

## 2015 Standard Silver CSR Plan - 87%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Medical Deductible</b> <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$400 \$800	\$6,000 \$12,000
<b>Prescription Drug Deductible</b> <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$25 \$50	\$350 \$700
<b>Out-of-Pocket Maximum</b> <i>Individual</i> <i>Family</i>	\$1,750 \$3,500	\$12,500 \$25,000
<b>Physician Office Visits</b>		
<b>Preventive Care/Screenings/Immunizations</b>	\$0	40% coinsurance
<b>Primary Care</b> (injury or illness)	\$20 copayment	40% coinsurance after OON medical deductible is met
<b>Specialist</b>	\$35 copayment	40% coinsurance after OON medical deductible is met
<b>Emergency/Urgent Care</b>		
<b>Urgent Care Center or Facility</b>	\$50 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
<b>Emergency Room</b>	\$100 copayment	\$100 copayment
<b>Ambulance</b>	\$0	\$0
<b>Hospital Services</b>		
<b>Inpatient</b>	\$200 copayment per day to a maximum of \$800 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
<b>Outpatient</b> (performed at hospital or ambulatory facility)	\$200 copayment after INET medical deductible is met	40% coinsurance after OON medical deductible is met
<b>Skilled Nursing Facility</b> <i>90 day calendar year maximum</i>	\$200 copayment per day to a maximum of \$800 per admission after INET medical deductible is met	40% coinsurance after OON medical deductible is met
<b>Mental Health, Substance Abuse &amp; Behavioral Health Care</b>		
<b>Mental Health, Substance Abuse &amp; Behavioral Health Services</b>	Covered same as any other illness	Covered same as any other illness
<b>Hospice Care</b>		
<b>Hospice Services</b>	\$0	40% coinsurance after OON medical deductible is met
<b>Outpatient Services</b>		
<b>Home Health Care</b> <i>100 visit calendar year maximum</i>	\$0	25% coinsurance subject to a \$50 deductible
<b>Advanced Radiology</b> (CT/PET Scan, MRI)	\$75 copayment per service up to a combined calendar year maximum of \$375 for MRI and CT scans; \$400 for PET scans	40% coinsurance after OON medical deductible is met

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<b>Outpatient Services</b>		
<b>Non-Advanced Radiology</b> (X-ray, Diagnostic)	\$45 copayment	40% coinsurance after OON medical deductible is met
<b>Laboratory Services</b>	\$25 copayment	40% coinsurance after OON medical deductible is met
<b>Rehabilitative &amp; Habilitative Therapy</b> (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	\$20 copayment	40% coinsurance after OON medical deductible is met
<b>Chiropractic Care</b> <i>20 visit calendar maximum</i>	\$30 copayment	40% coinsurance after OON medical deductible is met
<b>Other Services</b>		
<b>Durable Medical Equipment</b>	40% coinsurance	40% coinsurance after OON medical deductible is met
<b>Prosthetics</b>	40% coinsurance	40% coinsurance after OON medical deductible is met
<b>Diabetic Supplies &amp; Equipment</b>	40% coinsurance	40% coinsurance after OON medical deductible is met
<b>Prescription Drugs</b>		
<b>Tier 1</b>	\$5 copayment	40% coinsurance after OON prescription drug deductible is met
<b>Tier 2</b>	\$20 copayment	40% coinsurance after OON prescription drug deductible is met
<b>Tier 3</b>	\$35 copayment	40% coinsurance after OON prescription drug deductible is met
<b>Tier 4</b>	\$50 copayment after INET prescription drug deductible is met	40% coinsurance after OON prescription drug deductible is met
<b>Pediatric-Only Services (for children under age 19)</b>		
<b>Pediatric Dental Care</b>		
<b>Diagnostic &amp; Preventive</b> (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON medical deductible is met
<b>Basic Restorative</b> (Filling, Simple Extraction)	40% coinsurance	50% coinsurance after OON medical deductible is met
<b>Major Restorative</b> (Endodontic, Crown)	50% coinsurance	50% coinsurance after OON medical deductible is met
<b>Orthodontia Services</b> <i>medically necessary only</i>	50% coinsurance	50% coinsurance after OON medical deductible is met
<b>Pediatric Vision Care</b>		
<b>Routine Eye Exam by Specialist</b>	\$35 copayment	40% coinsurance
<b>Prescription Eye Glasses</b> <i>one pair of frames &amp; lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance