

<b>Plan Marketing Name 2015</b>	OptimaFit Gold 1000 25	OptimaFit Silver 3500 25 20%		OptimaFit Bronze 6000	OptimaFit Bronze 3750 HSA
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 1000	OptimaFit Silver 4000 20%	OptimaFit Silver 2600 25 20%	OptimaFit Bronze 6500 25	OptimaFit Bronze 4500 HSA
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Group Size</b>	Individual	Individual	Individual	Individual	Individual
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$1,000 Single / \$2,000 Family	\$4,000 Single / \$8,000 Family	\$2,600 Single / \$5,200 Family	\$6,500 Single / \$13,000 Family	\$4,500 Single / \$9,000 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)					
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script
<b>Creditable Y/N</b>	Yes	Yes	Yes	No	No
<b>Intergrated Y/N</b>	No	No	No	Yes	Yes

<b>Plan Marketing Name 2015</b>	OptimaFit Bronze 4250 HSA	OptimaFit Bronze 4750 HSA	OptimaFit 6600	OptimaFit Silver 3500 25	
<b>Plan Marketing Name 2016</b>	OptimaFit Bronze 5000 HSA	OptimaFit Bronze 5500 HSA	OptimaFit Bronze 6850	OptimaFit Silver 2500	OptimaFit Silver 2000 25
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Group Size</b>	Individual	Individual	Individual	Individual	Individual
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$5,000 Single / \$10,000 Family	\$5,500 Single / \$11,000 Family	\$6,850 Single / \$13,700 Family	\$2,500 Single / \$5,000 Family	\$2,000 Single / \$4,000 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,850 Single / \$13,700 Family	\$5,450 Single / \$10,900 Family	\$5,450 Single / \$10,900 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)					
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	100% AD	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)
<b>Creditable Y/N</b>	No	No	No	Yes	Yes
<b>Integrated Y/N</b>	Yes	Yes	Yes	No	No

<b>Plan Marketing Name 2015</b>	OptimaFit Gold 500 25		OptimaFit Platinum 25	
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 500	OptimaFit Gold 800 25	OptimaFit Platinum 150	OptimaFit Platinum 200 15
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Group Size</b>	Individual	Individual	Individual	Individual
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$500 Single / \$1,000 Family	\$800 Single / \$1600 Family	\$150 Single / \$300 Family	\$200 Single / \$400 Family
<b>OOB Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$1,300 Single / \$2,600 Family	\$1,300 Single / \$2,600 Family	\$600 Single / \$1,200 Family	\$600 Single / \$1,200 Family
<b>OOB Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)				
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)
<b>Creditable Y/N</b>	Yes	Yes	Yes	Yes
<b>Integrated Y/N</b>	No	No	No	No

<b>Plan Marketing Name 2015</b>	OptimaFit Gold 1000 25 LCS	OptimaFit Silver 3500 25 20% LCS		OptimaFit Bronze 6000 LCS
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 1000 LCS	OptimaFit Silver 4000 20% LCS	OptimaFit Silver 2600 25 20% LCS	OptimaFit Bronze 6500 25 LCS
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$1,000 Single / \$2,000 Family	\$4,000 Single / \$8,000 Family	\$2,600 Single / \$5,200 Family	\$6,500 Single / \$13,000 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)				
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script) 50% coinsurance or \$60 copay whichever is greater (\$250 max per script) 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script) 50% coinsurance or \$60 copay whichever is greater (\$250 max per script) 50% coinsurance (\$250 max per script)	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script
<b>Creditable Y/N</b>	Yes	Yes	Yes	No
<b>Integrated Y/N</b>	No	No	No	Yes

<b>Plan Marketing Name 2015</b>	OptimaFit Bronze 3750 HSA LCS	OptimaFit Bronze 4250 HSA LCS	OptimaFit Bronze 4750 HSA LCS	
<b>Plan Marketing Name 2016</b>	OptimaFit Bronze 4500 HSA LCS	OptimaFit Bronze 5000 HSA LCS	OptimaFit Bronze 5500 HSA LCS	OptimaFit Bronze6850 LCS
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$4,500 Single / \$9,000 Family	\$5,000 Single / \$10,000 Family	\$5,500 Single / \$11,000 Family	\$6,850 Single / \$13,700 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,850 Single / \$13,700 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)				
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	100% AD
<b>Creditable Y/N</b>	No	No	No	No
<b>Intergrated Y/N</b>	Yes	Yes	Yes	Yes

<b>Plan Marketing Name 2015</b>	OptimaFit Gold 1000 25 ZCS	OptimaFit Silver 3500 25 20% ZCS		OptimaFit Bronze 6000 ZCS	OptimaFit Bronze 3750 HSA ZCS	OptimaFit Bronze 4250 HSA ZCS	OptimaFit Bronze 4750 HSA ZCS	
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 1000 ZCS	OptimaFit Silver 4000 20% ZCS	OptimaFit Silver 2600 25 20% ZCS	OptimaFit Bronze 6500 25 ZCS	OptimaFit Bronze 4500 HSA ZCS	OptimaFit Bronze 5000 HSA ZCS	OptimaFit Bronze 5500 HSA ZCS	OptimaFit Bronze 6850 ZCS
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Cost Share</b>	1000/90%	4000/80%	2600/80%	6500/70%	4500/70%	5000/80%	5500/90%	6850/100%
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	0	0	0	0	0	0	0	0
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)								
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>Creditable Y/N</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Intergrated Y/N</b>	No	No	No	No	No	No	No	No

\*MOOP list as \$6850/\$13700 on facesheet    \*MOOP list as \$6850/\$13700 on facesheet    \*MOOP list as \$6850/\$13700 on facesheet    \*MOOP list as \$6850/\$13700 on facesheet    \*MOOP list as \$6550/\$13100 on facesheet    \*MOOP list as \$6550/\$13100 on facesheet    \*MOOP list as \$6550/\$13100 on facesheet    \*MOOP list as \$6850/\$13700 on facesheet

<b>Plan Marketing Name 2015</b>	-	-	-	
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 1200 Direct	OptimaFit Silver 2600 25 20% Direct	OptimaFit Bronze 4500 HSA Direct	OptimaFit Silver 2000 25 Direct
<b>Medical Services</b>	Non-Embedded Deductible & Non-Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$1,200 Single / \$2,400 Family	\$2,600 Single / \$5,200 Family	\$4,500 Single / \$9,000 Family	\$2,000 Single / \$4,000 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$3,425 Single / \$6,850 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family	\$5,450 Single / \$10,900 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b>				
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	15, \$40 copay or 50% coinsurance - which ever is greater ( \$250 max per script), \$60 copay or 50% coinsurance, whichever is greater (\$250 max per script), 50% coinsurance. (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	50% AD \$250 max per script, 50% AD \$250 max per script, 50% AD \$250 max per script, 50% AD \$250 max per script	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)
<b>Creditable Y/N</b>	Yes	Yes	No	Yes
<b>Intergrated Y/N</b>	No	No	Yes	No

Plan Marketing Name 2015	-	-	-	-
Plan Marketing Name 2016	OptimaFit Gold 750 25 Direct	OptimaFit Platinum 200 10 Direct	OptimaFit Gold 1200 Direct LCS	OptimaFit Silver 2600 25 20% Direct LCS
Medical Services	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Non-Embedded Deductible & Non-Embedded MOOP	Embedded Deductible & Embedded MOOP
Core benefits with limits or accumulators administered on a Calendar year basis	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
Lifetime Maximum	None	None	None	None
In Network General Deductible (no 4th qtr deductible carry-over)	\$750 Single / \$1500 Family	\$200 Single / \$400 Family	\$1,200 Single / \$2,400 Family	\$2,600 Single / \$5,200 Family
OON Deductible (no 4th qtr deductible carry-over)	N/A	N/A	N/A	N/A
In Network Out of Pocket Max	\$1,300 Single / \$2,600 Family	\$500 Single / \$1,000 Family	\$3,425 Single / \$6,850 Family	\$6,850 Single / \$13,700 Family
OON Out of Pocket Max	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b>				
PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, \$40 copay or 50% coinsurance - which ever is greater. ( \$250 max per script), \$60 copay or 50% coinsurance, whichever is greater. (\$250 max per script), 50% coinsurance. (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script),50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)
Creditable Y/N	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No



<b>Plan Marketing Name 2015</b>	-	-	-	-
<b>Plan Marketing Name 2016</b>	OptimaFit Bronze 4500 HSA Direct LCS	OptimaFit Gold 1200 Direct ZCS	OptimaFit Silver 2600 25 20% Direct ZCS	OptimaFit Bronze 4500 HSA Direct ZCS
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Non-Embedded Deductible & Non-Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$4,500 Single / \$9,000 Family	0	0	0
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,550 Single / \$13,100 Family	\$0*	\$0*	\$0*
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b>				
<b>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand &amp; Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .</b>	50% AD \$250 max per script, 50% AD \$250 max per script, 50% AD \$250 max per script, 50% AD \$250 max per script	100%, 100%, 100%, 100%	100%, 100%, 100%, 100%	100%, 100%, 100%, 100%
<b>Creditable Y/N</b>	No	Yes	Yes	Yes
<b>Intergrated Y/N</b>	Yes	No	No	No

\*MOOP list as  
\$3425/\$6850on facesheet

\*MOOP list as  
\$6850/\$13700 on  
facesheet

\*MOOP list as  
\$6550/\$13100 on  
facesheet

Plan Marketing Name 2015	-	-	-	-	-	-
Plan Marketing Name 2016	OptimaFit Gold 1000 Select	OptimaFit Bronze 5500 HSA Select	OptimaFit Gold 1000 Select LCS	OptimaFit Bronze 5500 HSA Select LCS	OptimaFit Gold 1000 Select ZCS	OptimaFit Bronze 5500 HSA Select ZCS
Medical Services	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
Cost Share	1000/90%	5500/90%	1000/90%	5500/90%	1000/90%	5500/90%
Group Size	Individual	Individual	Individual	Individual	Individual	Individual
Core benefits with limits or accumulators administered on a Calendar year basis	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
Lifetime Maximum	None	None	None	None	None	None
In Network General Deductible (no 4th qtr deductible carry-over)	\$1,000 Single / \$2,000 Family	\$5,500 Single / \$11,000 Family	\$1,000 Single / \$2,000 Family	\$5,500 Single / \$11,000 Family	0	0
OON Deductible (no 4th qtr deductible carry-over)	N/A	N/A	N/A	N/A	N/A	N/A
In Network Out of Pocket Max	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family	\$0*	\$0*
OON Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE: (Closed Formulary: Mail Order not available)</b>						
PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2.Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications.	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	100%	100%
Creditable Y/N	Yes	No	Yes	No	Yes	Yes
Integrated Y/N	No	Yes	No	Yes	No	No

\*MOOP list as \$6850/\$13700 on facesheet

\*MOOP list as \$6550/\$13100 on facesheet

<b>Plan Marketing Name 2015</b>	OptimaFit Gold 1000	OptimaFit Silver 3500 25 20%		OptimaFit Bronze 6000
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 1000	OptimaFit Silver 4000 20%	OptimaFit Silver 2600 25 20%	OptimaFit Bronze 6500 25
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$1,000 Single / \$2,000 Family	\$4,000 Single / \$8,000 Family	\$2,600 Single / \$5,200 Family	\$6,500 Single / \$13,000 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)				
<b>PRESCRIPTION DRUG COVERAGE</b> Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script
<b>Creditable Y/N</b>	Yes	Yes	Yes	No
<b>Intergrated Y/N</b>	No	No	No	Yes

<b>Plan Marketing Name 2015</b>	OptimaFit Bronze 3750 HSA	OptimaFit Bronze 4250 HSA	OptimaFit Bronze 4750 HSA	OptimaFit 6600
<b>Plan Marketing Name 2016</b>	OptimaFit Bronze 4500 HSA	OptimaFit Bronze 5000 HSA	OptimaFit Bronze 5500 HSA	OptimaFit Bronze 6850
<b>Medical Services</b>	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$4,500 Single / \$9,000 Family	\$5,000 Single / \$10,000 Family	\$5,500 Single / \$11,000 Family	\$6,850 Single / \$13,700 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,850 Single / \$13,700 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)				
<b>PRESCRIPTION DRUG COVERAGE</b> Selected Generic (Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script	100% AD, 100% AD, 100% AD, 100% AD
<b>Creditable Y/N</b>	No	No	No	No
<b>Intergrated Y/N</b>	Yes	Yes	Yes	Yes

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<b>Plan Marketing Name 2015</b>					
<b>Plan Marketing Name 2016</b>	OptimaFit Gold 1200 Direct	OptimaFit Silver 2600 25 20% Direct	OptimaFit Bronze 4500 HSA Direct	OptimaFit Gold 1000 Select	OptimaFit Bronze 5500 HSA Select
<b>Medical Services</b>	Non-Embedded Deductible & Non-Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP	Embedded Deductible & Embedded MOOP
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
<b>Lifetime Maximum</b>	None	None	None	None	None
<b>In Network General Deductible (no 4th qtr deductible carry-over)</b>	\$1,200 Single / \$2,400 Family	\$2,600 Single / \$5,200 Family	\$4,500 Single / \$9,000 Family	\$1,000 Single / \$2,000 Family	\$5,500 Single / \$11,000 Family
<b>OON Deductible (no 4th qtr deductible carry-over)</b>	N/A	N/A	N/A	N/A	N/A
<b>In Network Out of Pocket Max</b>	\$3,425 Single / \$6,850 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family
<b>OON Out of Pocket Max</b>	N/A	N/A	N/A	N/A	N/A
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE:</b> (Closed Formulary: Mail Order not available)					
<b>PRESCRIPTION DRUG COVERAGE</b> Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .	15, \$40 copay or 50% coinsurance - which ever is greater. ( \$250 max per script), \$60 copay or 50% coinsurance, whichever is greater. (\$250 max per script), 50% coinsurance. (\$250 max per script)	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script) 50% coinsurance or \$60 copay whichever is greater (\$250 max per script) 50% coinsurance (\$250 max per script)	50% AD \$250 max per script, 50% AD \$250 max per script, 50% AD \$250 max per script, 50% AD \$250 max per script	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script) 50% coinsurance or \$60 copay whichever is greater (\$250 max per script) 50% coinsurance (\$250 max per script)	50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script, 50% AD 250 max per script
<b>Creditable Y/N</b>	Yes	Yes	No	Yes	No
<b>Intergrated Y/N</b>	No	No	Yes	No	Yes