (Tier 2)
Individual*

*Maximum Out of Pocket for Medical EHB Benefits
In Network (Tier 2)
Family*

Maximum Out of Pocket for Medical EHB Benefits Out of Network Individual

Maximum Out of Pocket for Medical EHB Benefits Out of Network Family

Maximum Out of Pocket for Medical EHB Benefits Combined In/Out Network Individual

*Maximum Out of Pocket for Medical EHB Benefits
Combined In/Out Network
Family*

*Maximum Out of Pocket for
Drug EHB Benefits
In Network
Individual*

*Maximum Out of Pocket for Drug EHB Benefits
In Network
Family*

*Maximum Out of Pocket
for Drug EHB Benefits
In Network (Tier 2)
Individual*

*Maximum Out of Pocket for Drug EHB Benefits
In Network (Tier 2)
Family*

*Maximum Out of Pocket for
Drug EHB Benefits
Out of Network
Individual*

*Maximum Out of Pocket for Drug EHB Benefits
Out of Network
Family*

*Combined In/Out
Network
Individual*

*Maximum Out of Pocket for Drug EHB Benefits
Combined In/Out Network
Family*

*Maximum Out of Pocket for Medical and
Drug EHB Benefits (Total)
In Network
Individual*

*Maximum Out of Pocket for Medical and Drug
EHB Benefits (Total)
In Network
Family*

*Maximum Out of Pocket for Medical and Drug
EHB Benefits (Total)
In Network (Tier 2)
Individual*

*Maximum Out of Pocket for Medical and Drug EHB
Benefits (Total)
In Network (Tier 2)
Family*

*Maximum Out of Pocket for Medical and
Drug EHB Benefits (Total)
Out of Network
Individual*

*Maximum Out of Pocket for Medical and Drug EHB
Benefits (Total)
Out of Network
Family*

*Maximum Out of Pocket for Medical and
Drug EHB Benefits (Total)
Combined In/Out Network
Individual*

*Maximum Out of Pocket for Medical and Drug EHB
Benefits (Total)
Combined In/Out Network
Family*

*Medical EHB Deductible
In Network
Individual*

*Medical EHB Deductible
In Network
Family*

*Medical EHB Deductible
In Network
Default Coinsurance*

*Medical EHB Deductible
In Network (Tier 2)
Individual*

*Medical EHB Deductible
In Network (Tier 2)
Family*

*Medical EHB Deductible
In Network (Tier 2)
Default Coinsurance*

*Medical EHB Deductible
Out of Network
Individual*

*Medical EHB Deductible
Out of Network
Family*

*Medical EHB Deductible
Combined In/Out Network
Individual*

*Medical EHB Deductible
Combined In/Out Network
Family*

*Drug EHB Deductible
In Network
Individual*

*Drug EHB Deductible
In Network
Family*

*Drug EHB Deductible
In Network
Default Coinsurance*

*Drug EHB Deductible
In Network (Tier 2)
Individual*

*Drug EHB Deductible
In Network (Tier 2)
Family*

*Drug EHB Deductible
In Network (Tier 2)
Default Coinsurance*

*Drug EHB Deductible
Out of Network
Individual*

*Drug EHB Deductible
Out of Network
Family*

*Drug EHB Deductible
Combined In/Out Network
Individual*

*Drug EHB Deductible
Combined In/Out Network
Family*

*Combined Medical and Drug
EHB Deductible
In Network
Individual*

*Combined Medical and Drug EHB Deductible
In Network
Family*

*Combined Medical and Drug EHB Deductible
In Network
Default Coinsurance*

*Combined Medical and Drug
EHB Deductible
In Network (Tier 2)
Individual*

*Combined Medical and Drug EHB Deductible
In Network (Tier 2)
Family*

*Combined Medical and Drug EHB
Deductible
In Network (Tier 2)
Default Coinsurance*

*Combined Medical and
Drug EHB Deductible
Out of Network
Individual*

*Combined Medical and Drug EHB Deductible
Out of Network
Family*

*Combined Medical and Drug
EHB Deductible
Combined In/Out Network
Individual*

*Combined Medical and Drug EHB Deductible
Combined In/Out Network
Individual2*

*HSA/HRA Detail
HSA Eligible**

*HSA/HRA Detail
HSA/HRA Employer
Contribution*

*HSA/HRA Detail
HSA/HRA Employer
Contribution Amount*

*Plan Variant Level URLs
URL for Summary of Benefits & Coverage*

*Plan Variant Level URLs
Plan Brochure*

*Primary Care Visit to Treat an
Injury or Illness
Copay
In Network (Tier 1)*

*Primary Care Visit to Treat an
Injury or Illness
Copay
In Network (Tier 2)*

*Primary Care Visit to Treat an
Injury or Illness
Copay
Out of Network*

*Primary Care Visit to Treat an
Injury or Illness
Coinsurance
In Network (Tier 1)*

*Primary Care Visit to Treat an
Injury or Illness
Coinsurance
In Network (Tier 2)*

*Primary Care Visit to Treat an
Injury or Illness
Coinsurance
Out of Network*

*Mental Health and Substance Use
Disorder Office Visit
Copay
In Network (Tier 1)^*

*Mental Health and
Substance Use Disorder
Office Visit
Copay
In Network (Tier 2)^*

*Mental Health and Substance
Use Disorder Office Visit
Copay
Out of Network^*

*Mental Health and
Substance Use Disorder
Office Visit
Coinsurance
In Network (Tier 1)^*

*Mental Health and
Substance Use Disorder
Office Visit
Coinsurance
In Network (Tier 2)^*

*Mental Health and
Substance Use Disorder
Office Visit
Coinsurance
Out of Network^*

*All Other Mental
Health/Substance Use
Outpatient Visits
Copay
In Network (Tier 1)^*

*All Other Mental
Health/Substance Use
Outpatient Visits
Copay
In Network (Tier 2)^*

*All Other Mental
Health/Substance Use
Outpatient Visits
Copay
Out of Network^*

*All Other Mental
Health/Substance Use
Outpatient Visits
Coinsurance
In Network (Tier 1)^*

*All Other Mental Health/Substance Use
Outpatient Visits
Coinsurance
In Network (Tier 2)^*

*All Other Mental Health/Substance Use
Outpatient Visits
Coinsurance
Out of Network^*

*Specialist Visit
Copay
In Network (Tier 1)*

*Specialist Visit
Copay
In Network (Tier 2)*

*Specialist Visit
Copay
Out of Network*

*Specialist Visit
Coinsurance
In Network (Tier 1)*

*Specialist Visit
Coinsurance
In Network (Tier 2)*

*Specialist Visit
Coinsurance
Out of Network*

*Other Practitioner Office Visit (Nurse,
Physician Assistant)
Copay
In Network (Tier 1)*

*Other Practitioner Office Visit
(Nurse, Physician Assistant)
Copoly
In Network (Tier 2)*

*Other Practitioner Office Visit (Nurse, Physician
Assistant)
Copoly
Out of Network*

*Other Practitioner Office Visit
(Nurse, Physician Assistant)
Coinsurance
In Network (Tier 1)*

*Other Practitioner Office Visit
(Nurse, Physician Assistant)
Coinsurance
In Network (Tier 2)*

*Other Practitioner Office Visit
(Nurse, Physician Assistant)
Coinsurance
Out of Network*

*Outpatient Facility Fee (e.g.,
Ambulatory Surgery Center)
Copay
In Network (Tier 1)*

*Outpatient Facility Fee (e.g.,
Ambulatory Surgery Center)
Copay
In Network (Tier 2)*

*Outpatient Facility Fee (e.g.,
Ambulatory Surgery Center)
Copay
Out of Network*

*Outpatient Facility Fee (e.g.,
Ambulatory Surgery Center)
Coinsurance
In Network (Tier 1)*

*Outpatient Facility Fee (e.g.,
Ambulatory Surgery Center)
Coinsurance
In Network (Tier 2)*

*Outpatient Facility Fee (e.g.,
Ambulatory Surgery Center)
Coinsurance
Out of Network*

*Outpatient Surgery
Physician/Surgical Services
Copay
In Network (Tier 1)*

*Outpatient Surgery
Physician/Surgical Services
Copay
In Network (Tier 2)*

*Outpatient Surgery
Physician/Surgical Services
Copay
Out of Network*

*Outpatient Surgery
Physician/Surgical Services
Coinsurance
In Network (Tier 1)*

*Outpatient Surgery
Physician/Surgical Services
Coinsurance
In Network (Tier 2)*

<i>Outpatient Surgery Physician/Surgical Services Coinsurance Out of Network</i>	<i>Hospice Services Copay In Network (Tier 1)</i>	<i>Hospice Services Copay In Network (Tier 2)</i>
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*Hospice Services
Copay
Out of Network*

*Hospice Services
Coinsurance
In Network (Tier 1)*

*Hospice Services
Coinsurance
In Network (Tier 2)*

*Hospice Services
Coinsurance
Out of Network*

*Infertility Treatment
Copay
In Network (Tier 1)*

*Infertility Treatment
Copay
In Network (Tier 2)*

*Infertility Treatment
Copay
Out of Network*

*Infertility Treatment
Coinsurance
In Network (Tier 1)*

*Infertility Treatment
Coinsurance
In Network (Tier 2)*

*Infertility Treatment
Coinsurance
Out of Network*

*Urgent Care Centers or
Facilities
Copay
In Network (Tier 1)*

*Urgent Care Centers or
Facilities
Copay
In Network (Tier 2)*

*Urgent Care Centers or
Facilities
Copay
Out of Network*

*Urgent Care Centers or
Facilities
Coinsurance
In Network (Tier 1)*

*Urgent Care Centers or
Facilities
Coinsurance
In Network (Tier 2)*

*Urgent Care Centers or
Facilities
Coinsurance
Out of Network*

*Home Health Care Services
Copay
In Network (Tier 1)*

*Home Health Care Services
Copay
In Network (Tier 2)*

*Home Health Care Services
Copay
Out of Network*

*Home Health Care Services
Coinsurance
In Network (Tier 1)*

*Home Health Care Services
Coinsurance
In Network (Tier 2)*

*Home Health Care Services
Coinsurance
Out of Network*

*Emergency Room Services
Copay
In Network (Tier 1)*

*Emergency Room Services
Copay
In Network (Tier 2)*

*Emergency Room Services
Copay
Out of Network*

*Emergency Room Services
Coinsurance
In Network (Tier 1)*

*Emergency Room Services
Coinsurance
In Network (Tier 2)*

*Emergency Room Services
Coinsurance
Out of Network*

*Mental Health Emergency
Services
Copay
In Network (Tier 1)^*

*Mental Health Emergency
Services
Copay
In Network (Tier 2)^*

<i>Mental Health Emergency Services Copay Out of Network^</i>	<i>Mental Health Emergency Services Coinsurance In Network (Tier 1)^</i>	<i>Mental Health Emergency Services Coinsurance In Network (Tier 2)^</i>
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<i>Mental Health Emergency Services Coinsurance Out of Network^</i>	<i>Emergency Transportation/Ambulance Copay In Network (Tier 1)</i>	<i>Emergency Transportation/Ambulance Copay In Network (Tier 2)</i>
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<i>Emergency Transportation/Ambulance Copay Out of Network</i>	<i>Emergency Transportation/Ambulance Coinsurance In Network (Tier 1)</i>	<i>Emergency Transportation/Ambulance Coinsurance In Network (Tier 2)</i>
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<i>Emergency Transportation/Ambulance Coinsurance Out of Network</i>	<i>Inpatient Hospital Services (e.g., Hospital Stay) Copay In Network (Tier 1)</i>	<i>Inpatient Hospital Services (e.g., Hospital Stay) Copay In Network (Tier 2)</i>
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*Inpatient Hospital Services
(e.g., Hospital Stay)
Copay
Out of Network*

*Inpatient Hospital Services
(e.g., Hospital Stay)
Coinsurance
In Network (Tier 1)*

*Inpatient Hospital Services
(e.g., Hospital Stay)
Coinsurance
In Network (Tier 2)*

*Inpatient Hospital Services
(e.g., Hospital Stay)
Coinsurance
Out of Network*

*Inpatient Physician and
Surgical Services
Copay
In Network (Tier 1)*

*Inpatient Physician and
Surgical Services
Copay
In Network (Tier 2)*

*Inpatient Physician and
Surgical Services
Copay
Out of Network*

*Inpatient Physician and
Surgical Services
Coinsurance
In Network (Tier 1)*

*Inpatient Physician and
Surgical Services
Coinsurance
In Network (Tier 2)*

*Inpatient Physician and
Surgical Services
Coinsurance
Out of Network*

*Bariatric Surgery
Copay
In Network (Tier 1)*

*Bariatric Surgery
Copay
In Network (Tier 2)*

*Bariatric Surgery
Copay
Out of Network*

*Bariatric Surgery
Coinsurance
In Network (Tier 1)*

*Bariatric Surgery
Coinsurance
In Network (Tier 2)*

*Bariatric Surgery
Coinsurance
Out of Network*

*Skilled Nursing Facility
Copay
In Network (Tier 1)*

*Skilled Nursing Facility
Copay
In Network (Tier 2)*

*Skilled Nursing Facility
Copay
Out of Network*

*Skilled Nursing Facility
Coinsurance
In Network (Tier 1)*

*Skilled Nursing Facility
Coinsurance
In Network (Tier 2)*

*Skilled Nursing Facility
Coinsurance
Out of Network*

*Prenatal and Postnatal Care
Copay
In Network (Tier 1)*

*Prenatal and Postnatal Care
Copay
In Network (Tier 2)*

*Prenatal and Postnatal Care
Copay
Out of Network*

*Prenatal and Postnatal Care
Coinsurance
In Network (Tier 1)*

*Prenatal and Postnatal Care
Coinsurance
In Network (Tier 2)*

*Prenatal and Postnatal Care
Coinsurance
Out of Network*

*Delivery and All Inpatient Services for
Maternity Care
Copay
In Network (Tier 1)*

*Delivery and All Inpatient
Services for Maternity Care
Copay
In Network (Tier 2)*

*Delivery and All Inpatient
Services for Maternity Care
Copay
Out of Network*

*Delivery and All Inpatient
Services for Maternity Care
Coinsurance
In Network (Tier 1)*

*Delivery and All Inpatient
Services for Maternity Care
Coinsurance
In Network (Tier 2)*

*Delivery and All Inpatient
Services for Maternity Care
Coinsurance
Out of Network*

*Mental/Behavioral Health
Outpatient Services
Copay
In Network (Tier 1)*

*Mental/Behavioral Health
Outpatient Services
Copay
In Network (Tier 2)*

*Mental/Behavioral Health
Outpatient Services
Copay
Out of Network*

*Mental/Behavioral Health
Outpatient Services
Coinsurance
In Network (Tier 1)*

*Mental/Behavioral Health
Outpatient Services
Coinsurance
In Network (Tier 2)*

*Mental/Behavioral Health
Outpatient Services
Coinsurance
Out of Network*

*Mental/Behavioral Health
Inpatient Services
Copay
In Network (Tier 1)*

*Mental/Behavioral Health
Inpatient Services
Copay
In Network (Tier 2)*

*Mental/Behavioral Health
Inpatient Services
Copay
Out of Network*

*Mental/Behavioral Health
Inpatient Services
Coinsurance
In Network (Tier 1)*

*Mental/Behavioral Health
Inpatient Services
Coinsurance
In Network (Tier 2)*

*Mental/Behavioral Health
Inpatient Services
Coinsurance
Out of Network*

*Substance Abuse Disorder
Outpatient Services
Copay
In Network (Tier 1)*

*Substance Abuse Disorder
Outpatient Services
Copay
In Network (Tier 2)*

*Substance Abuse Disorder
Outpatient Services
Copay
Out of Network*

*Substance Abuse Disorder
Outpatient Services
Coinsurance
In Network (Tier 1)*

*Substance Abuse Disorder
Outpatient Services
Coinsurance
In Network (Tier 2)*

*Substance Abuse Disorder
Outpatient Services
Coinsurance
Out of Network*

*Substance Abuse Disorder
Inpatient Services
Copay
In Network (Tier 1)*

*Substance Abuse Disorder
Inpatient Services
Copay
In Network (Tier 2)*

*Substance Abuse Disorder
Inpatient Services
Copay
Out of Network*

*Substance Abuse Disorder
Inpatient Services
Coinsurance
In Network (Tier 1)*

*Substance Abuse Disorder
Inpatient Services
Coinsurance
In Network (Tier 2)*

*Substance Abuse Disorder
Inpatient Services
Coinsurance
Out of Network*

*Generic Drugs
Copay
In Network (Tier 1)*

*Generic Drugs
Copay
In Network (Tier 2)*

*Generic Drugs
Copay
Out of Network*

*Generic Drugs
Coinsurance
In Network (Tier 1)*

*Generic Drugs
Coinsurance
In Network (Tier 2)*

*Generic Drugs
Coinsurance
Out of Network*

*Preferred Brand Drugs
Copay
In Network (Tier 1)*

*Preferred Brand Drugs
Copay
In Network (Tier 2)*

*Preferred Brand Drugs
Copay
Out of Network*

*Preferred Brand Drugs
Coinsurance
In Network (Tier 1)*

*Preferred Brand Drugs
Coinsurance
In Network (Tier 2)*

*Preferred Brand Drugs
Coinsurance
Out of Network*

*Non-Preferred Brand Drugs
Copay
In Network (Tier 1)*

*Non-Preferred Brand Drugs
Copay
In Network (Tier 2)*

*Non-Preferred Brand Drugs
Copay
Out of Network*

*Non-Preferred Brand Drugs
Coinsurance
In Network (Tier 1)*

*Non-Preferred Brand Drugs
Coinsurance
In Network (Tier 2)*

*Non-Preferred Brand Drugs
Coinsurance
Out of Network*

*Specialty Drugs
Copay
In Network (Tier 1)*

*Specialty Drugs
Copay
In Network (Tier 2)*

*Specialty Drugs
Copay
Out of Network*

*Specialty Drugs
Coinsurance
In Network (Tier 1)*

*Specialty Drugs
Coinsurance
In Network (Tier 2)*

*Specialty Drugs
Coinsurance
Out of Network*

*Outpatient Rehabilitation
Services
Copay
In Network (Tier 1)*

*Outpatient Rehabilitation
Services
Copay
In Network (Tier 2)*

*Outpatient Rehabilitation
Services
Copay
Out of Network*

*Outpatient Rehabilitation
Services
Coinsurance
In Network (Tier 1)*

*Outpatient Rehabilitation
Services
Coinsurance
In Network (Tier 2)*

*Outpatient Rehabilitation
Services
Coinsurance
Out of Network*

*Habilitation Services
Copay
In Network (Tier 1)*

*Habilitation Services
Copay
In Network (Tier 2)*

*Habilitation Services
Copay
Out of Network*

*Habilitation Services
Coinsurance
In Network (Tier 1)*

*Habilitation Services
Coinsurance
In Network (Tier 2)*

*Habilitation Services
Coinsurance
Out of Network*

*Chiropractic Care
Copay
In Network (Tier 1)*

*Chiropractic Care
Copay
In Network (Tier 2)*

*Chiropractic Care
Copay
Out of Network*

*Chiropractic Care
Coinsurance
In Network (Tier 1)*

*Chiropractic Care
Coinsurance
In Network (Tier 2)*

*Chiropractic Care
Coinsurance
Out of Network*

*Durable Medical Equipment
Copay
In Network (Tier 1)*

*Durable Medical Equipment
Copay
In Network (Tier 2)*

*Durable Medical Equipment
Copay
Out of Network*

*Durable Medical Equipment
Coinsurance
In Network (Tier 1)*

*Durable Medical Equipment
Coinsurance
In Network (Tier 2)*

*Durable Medical Equipment
Coinsurance
Out of Network*

*Hearing Aids
Copay
In Network (Tier 1)*

*Hearing Aids
Copay
In Network (Tier 2)*

*Hearing Aids
Copay
Out of Network*

*Hearing Aids
Coinsurance
In Network (Tier 1)*

*Hearing Aids
Coinsurance
In Network (Tier 2)*

*Hearing Aids
Coinsurance
Out of Network*

*Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs)
Copay Copay
In Network (Tier 1) In Network (Tier 2)*

*Imaging (CT/PET Scans, MRIs)
Copay
Out of Network*

*Imaging (CT/PET Scans, MRIs)
Coinsurance
In Network (Tier 1)*

*Imaging (CT/PET Scans, MRIs)
Coinsurance
In Network (Tier 2)*

<i>Imaging (CT/PET Scans, MRIs) Coinsurance Out of Network</i>	<i>Preventive Care/Screening/Immunization Copay In Network (Tier 1)</i>	<i>Preventive Care/Screening/Immunization Copay In Network (Tier 2)</i>
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*Preventive
Care/Screening/Immunization
Copay
Out of Network*

*Preventive
Care/Screening/Immunization
Coinsurance
In Network (Tier 1)*

*Preventive
Care/Screening/Immunization
Coinsurance
In Network (Tier 2)*

*Preventive
Care/Screening/Immunization
Coinsurance
Out of Network*

*Routine Eye Exam for Children Routine Eye Exam for Children
Copay Copay
In Network (Tier 1) In Network (Tier 2)*

*Routine Eye Exam for Children
Copay
Out of Network*

*Routine Eye Exam for Children
Coinsurance
In Network (Tier 1)*

*Routine Eye Exam for Children
Coinsurance
In Network (Tier 2)*

*Routine Eye Exam for Children
Coinsurance
Out of Network*

*Eye Glasses for Children
Copay
In Network (Tier 1)*

*Eye Glasses for Children
Copay
In Network (Tier 2)*

*Eye Glasses for Children
Copay
Out of Network*

*Eye Glasses for Children
Coinsurance
In Network (Tier 1)*

*Eye Glasses for Children
Coinsurance
In Network (Tier 2)*

*Eye Glasses for Children
Coinsurance
Out of Network*

*Rehabilitative Speech Therapy Copay
In Network (Tier 1)* *Rehabilitative Speech Therapy
Copay
In Network (Tier 2)*

*Rehabilitative Speech Therapy
Copay
Out of Network*

*Rehabilitative Speech Therapy
Coinsurance
In Network (Tier 1)*

*Rehabilitative Speech Therapy
Coinsurance
In Network (Tier 2)*

*Rehabilitative Speech Therapy
Coinsurance
Out of Network*

*Rehabilitative Occupational and
Rehabilitative Physical Therapy
Copay
In Network (Tier 1)*

*Rehabilitative Occupational and
Rehabilitative Physical Therapy
Copay
In Network (Tier 2)*

*Rehabilitative Occupational and
Rehabilitative Physical Therapy
Copay
Out of Network*

*Rehabilitative Occupational and
Rehabilitative Physical Therapy
Coinsurance
In Network (Tier 1)*

*Rehabilitative Occupational and
Rehabilitative Physical Therapy
Coinsurance
In Network (Tier 2)*

*Rehabilitative Occupational and
Rehabilitative Physical Therapy
Coinsurance
Out of Network*

*Well Baby Visits and Care
Copay
In Network (Tier 1)*

*Well Baby Visits and Care
Copay
In Network (Tier 2)*

*Well Baby Visits and Care
Copay
Out of Network*

*Well Baby Visits and Care
Coinsurance
In Network (Tier 1)*

*Well Baby Visits and Care
Coinsurance
In Network (Tier 2)*

*Well Baby Visits and Care
Coinsurance
Out of Network*

*Laboratory Outpatient and
Professional Services
Copay
In Network (Tier 1)*

*Laboratory Outpatient and
Professional Services
Copay
In Network (Tier 2)*

*Laboratory Outpatient and
Professional Services
Copay
Out of Network*

*Laboratory Outpatient and
Professional Services
Coinsurance
In Network (Tier 1)*

*Laboratory Outpatient and
Professional Services
Coinsurance
In Network (Tier 2)*

*Laboratory Outpatient and
Professional Services
Coinsurance
Out of Network*

*X-rays and Diagnostic Imaging
Copay
In Network (Tier 1)*

*X-rays and Diagnostic Imaging
Copay
In Network (Tier 2)*

*X-rays and Diagnostic Imaging
Copay
Out of Network*

*X-rays and Diagnostic Imaging
Coinsurance
In Network (Tier 1)*

*X-rays and Diagnostic Imaging
Coinsurance
In Network (Tier 2)*

*X-rays and Diagnostic Imaging
Coinsurance
Out of Network*

*Transplant
Copay
In Network (Tier 1)*

*Transplant
Copay
In Network (Tier 2)*

*Transplant
Copay
Out of Network*

*Transplant
Coinsurance
In Network (Tier 1)*

*Transplant
Coinsurance
In Network (Tier 2)*

*Transplant
Coinsurance
Out of Network*

*Accidental Dental
Copay
In Network (Tier 1)*

*Accidental Dental
Copay
In Network (Tier 2)*

*Accidental Dental
Copay
Out of Network*

*Accidental Dental
Coinsurance
In Network (Tier 1)*

*Accidental Dental
Coinsurance
In Network (Tier 2)*

*Accidental Dental
Coinsurance
Out of Network*

*Dialysis
Copay
In Network (Tier 1)*

*Dialysis
Copay
In Network (Tier 2)*

*Dialysis
Copay
Out of Network*

*Dialysis
Coinsurance
In Network (Tier 1)*

*Dialysis
Coinsurance
In Network (Tier 2)*

*Dialysis
Coinsurance
Out of Network*

*Chemotherapy
Copay
In Network (Tier 1)*

*Chemotherapy
Copay
In Network (Tier 2)*

*Chemotherapy
Copay
Out of Network*

*Chemotherapy
Coinsurance
In Network (Tier 1)*

*Chemotherapy
Coinsurance
In Network (Tier 2)*

*Chemotherapy
Coinsurance
Out of Network*

*Radiation
Copay
In Network (Tier 1)*

*Radiation
Copay
In Network (Tier 2)*

*Radiation
Copay
Out of Network*

*Radiation
Coinsurance
In Network (Tier 1)*

*Radiation
Coinsurance
In Network (Tier 2)*

*Radiation
Coinsurance
Out of Network*

*Prosthetic Devices
Copay
In Network (Tier 1)*

*Prosthetic Devices
Copay
In Network (Tier 2)*

*Prosthetic Devices
Copay
Out of Network*

*Prosthetic Devices
Coinsurance
In Network (Tier 1)*

*Prosthetic Devices
Coinsurance
In Network (Tier 2)*

*Prosthetic Devices
Coinsurance
Out of Network*

*Infusion Therapy
Copay
In Network (Tier 1)*

*Infusion Therapy
Copay
In Network (Tier 2)*

*Infusion Therapy
Copay
Out of Network*

*Infusion Therapy
Coinsurance
In Network (Tier 1)*

*Infusion Therapy
Coinsurance
In Network (Tier 2)*

*Infusion Therapy
Coinsurance
Out of Network*

*Treatment for
Temporomandibular Joint
Disorders
Copay
In Network (Tier 1)*

*Treatment for
Temporomandibular Joint
Disorders
Copay
In Network (Tier 2)*

*Treatment for
Temporomandibular Joint
Disorders
Copay
Out of Network*

*Treatment for
Temporomandibular Joint
Disorders
Coinsurance
In Network (Tier 1)*

*Treatment for
Temporomandibular Joint
Disorders
Coinsurance
In Network (Tier 2)*

*Treatment for
Temporomandibular Joint
Disorders
Coinsurance
Out of Network*

*Nutritional Counseling
Copay
In Network (Tier 1)*

*Nutritional Counseling
Copay
In Network (Tier 2)*

*Nutritional Counseling
Copay
Out of Network*

*Nutritional Counseling
Coinsurance
In Network (Tier 1)*

*Nutritional Counseling
Coinsurance
In Network (Tier 2)*

*Nutritional Counseling
Coinsurance
Out of Network*

*Reconstructive Surgery
Copay
In Network (Tier 1)*

*Reconstructive Surgery
Copay
In Network (Tier 2)*

*Reconstructive Surgery
Copay
Out of Network*

*Reconstructive Surgery
Coinsurance
In Network (Tier 1)*

*Reconstructive Surgery
Coinsurance
In Network (Tier 2)*

*Reconstructive Surgery
Coinsurance
Out of Network*