

2018	Fusion Bronze	Select	Traditional	Choice HSA Compatible		Zero Deductible
Individual Plan	BRONZE	BRONZE	SILVER	SILVER	BRONZE	GOLD
Benefit	Insured Responsibility	Insured Responsibility	Insured Responsibility	Insured Responsibility	Insured Responsibility	Insured Responsibility
Calendar Year deductible	\$5,000 Individual	\$6,900 Individual	\$4,000 Individual	\$4,000 Individual	\$6,650 Individual	\$0.00 Individual
	\$10,000 Family	\$13,800 Family	\$8,000 Individual	\$8,000 Family	\$13,300 Family	\$0.00 Family
Copayment	50% copayment after the deductible	50% copayment after the deductible	30% copayment after the deductible	10% copayment after the deductible	0% copayment after the deductible	25% copayment
Calendar Year Out of Pocket Maximum	\$7,350 Individual	\$7,350 Individual	\$7,350 Individual	\$5,000 Individual	\$6,650 Individual	\$7,350 Individual
	\$14,700 Family	\$14,700 Family	\$14,700 Family	\$10,000 Family	\$13,300 Family	\$14,700 Family
Outpatient Services	50% copayment after deductible, unless otherwise specified below	50% copayment after deductible, unless otherwise specified below	30% copayment after deductible, unless otherwise specified below	10% copayment after deductible, unless otherwise specified below	0% copayment after deductible, unless otherwise specified below	25% copayment, unless otherwise specified below
Primary Care Physician Office Visit	\$0 copay for the 1st 3 visits in one calendar year, then 50% copayment after deductible	50% copayment after deductible	\$40 Copay	10% copayment after the deductible	0% copayment after deductible	\$30 Copay
Specialist Office Visit	50% copayment after deductible	50% copayment after deductible	\$65 Copay	10% copayment after the deductible	0% copayment after deductible	\$60 Copay
Laboratory/Radiology Services	First \$300 paid at 100%, then 50% copayment after deductible	50% copayment after deductible	30% copayment after the Annual deductible	10% copayment after the deductible	0% copayment after deductible	25% copayment
Surgical Procedures in Physician's Office or Outpatient Surgical Facility	50% copayment after deductible	50% copayment after deductible	30% copayment after the deductible	10% copayment after the deductible	0% copayment after deductible	25% copayment
Pre-Natal & Post-Natal Obstetrical Care	50% copayment after deductible	50% copayment after deductible	\$40 Copay for initial visit	10% copayment after the deductible	0% copayment after deductible	\$30 Copay for initial visit
Outpatient Mental Health Treatment	50% copayment after deductible	50% copayment after deductible	\$40 Copay per treatment	10% copayment after the deductible	0% copayment after deductible	\$30 Copay per visit
Rehabilitation Services, Speech, Occupational & Physical Therapy	50% copayment after deductible	50% copayment after deductible	\$65 Copay per visit	10% copayment after the deductible	0% copayment after deductible	\$60 Copay per visit
Inpatient Services				10% copayment after the deductible	0% copayment after deductible	
Hospital Confinement	50% copayment after deductible	50% copayment after deductible	30% copayment after the deductible	10% copayment after the deductible	0% copayment after deductible	\$500 Copay per day
Obstetrical Services (delivery & all patient services)	50% copayment after deductible	50% copayment after deductible	30% copayment after the deductible	10% copayment after the deductible	0% copayment after deductible	\$500 Copay per day
Prescription Drugs (30-day supply)						
Preferred Generic	\$0 Copay	\$0 Copay	\$0 Copay	10% copayment after the deductible	0% copayment after deductible	\$0 Copay
Non-Preferred Generic	\$25 Copay	\$25 Copay	\$30 Copay	10% copayment after the deductible	0% copayment after deductible	\$10 Copay
Preferred Brand	50% copayment after deductible	\$50 Copay after deductible	\$40 Copay	10% copayment after the deductible	0% copayment after deductible	\$55 Copay
Non-Preferred Brand	50% copayment after deductible	\$100 Copay after deductible	\$70 Copay	10% copayment after the deductible	0% copayment after deductible	50% copayment
Specialty	50% copayment after deductible	60% copayment after deductible	60% copayment after deductible	10% copayment after the deductible	0% copayment after deductible	50% copayment
Emergency Care Services						
Emergency Room Visit	50% copayment after deductible	50% copayment after deductible	\$750 Copay	10% copayment after the deductible	0% copayment after deductible	25% copayment
Urgent Care Visit	50% copayment after deductible	50% copayment after deductible	\$100 Copay	10% copayment after the deductible	0% copayment after deductible	\$75 Copay

	Fusion		Select		Traditional		Choice				Zero Deductible	
	BRONZE		BRONZE		SILVER		SILVER		BRONZE			
Age	Non-Smoking	Smoking	Non-Smoking	Smoking	Non-Smoking	Smoking	Non-Smoking	Smoking	Non-Smoking	Smoking	Non-Smoking	Smoking
0-14	194.41	194.41	196.53	196.53	234.52	234.52	251.40	251.40	202.62	202.62	303.69	303.69
15	211.69	211.69	213.99	213.99	255.36	255.36	273.75	273.75	220.63	220.63	330.69	330.69
16	218.30	218.30	220.67	220.67	263.33	263.33	282.29	282.29	227.52	227.52	341.01	341.01
17	224.91	224.91	227.35	227.35	271.30	271.30	290.84	290.84	234.41	234.41	351.33	351.33
18	232.02	291.19	234.55	294.36	279.89	351.26	300.04	376.55	241.82	303.49	362.45	454.87
19	239.14	358.71	241.74	362.61	288.47	432.70	309.24	463.86	249.24	373.86	373.56	560.34
20	246.51	369.76	249.19	373.78	297.36	446.04	318.77	478.15	256.92	385.38	385.08	577.62
21	254.14	381.20	256.90	385.34	306.56	459.83	328.63	492.94	264.87	397.30	396.99	595.48
22	254.14	381.20	256.90	385.34	306.56	459.83	328.63	492.94	264.87	397.30	396.99	595.48
23	254.14	381.20	256.90	385.34	306.56	459.83	328.63	492.94	264.87	397.30	396.99	595.48
24	254.14	381.20	256.90	385.34	306.56	459.83	328.63	492.94	264.87	397.30	396.99	595.48
25	255.15	382.72	257.92	386.88	307.78	461.67	329.94	494.91	265.92	398.88	398.57	597.85
26	260.23	390.34	263.06	394.59	313.91	470.86	336.52	504.77	271.22	406.83	406.51	609.76
27	266.33	399.49	269.23	403.84	321.27	481.90	344.40	516.60	277.58	416.37	416.04	624.06
28	276.24	414.36	279.25	418.87	333.23	499.84	357.22	535.83	287.91	431.86	431.52	647.28
29	284.38	426.56	287.47	431.20	343.04	514.55	367.74	551.60	296.38	444.57	444.23	666.34
30	288.44	432.66	291.58	437.37	347.94	521.91	372.99	559.48	300.62	450.93	450.58	675.87
31	294.54	441.81	297.74	446.61	355.30	532.95	380.88	571.32	306.98	460.47	460.11	690.16
32	300.64	450.96	303.91	455.86	362.66	543.98	388.77	583.15	313.33	469.99	469.64	704.45
33	304.45	456.67	307.76	461.64	367.25	550.87	393.70	590.55	317.31	475.96	475.59	713.38
34	308.52	462.78	311.87	467.80	372.16	558.24	398.95	598.42	321.55	482.32	481.94	722.91
35	310.55	465.82	313.93	470.89	374.61	561.91	401.58	602.37	323.66	485.49	485.12	727.68
36	312.58	468.87	315.98	473.97	377.06	565.59	404.21	606.31	325.78	488.67	488.29	732.43
37	314.62	471.93	318.04	477.06	379.52	569.27	406.84	610.26	327.90	491.85	491.47	737.20
38	316.65	474.97	320.09	480.13	381.97	572.95	409.47	614.20	330.02	495.03	494.65	741.97
39	320.72	481.08	324.20	486.30	386.87	580.30	414.73	622.09	334.26	501.39	501.00	751.50
40	324.78	487.17	328.31	492.46	391.78	587.67	419.99	629.98	338.50	507.75	507.35	761.02
41	330.88	496.32	334.48	501.72	399.14	598.70	427.87	641.80	344.85	517.27	516.88	775.31
42	336.73	505.09	340.39	510.58	406.19	609.28	435.43	653.14	350.95	526.42	526.01	789.01
43	344.86	517.29	348.61	522.91	416.00	624.00	445.95	668.92	359.42	539.13	538.71	808.06
44	355.03	532.54	358.88	538.32	428.26	642.39	459.09	688.63	370.02	555.02	554.59	831.88
45	366.97	550.45	370.96	556.44	442.67	664.00	474.54	711.81	382.46	573.69	573.25	859.87
46	381.20	571.80	385.34	578.01	459.83	689.74	492.94	739.41	397.30	595.95	595.48	893.22
47	397.21	595.81	401.53	602.29	479.15	718.72	513.65	770.47	413.98	620.97	620.49	930.73
48	415.51	623.26	420.03	630.04	501.22	751.83	537.31	805.96	433.05	649.57	649.07	973.60
49	433.55	650.32	438.27	657.40	522.98	784.47	560.64	840.96	451.86	677.79	677.26	1015.89
50	453.88	680.82	458.82	688.23	547.51	821.26	586.93	880.39	473.05	709.57	709.02	1063.53
51	473.96	710.94	479.11	718.66	571.73	857.59	612.89	919.33	493.97	740.95	740.38	1110.57
52	496.07	744.10	501.46	752.19	598.40	897.60	641.48	962.22	517.02	775.52	774.92	1162.38
53	518.43	777.64	524.07	786.10	625.37	938.05	670.40	1005.60	540.32	810.48	809.85	1214.77
54	542.58	813.86	548.47	822.70	654.50	981.75	701.62	1052.43	565.49	848.23	847.57	1271.35
55	566.72	850.08	572.88	859.32	683.62	1025.43	732.84	1099.26	590.65	885.97	885.28	1327.92
56	592.89	889.33	599.34	899.01	715.20	1072.79	766.69	1150.03	617.93	926.89	926.17	1389.25
57	619.32	928.98	626.06	939.09	747.08	1120.62	800.87	1201.30	645.48	968.21	967.46	1451.18
58	647.53	971.29	654.57	981.85	781.11	1171.66	837.34	1256.01	674.88	1012.31	1011.52	1517.28
59	661.51	992.26	668.70	1003.05	797.97	1196.95	855.42	1283.13	689.44	1034.16	1033.36	1550.03
60	689.72	1034.58	697.22	1045.83	831.99	1247.98	891.90	1337.85	718.84	1078.26	1077.42	1616.13
61	714.12	1071.17	721.88	1082.82	861.42	1292.13	923.45	1385.17	744.27	1116.40	1115.53	1673.29
62	730.13	1095.19	738.06	1107.09	880.74	1321.10	944.15	1416.22	760.96	1141.43	1140.54	1710.81
63	750.20	1125.30	758.36	1137.54	904.95	1357.42	970.11	1455.16	781.88	1172.82	1171.90	1757.85
64 and over	762.40	1143.60	770.69	1156.03	919.67	1379.50	985.88	1478.82	794.59	1191.88	1190.96	1786.44