



2018 Plan Design Individual Plans, On & Off Marketplace (In-Network)

Metal Level	Catastro- phic	Bronze					Silver							Gold
Plan Name	Community Safe Harbor PPO	Community Protect HMO OFF	Community Reliant HSA PPO	Community Focus PPO	Community Align PPO	Community Best HMO ON and OFF	Community Value HMO	Community Complete HMO	Community Choice PPO	Community Advance PPO	Community Delta HSA HMO OFF	Community Partner HMO OFF	Community Capital HMO OFF	Community Edge PPO
Deductible	\$7,350	\$7,350	\$5,500	\$5,500	\$5,500	\$4,000	\$3,350	\$3,350	\$2,500	\$2,500	\$2,900	\$2,500	\$2,500	\$1,200
Family Deductible	\$14,700	\$14,700	\$11,000	\$11,000	\$11,000	\$8,000	\$6,700	\$6,700	\$5,000	\$5,000	\$5,800	\$5,000	\$5,000	\$2,400
Member Coinsurance	0%	0%	50%	50%	50%	40%	50%	40%	40%	40%	15%	40%	40%	25%
Out-of-Pocket Max- Individual	\$7,350	\$7,350	\$6,550	\$7,350	\$7,350	\$7,350	\$7,150	\$7,150	\$7,150	\$7,150	\$6,550	\$7,150	\$7,150	\$6,000
Out-of-Pocket Max- Family	\$14,700	\$14,700	\$13,100	\$14,700	\$14,700	\$14,700	\$14,300	\$14,300	\$14,300	\$14,300	\$13,100	\$14,300	\$14,300	\$12,000
Office Visit- Primary Care Provider	1st 3 @ \$0 Copay then Deductible	Deductible	Ded/Coins	Ded/30% Coins	Ded/30% Coins	\$30 Copay	\$25 Copay	\$25 Copay	\$20 Copay	\$20 Copay	Ded/Coins	\$20 Copay	\$20 Copay	\$25 Copay
Office Visit-Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Visits-Mental Health & Substance Abuse	1st 3 @ \$0 Copay then Deductible	Deductible	Ded/Coins	1st 3 @ \$0; then Ded/ 30% Coins	1st 3 @ \$0; then Ded/ 30% Coins	1st 3 @ \$0; then \$30 Copay	1st 3 @ \$0; then \$25 Copay	1st 3 @ \$0; then \$25 Copay	1st 3 @ \$0; then \$20 Copay	1st 3 @ \$0; then \$20 Copay	Ded/Coins	1st 3 @ \$0; then \$20 Copay	1st 3 @ \$0; then \$20 Copay	1st 3 @ \$0; then \$25 Copay
Office Visits- Specialty Care	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$55
Rehab/Habilitative (OT/PT/ST)	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Laboratory	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Imaging (PET, MRI, CT)	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/40% Coins
Prescription Drugs: Tier 1-Preferred Generic	Deductible	Deductible	Ded/Coins	Ded/30% Coins	Ded/30% Coins	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	Ded/Coins	\$5 Copay	\$5 Copay	\$5 Copay
Tier 2-Generic	Deductible	Deductible	Ded/Coins	Ded/30% Coins	Ded/30% Coins	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Ded/Coins	\$30 Copay	\$30 Copay	\$30 Copay
Tier 3-Non-Preferred Generic & Preferred Brand	Deductible	Deductible	Ded/Coins	Ded/30% Coins	Ded/30% Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/20% Coins
Tier 4-Non-Preferred Brand	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins
Tier 5-Specialty	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins
Chronic Illness Support Program	N	N	N	Y	Y	Y	N	N	N	N	N	Y	Y	N
Embedded Pediatric Dental Available	N	N	N	N	Y	N	N	Y	N	Y	N	N	Y	N



2018 Individual Plan Design with Cost-Share Reductions (In-Network)

Metal Level	Silver											
Plan Name	Community Value HMO	Community Value HMO	Community Value HMO	Community Complete HMO	Community Complete HMO	Community Complete HMO	Community Choice PPO	Community Choice PPO	Community Choice PPO	Community Advance PPO	Community Advance PPO	Community Advance PPO
CSR Variant	- 73% CSR	- 87% CSR	- 94% CSR	- 73% CSR	- 87% CSR	- 94% CSR	- 73% CSR	- 87% CSR	- 94% CSR	- 73% CSR	- 87% CSR	- 94% CSR
Deductible	\$2,000	\$650	\$250	\$2,000	\$650	\$250	\$2,100	\$800	\$400	\$2,100	\$800	\$400
Family Deductible	\$4,000	\$1,300	\$500	\$4,000	\$1,300	\$500	\$4,200	\$1,600	\$800	\$4,200	\$1,600	\$800
Member Coinsurance	30%	20%	10%	30%	20%	10%	30%	20%	10%	30%	20%	10%
Out-of-Pocket Max-Individual	\$5,850	\$1,920	\$750	\$5,850	\$1,920	\$750	\$5,850	\$1,920	\$750	\$5,850	\$1,920	\$750
Out-of-Pocket Max-Family	\$11,700	\$3,840	\$1,500	\$11,700	\$3,840	\$1,500	\$11,700	\$3,840	\$1,500	\$11,700	\$3,840	\$1,500
Office Visits- PCP	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$20 Copay	\$15 Copay	\$10 Copay	\$20 Copay	\$15 Copay	\$10 Copay
Office Visits-Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Visits-Mental Health & Substance Abuse	1st 3 @ \$0; then \$10 Copay	1st 3 @ \$0; then \$5 Copay	\$0 Copay	1st 3 @ \$0; then \$10 Copay	1st 3 @ \$0; then \$5 Copay	\$0 Copay	1st 3 @ \$0; then \$20 Copay	1st 3 @ \$0; then \$15 Copay	1st 3 @ \$0; then \$10 Copay	1st 3 @ \$0; then \$20 Copay	1st 3 @ \$0; then \$15 Copay	1st 3 @ \$0; then \$10 Copay
Office Visits- Specialty Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Rehab/Habilitative Services-OT/PT/ST	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Lab.	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Imaging Services-PET, MRI, CT	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	Ded/50% Coins	Ded/35% Coins	Ded/25%	Ded/50% Coins	Ded/35% Coins	Ded/25%	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins
Prescription Drugs:												
Tier 1-Preferred Generic	\$5 Copay	\$5 Copay	\$0 Copay	\$5 Copay	\$5 Copay	\$0 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay
Tier 2-Generic	\$15 Copay	\$5 Copay	\$5 Copay	\$15 Copay	\$5 Copay	\$5 Copay	\$30 Copay	\$15 Copay	\$10 Copay	\$30 Copay	\$15 Copay	\$10 Copay
Tier 3-Non-Preferred Generic & Preferred Brand	Ded/25% Coins	20% Coins (bypass Ded)	10% Coins (bypass Ded)	Ded/25% Coins	20% Coins (bypass Ded)	10% Coins (bypass Ded)	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Tier 4-Non-Preferred Brand	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins
Tier 5-Specialty	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins	Ded/40% Coins	Ded/30% Coins	Ded/15% Coins
Chronic Illness Support Program	N	N	N	N	N	N	N	N	N	N	N	N
Embedded Pediatric Dental	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y