

Off Exchange Certified Health Insurance Plan Options



Get access to more top-quality doctors, hospitals and pharmacies in Buffalo and Rochester



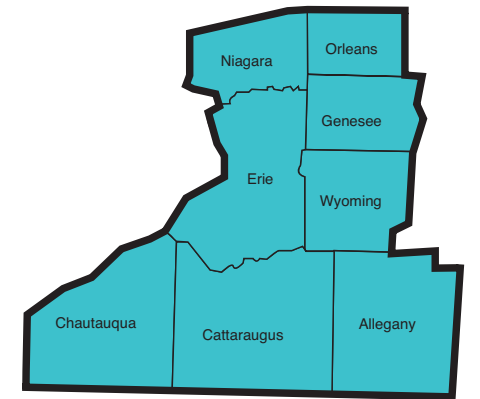
Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program



Need help choosing the right plan for you? Call our dedicated insurance agents at 1-877-827-6027.



Western New York Region



Plan Benefits & Features	STANDARD							
	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA** qualified)	Bronze Standard	Silver Standard Plus 3	Silver Standard	Gold Standard Plus 3	Gold Standard	Platinum Standard
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible Single/Family	\$8,150 / \$16,300	\$5,500 / \$11,000	\$4,425 / \$8,850	\$1,875 / \$3,750	\$1,300 / \$2,600	\$650 / \$1,300	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (OOPM) Single/Family	\$8,150 / \$16,300	\$6,550 / \$13,100	\$8,150 / \$16,300	\$8,150 / \$16,300	\$7,900 / \$15,800	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Aggregation Type (How the deductible and/or OOPM is met)	Individual	Individual	Individual	Individual	Individual	Individual	Individual	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 50%	You pay 30%*	You pay 0%*	You pay 20%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible		\$0 for most preventive services, not subject to the deductible		\$0 for most preventive services, not subject to the deductible		\$0 for most preventive services, not subject to the deductible
Doctor Visit (PCP)	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	First 3 PCP visits at \$35, not subject to deductible; 4th and after, deductible/\$35 copay	\$30	First 3 PCP visits at \$25, not subject to deductible; 4th and after, deductible/\$25 copay	\$25	\$15
Specialist Visit (SPC)	Once you meet the deductible amount, then these services are covered in full		Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	\$55	\$50	\$40	\$40	\$35
Hospital Services		\$1,500	\$1,500	\$1,000	\$1,000	\$500		
Emergency Room		\$250	\$250	\$150	\$150	\$100		
Lab Work Primary/Specialist		\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC		
Basic X-Ray/ Advanced Imaging (MRI, etc.) Primary/Specialist		\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC		
Prescription Drugs	Once you meet the deductible amount, then you pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3		You pay: \$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 (not subject to the deductible)	You pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 (not subject to the deductible)	You pay: \$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 (not subject to the deductible)	You pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	You pay: \$10 for Tier 1 \$30 for Tier 2 \$60 for Tier 3	
Telemedicine - MDLive Program	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible
Pediatric Vision*	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pediatric Dental†	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Rates								
Single	\$228.09	\$423.82	\$431.92	\$601.10	\$629.79	\$686.87	\$688.12	\$814.57
Single + Spouse	\$456.18	\$847.65	\$863.84	\$1,202.20	\$1,259.57	\$1,373.73	\$1,376.25	\$1,629.15
Single + Child(ren)	\$387.76	\$720.50	\$734.26	\$1,021.87	\$1,070.64	\$1,167.68	\$1,169.81	\$1,384.78
Single + Spouse + Child(ren)	\$650.05	\$1,207.90	\$1,230.97	\$1,713.14	\$1,794.90	\$1,957.57	\$1,961.15	\$2,321.53
Child Only	N/A	\$174.62	\$177.95	N/A	\$259.48	N/A	\$283.51	\$335.60

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

New York State has identified the fitness facility reimbursement program as a required essential benefit that must be included for all plans, therefore the ExerciseRewards™ program cannot be removed from the plans.

Any one person insured on a family plan will not pay more than \$8,150 in compliance with the Affordable Care Act.

Dependent through 29 rates available upon request.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.

†Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Unless noted above, the deductible must be met first before paying the cost share listed for all benefits.

Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

Individual Aggregation:

Deductible: Each covered family member only needs to satisfy his or her own individual deductible (not the entire family amount). Once this amount is met, the member will pay a copay or coinsurance for covered services.

Out of Pocket Maximum (OOPM): Each covered family member only needs to satisfy his or her own OOPM. Once this amount is met, covered services are paid by the health plan.

Family Aggregation:

Deductible: For plans covering more than one person, the entire family deductible must be met by one or any combination of covered members. Once this amount is met, members will pay a copay or coinsurance for covered services.

Out of Pocket Maximum (OOPM): For plans covering more than one person, the entire family OOPM must be met by one or any combination of covered members. Once this amount is met, covered services are paid by the health plan for the entire family.



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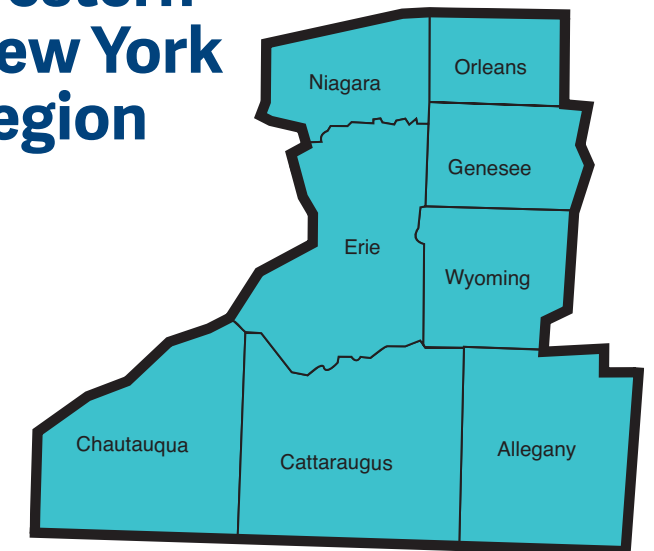


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Plan Benefits & Features	NON-STANDARD				
	Bronze Secure Plus 3 (only available off exchange)	Bronze Select (HSA** qualified)	Silver Select (HSA** qualified)	Gold Select	Platinum Select
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes
Deductible Single/Family	\$8,150 / \$16,300	\$5,000 / \$10,000	\$2,400 / \$4,800	\$750 / \$1,500	\$0 / \$0
Out-of-Pocket Maximum (OOPM) Single/Family	\$8,150 / \$16,300	\$6,550 / \$13,100	\$6,900 / \$13,800	\$7,850 / \$15,700	\$6,350 / \$12,700
Aggregation Type (How the deductible and/or OOPM is met)	Individual	Family	Family	Individual	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 20%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible
Doctor Visit (PCP)	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	Once you meet the deductible amount, then you will pay 50% coinsurance (a percentage of cost for services)	Once you meet the deductible amount, then you pay 20% coinsurance or a percentage of cost for these services	\$25	\$15
Specialist Visit (SPC)	Once you meet the deductible amount, then these services are covered in full			\$40	\$25
Acupuncture Visit (up to 10)				\$40	\$25
Hospital Services				\$750	\$750
Emergency Room				\$250	\$150
Lab Work	Once you meet the deductible amount, then these services are covered in full	Once you meet the deductible amount, then you pay: \$10 for Tier 1 40% for Tier 2 50% for Tier 3	Once you meet the deductible amount, then you pay: \$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3	\$40	\$25
Basic X-Ray/ Advanced Imaging (MRI, etc.) Primary/Specialist				\$40 PCP / \$100 SPC	\$15 PCP / \$100 SPC
Prescription Drugs				You pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 not subject to deductible	You pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3
Telemedicine - MDLive Program	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible
Pediatric Vision*	Covered	Covered	Covered	Covered	Covered
Pediatric Dental†	Covered	Covered ^	Covered ^	Covered ^	Covered
Rates					
Single	\$385.43	\$422.66	\$541.95	\$691.22	\$815.45
Single + Spouse	\$770.85	\$845.32	\$1,083.89	\$1,382.44	\$1,630.91
Single + Child(ren)	\$655.22	\$718.52	\$921.31	\$1,175.08	\$1,386.27
Single + Spouse + Child(ren)	\$1,098.47	\$1,204.58	\$1,544.55	\$1,969.98	\$2,324.05
Child Only	N/A	N/A	N/A	N/A	N/A

Western New York Region



NEW FOR 2020:

Acupuncture: All non-standard plans cover up to ten acupuncture visits per year.

Bronze Standard 3 PCP Visits Covered in Full: On the Bronze Standard plans, your first three Primary Care Physician visits are covered in full, even if your deductible hasn't been met.

Telemedicine: MDLive offers you 24/7 access to a doctor by phone or video. Once you've met your deductible, telemedicine visits are covered in full.

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†Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

^Non-standard Hybrid and Deductible HSA plans only now offer preventive dental cleanings and exams for children not subject to the in-network deductible.

Unless noted above, the deductible must be met first before paying the cost share listed for all benefits.

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