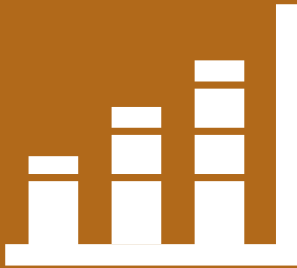


2016 BlueEssentialssm Bronze Plans



Benefits



	BRONZE 1	HD BRONZE 2	HD BRONZE 3
Deductible	Individual: \$6,000 Family: \$12,000	Individual: \$6,300 Family: \$12,600	Individual: \$4,750 Family: \$9,500
Coinsurance	40%	50%	20%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700	Individual: \$6,500 Family: \$13,000
Primary Care Physician (PCP)	\$80 copayment on first four visits then 40% coinsurance per visit after deductible	50% after deductible	20% after deductible
Specialist	\$125 copayment	50% after deductible	20% after deductible
Urgent Care (other than Doctors Care)	\$125 copayment	50% after deductible	20% after deductible
Emergency Room Services	40% after deductible	50% after deductible	20% after deductible
Inpatient Hospitalization	40% after deductible	50% after deductible	20% after deductible
PHARMACY BENEFITS			
Prescription Drugs	Tier 0: \$0 Tier 1: \$25 Tier 2: 40% after deductible Tier 3: 40% after deductible Tier 4: 40% after deductible	Tier 0: \$0 Tier 1: 50% after deductible Tier 2: 50% after deductible Tier 3: 50% after deductible Tier 4: 50% after deductible	Tier 0: \$0 Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible Tier 4: 20% after deductible
Mail Order (90 Day)	Tier 1: \$35 Tier 2: 40% after deductible Tier 3: 40% after deductible	Tier 1: 50% after deductible Tier 2: 50% after deductible Tier 3: 50% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible

Benefits



	HD BRONZE 4	HD BRONZE 5
Deductible	Individual: \$5,200 Family: \$10,400	Individual: \$6,550 Family: \$13,100
Coinsurance	30%	0%
Out-of-pocket Maximum	Individual: \$6,450 Family: \$12,900	Individual: \$6,550 Family: \$13,100
PCP	30% after deductible	Deductible
Specialist	30% after deductible	Deductible
Urgent Care (other than Doctors Care)	30% after deductible	Deductible
Emergency Room Services	30% after deductible	Deductible
Inpatient Hospitalization	30% after deductible	Deductible
PHARMACY BENEFITS		
Prescription Drugs	Tier 0: 30% after deductible Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 30% after deductible Tier 4: 30% after deductible	Tier 0: \$0 Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Mail Order (90 Day)	Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 30% after deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible