

Attachment B STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (05-12-2017)

NOTE: Standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final version for 2018) and NYS Laws/Regulations. Catastrophic plan design was revised to reflect the official maximum out of pocket limit of \$7,350 (single) for calendar year 2018.

| TYPE OF SERVICE | Platinum AV = 0.86 to 0.92 | Gold AV = 0.76 to 0.82 | Silver AV = 0.66 to 0.72 | Silver CSR | | | Bronze AV = 0.56 to 0.62 | Bronze HSA Compliant* AV = 0.56 to 0.62 | Catastrophic | AI/AN CSR \$0 Cost Sharing 100 - 300% FPL |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|-----------------------------------------------|-----------------|-------------------------------------------------|
| | | | | 200 - 250% FPL AV = 0.72 to 0.74 | 150 - 200% FPL AV = 0.86 to 0.88 | 100 - 150% FPL AV = 0.93 to 0.95 | | | | |
| DEDUCTIBLE (single) | \$0 | \$600 | \$2,000 | \$1,650 | \$250 | \$0 | \$4,000 | \$5,500 | \$7,350 | \$0 |
| MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible | \$2,000 | \$4,000 | \$6,750 | \$5,550 | \$2,100 | \$1,000 | \$7,150 | \$6,550 | \$7,350 | \$0 |
| COST SHARING – MEDICAL SERVICES | | | | | | | | | | |
| Inpatient facility/SNF/Hospice | \$500 per admission | \$1,000 per admission | \$1,500 per admission | \$1,500 per admission | \$250 per admission | \$100 per admission | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Outpatient facility – surgery, including freestanding surgicenters | \$100 \$100 | \$100 \$100 | \$100 \$100 | \$100 \$100 | \$75 \$75 | \$25 \$25 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Surgeon – inpatient facility, outpatient facility, including freestanding surgicenters | | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| PCP | \$15 | \$25 | \$30 | \$30 | \$15 | \$10 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Specialist | \$35 | \$40 | \$50 | \$50 | \$35 | \$20 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| PT/OT/ST – rehabilitative & habilitative therapies | \$25 | \$30 | \$30 | \$30 | \$25 | \$15 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| ER | \$100 | \$150 | \$250 | \$250 | \$75 | \$50 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Ambulance | \$100 | \$150 | \$150 | \$150 | \$75 | \$50 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Urgent care | \$55 | \$60 | \$70 | \$70 | \$50 | \$30 | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| DME/Medical supplies | 10% cost sharing | 20% cost sharing | 30% cost sharing | 25% cost sharing | 10% cost sharing | 5% cost sharing | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hearing aids | 10% cost sharing | 20% cost sharing | 30% cost sharing | 25% cost sharing | 10% cost sharing | 5% cost sharing | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Eyewear | 10% cost sharing | 20% cost sharing | 30% cost sharing | 25% cost sharing | 10% cost sharing | 5% cost sharing | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| COST SHARING – INPATIENT HOSPITAL SERVICES | | | | | | | | | | |
| Observation stay/care unit | ER copay per case; copay is waived if direct transfer from outpatient surgery setting to an observation care unit. | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hospital services – non-maternity | Inpatient facility copay per admission # | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Maternity care stay (covers mother and well newborn combined) | Inpatient facility copay per admission # | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Mental/Behavioral health care | Inpatient facility copay per admission # | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Detoxification | Inpatient facility copay per admission # | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Substance abuse disorder services | Inpatient facility copay per admission # | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Skilled nursing facility | Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility. | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hospice (inpatient) | Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility. | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| COST SHARING – EMERGENCY MEDICAL SERVICES | | | | | | | | | | |
| Facility charge – emergency room | ER copay per case; copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room. | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Physician charge – emergency room visit | \$0 copay per visit | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Facility charge – freestanding urgent care center | Urgent care copay per visit | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Physician charge – freestanding urgent care visit | \$0 copay per visit | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Pre-hospital emergency services, transportation, includes air ambulance | Ambulance copay per case | | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |

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| TYPE OF SERVICE | Platinum AV = 0.86 to 0.92 | Gold AV = 0.76 to 0.82 | Silver AV = 0.66 to 0.72 | Silver CSR | | | Bronze AV = 0.56 to 0.62 | Bronze HSA Compliant* AV = 0.56 to 0.62 | Catastrophic | AI/AN CSR \$0 Cost Sharing 100 - 300% FPL |
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| COST SHARING – OUTPATIENT HOSPITAL/FACILITY SERVICES | | | | | | | | | | |
| Outpatient facility surgery – hospital facility charge, including freestanding surgicenters | | | | Outpatient facility - surgery copay per case | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Pre-admission/Pre-operative testing | | | | \$0 copay | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Diagnostic and routine laboratory and pathology | | | | Specialist copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Diagnostic and routine imaging services, including X-ray, excluding CAT/PET scans, MRI | | | | Specialist copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Imaging: CAT/PET scans, MRI | | | | Specialist copay | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Chemotherapy | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Radiation therapy | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hemodialysis/Renal dialysis | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Mental/Behavioral health care | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Substance abuse disorder services | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Covered therapies (PT, OT, ST) – rehabilitative & habilitative | | | | PT/OT/ST copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Home care | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hospice | | | | PCP copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| COST SHARING – PREVENTIVE AND PRIMARY CARE SERVICES | | | | | | | | | | |
| Bone density testing | | | | NOTE: For preventive care visits/services as defined in section 2713 of ACA, no deductible or cost sharing applies; otherwise, the cost sharing indicated below applies to all services in this benefit service category. | | | | | | |
| Cervical cytology | | | | | | | | | | |
| Colonoscopy screening | | | | | | | | | | |
| Gynecological exams | | | | | | | | | | |
| Immunizations | | | | | | | | | | |
| Mammography | | | | PCP/Specialist copay per visit (based on type of physician performing the service) | | | | | | |
| Prenatal maternity care | | | | | | | | | | |
| Prostate cancer screening | | | | | | | | | | |
| Routine exams | | | | | | | | | | |
| Women's preventive health services | | | | | | | | | | |
| COST SHARING – PHYSICIAN/PROFESSIONAL SERVICES | | | | | | | | | | |
| Inpatient hospital surgery - surgeon | | | | Surgeon copay per case | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Outpatient hospital and freestanding surgicenters – surgeon | | | | Surgeon copay per case | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Office surgery | | | | PCP/Specialist copay per visit (based on type of physician performing the service) | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Anesthesia (any setting) | | | | Covered in full, no deductible and no cost sharing applies | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Covered therapies (PT, OT, ST) – rehabilitative and habilitative | | | | PT/OT/ST copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Additional surgical opinion | | | | Specialist copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Second medical opinion for cancer | | | | Specialist copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Maternity delivery and post natal care – physician or midwife | | | | Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy) | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| In-hospital physician visits | | | | \$0 copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Diagnostic office visits | | | | PCP/Specialist copay per visit (based on type of physician performing the service) | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Diagnostic and routine laboratory and pathology | | | | PCP/Specialist copay per visit | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |

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| COST SHARING – PHYSICIAN/PROFESSIONAL SERVICES (CONTINUED) | | | | | | | | | | |
| Diagnostic and routine imaging services, including X-ray, excluding CAT/PET scans, MRI | | | PCP/Specialist copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Imaging: CAT/PET scans, MRI | | | Specialist copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Allergy testing | | | PCP/Specialist copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Allergy shots | | | PCP/Specialist copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Office/Outpatient consultations | | PCP/Specialist copay per visit (based on type of physician performing the service) | | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Mental/Behavioral health care | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Substance abuse disorder services | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Chemotherapy | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Radiation therapy | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hemodialysis/Renal dialysis | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Chiropractic care | | | Specialist copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| COST SHARING – ADDITIONAL BENEFITS/SERVICES | | | | | | | | | | |
| ABA treatment for Autism Spectrum Disorder | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Assistive communication devices for Autism Spectrum Disorder | | | PCP copay per device | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Durable medical equipment and medical supplies | | | DME/Medical supplies coinsurance cost sharing applies | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hearing evaluations/testing | | | Specialist copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Hearing aids | | | Hearing aid coinsurance cost sharing applies | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Diabetic drugs and supplies | | | PCP copay per 30-day supply | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Diabetic education and self-management | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Home care | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Exercise facility reimbursements | | Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. Partial reimbursement for facility fees every six months if member attains at least 50 visits. | | | | | | | | |
| COST SHARING – PEDIATRIC DENTAL SERVICES | | | | | | | | | | |
| Dental office visit | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| COST SHARING – PEDIATRIC VISION SERVICES | | | | | | | | | | |
| Eye exam visit | | | PCP copay per visit | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Prescribed lenses and frames | | | Eyewear coinsurance cost sharing applies to combined cost of lenses and frames | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| Contact lenses | | | Eyewear coinsurance cost sharing applies | | | | 50% cost sharing | 50% cost sharing | 0% cost sharing | 0% cost sharing |
| COST SHARING – PRESCRIPTION DRUGS | | | | | | | | | | |
| Generic or Tier 1 | \$10 | \$10 | \$10 | \$10 | \$9 | \$6 | \$10 | \$10 | 0% cost sharing | 0% cost sharing |
| Formulary brand or Tier 2 | \$30 | \$35 | \$35 | \$35 | \$20 | \$15 | \$35 | \$35 | 0% cost sharing | 0% cost sharing |
| Non-formulary brand or Tier 3 | \$60 | \$70 | \$70 | \$70 | \$40 | \$30 | \$70 | \$70 | 0% cost sharing | 0% cost sharing |
| Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic plans) for a 90-day supply. | | | | | | | | | | |

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ADDITIONAL INSTRUCTIONS:

1. The following applies to the Platinum, Gold, Silver and Silver CSR plans:
For an inpatient admission, the only copay that applies during an inpatient stay is the inpatient facility per admission copay; and if surgery is performed, a surgeon copay; and if a maternity delivery is performed, a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.
There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.
For a maternity stay, the inpatient per admission copay covers charges for the mother and a well newborn.
The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.
2. For all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.
3. If the copay payable is more than the allowed amount (or the remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount).
4. The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.
5. The deductible is over a calendar year for individual products and over the calendar year or plan year (an option of the insurer) for small group products.
For the Platinum, Gold, Silver and Silver CSR plans, the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.
For the Bronze and Catastrophic plans, the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).
6. No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA.
7. Per ACA, Catastrophic plan must include 3 primary care visits per calendar year to which the deductible does not apply. These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply. These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).
8. The family deductible is two times the single deductible; the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount), then no family member needs to accumulate any more dollars toward the deductible (or out-of-pocket limit).
9. The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan will have its own deductible and cost sharing arrangements and associated premium.

* Bronze HSA Compliant plan satisfies the maximum out-of-pocket limit of \$6,550 set by IRS for calendar year 2017.