Choice Plus Base Plan

About these Coverage Examples:

> **This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby	Managing Joe's type 2 Diabetes	Mia's Simple Fracture
(9 months of in-network pre-natal care and a hospital delivery)	(a year of routine in-network care of a well-controlled condition)	(in-network emergency room visit and follow up care)

	Peg		Joe		Mia
■ The plan's overall deductible	$2,000	■ The plan's overall deductible	$2,000	■ The plan's overall deductible	$2,000
■ Specialist copay	$35	■ Specialist copay	$35	■ Specialist copay	$35
■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance	20%
■ Other coinsurance	5%	■ Other coinsurance	5%	■ Other coinsurance	5%

This EXAMPLE event includes services like:

Peg	Joe	Mia
Specialist office visits (prenatal care)	Primary care physician office visits (including disease education)	Emergency room care (including medical supplies)
Childbirth/Delivery Professional Services	Diagnostic tests (blood work)	Diagnostic test (x-ray)
Childbirth/Delivery Facility Services	Prescription drugs	Durable medical equipment (crutches)
Diagnostic tests (ultrasounds and blood work)	Durable medical equipment (glucose meter)	Rehabilitation services (physical therapy)
Specialist visit (anesthesia)		

Total Example Cost	$12,800	Total Example Cost	$1,900	Total Example Cost	$1,900

In this example, Peg would pay: / **In this example, Joe would pay:** / **In this example, Mia would pay:**

Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	$2,000	Deductibles	$2,000	Deductibles	$950
Copayments	$40	Copayments	$1,100	Copayments	$300
Coinsurance	$1,900	Coinsurance	$30	Coinsurance	$10
What isn't covered		*What isn't covered*		*What isn't covered*	
Limits or exclusions	$60	Limits or exclusions	$30	Limits or exclusions	$0
The total Peg would pay is	**$4,000**	**The total Joe would pay is**	**$3,160**	**The total Mia would pay is**	**$1,260**

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The **plan** would be responsible for the other costs of these EXAMPLE covered services.

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Choice Plus Buy Up Plan

About these Coverage Examples:

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Peg is Having a Baby	Managing Joe's type 2 Diabetes	Mia's Simple Fracture
(9 months of in-network pre-natal care and a hospital delivery)	(a year of routine in-network care of a well-controlled condition)	(in-network emergency room visit and follow up care)

	Peg		Joe		Mia
■ The **plan's** overall **deductible**	$1,000	■ The **plan's** overall **deductible** $1,000		■ The **plan's** overall **deductible** $1,000	
■ **Specialist** copay	$25	■ **Specialist** copay $25		■ **Specialist** copay $25	
■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance 20%		■ Hospital (facility) coinsurance 20%	
■ Other coinsurance	15%	■ Other coinsurance 15%		■ Other coinsurance 15%	

This EXAMPLE event includes services like:

Peg	Joe	Mia
Specialist office visits (*prenatal care*)	Primary care physician office visits (*including disease education*)	Emergency room care (*including medical supplies*)
Childbirth/Delivery Professional Services	Diagnostic tests (*blood work*)	Diagnostic test (*x-ray*)
Childbirth/Delivery Facility Services	Prescription drugs	Durable medical equipment (*crutches*)
Diagnostic tests (*ultrasounds and blood work*)	Durable medical equipment (*glucose meter*)	Rehabilitation services (*physical therapy*)
Specialist visit (*anesthesia*)		

Total Example Cost	$12,800	Total Example Cost	$1,900	Total Example Cost	$1,900

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$40
Coinsurance	$2,100
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,200**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$1,200
Coinsurance	$40
What isn't covered	
Limits or exclusions	$30
The total Joe would pay is	**$2,270**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$950
Copayments	$300
Coinsurance	$10
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,260**

The **plan** would be responsible for the other costs of these EXAMPLE covered services.