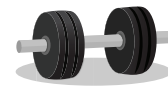


# CERTIFIED HEALTH INSURANCE PLAN OPTIONS OFF EXCHANGE



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



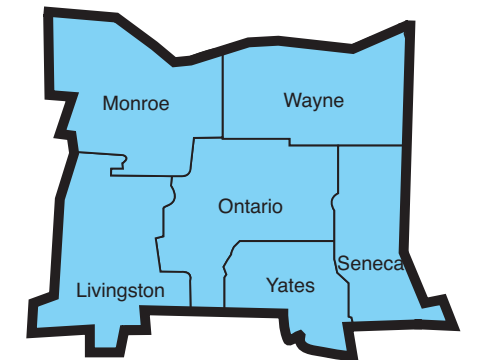
Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program



Need help choosing the right plan for you?  
Call our dedicated Insurance Agents at  
**1-888-669-3913.**



## ROCHESTER 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	NEW! Silver Standard Plus 3	Silver Standard	NEW! 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	\$7,900 / \$15,800	\$5,500 / \$11,000	\$4,000 / \$8,000	\$2,350 / \$4,700	\$1,700 / \$3,400	\$650 / \$1,300	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (OOPM) Single/Family	\$7,900 / \$15,800	\$6,550 / \$13,100	\$7,600 / \$15,200	\$7,750 / \$15,500	\$7,500 / \$15,000	\$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 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)	\$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	\$35 / \$55			\$30 / \$50	\$25 / \$40	\$25 / \$40	\$15 / \$35	
Basic X-Ray/ Advanced Imaging (MRI, etc.)	\$35 / \$55	\$30 / \$50	\$25 / \$40	\$25 / \$40	\$15 / \$35			
Prescription Drugs	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 \$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	Included	Included	Included	Included	Included	Included	Included	Included
Pediatric Vision*	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pediatric Dental†	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Rates</b>								
Single	\$205.41	\$387.32	\$405.36	\$534.47	\$552.71	\$636.32	\$642.46	\$754.40
Single + Spouse	\$410.82	\$774.64	\$810.72	\$1,068.95	\$1,105.42	\$1,272.65	\$1,284.92	\$1,508.80
Single + Child(ren)	\$349.19	\$658.44	\$689.11	\$908.61	\$939.61	\$1,081.75	\$1,092.18	\$1,282.48
Single + Spouse + Child(ren)	\$585.42	\$1,103.86	\$1,155.28	\$1,523.25	\$1,575.23	\$1,813.53	\$1,831.01	\$2,150.04
Child Only	N/A	\$159.57	\$167.01	N/A	\$227.72	N/A	\$264.70	\$310.81

**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 \$7,900 in compliance with the Affordable Care Act.

The rates shown do not include coverage for dependents through age 29 or respective pediatric dental benefits.

\*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.

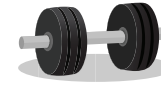
**Out of Pocket Maximum (OOPM):** For plans covering more than one person, the entire family OOPM must be met by one or any combination of covered members. Once this amount is met, covered services are paid by the health plan for the entire family.



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Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide

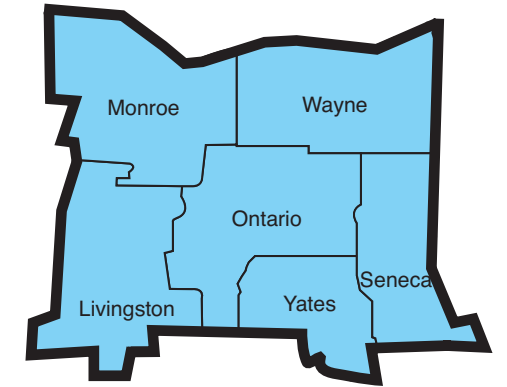


Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program



Plan Benefits & Features	NON-STANDARD					
	NEW! Bronze Secure Plus 3	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	\$7,900 / \$15,800	\$5,000 / \$10,000	\$2,250 / \$4,500	\$750 / \$1,500	\$0 / \$0	
Out-of-Pocket Maximum (OOPM) Single/Family	\$7,900 / \$15,800	\$6,550 / \$13,100	\$6,350 / \$12,700	\$6,350 / \$12,700	\$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	
Hospital Services				\$750	\$750	
Emergency Room				\$250	\$150	
Lab Work				\$40	\$25	
Basic X-Ray/ Advanced Imaging (MRI, etc.)		\$40 / \$100	\$15 / \$100			
Prescription Drugs	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	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			Included	Included	Included	Included
Pediatric Vision*			Covered	Covered	Covered	Covered
Pediatric Dental†			Covered	Covered ^	Covered ^	Covered
<b>Rates</b>						
Single	\$337.35	\$379.13	\$497.69	\$622.52	\$737.74	
Single + Spouse	\$674.71	\$758.25	\$995.39	\$1,245.05	\$1,475.48	
Single + Child(ren)	\$573.50	\$644.51	\$846.08	\$1,058.29	\$1,254.16	
Single + Spouse + Child(ren)	\$961.46	\$1,080.51	\$1,418.43	\$1,774.19	\$2,102.56	
Child Only	N/A	N/A	N/A	N/A	N/A	

## ROCHESTER REGION:



### NEW FOR 2019:

**New Silver Standard Plus 3 and Gold Standard Plus 3** plans offer 3 PCP visits not subject to your deductible.

**New Bronze Secure Plus 3** plan offers your first 3 PCP visits covered in full as well as peace of mind if you or your family member require extensive care – all at our lowest Bronze pricing.

**Pediatric Dental Savings** – non-standard Hybrid and Deductible HSA plans only now offer preventive dental cleanings and exams for children not subject to the in-network deductible.

**Active&Fit Direct™ Program** offers fitness center memberships to 8,000+ fitness centers nationwide for just \$25 a month (plus a \$25 enrollment fee and tax, where applicable).

**ExerciseRewards™** will pay you every 6 months, a full \$200 and a full \$100 for your spouse or partner regardless of your gym membership cost. (Spousal benefit not available with any Essential Plans.) Now it's easier to earn the maximum of \$400 or \$600 annually by tracking your visits using the new fitness app.

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.

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^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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