

2015 Plans & Benefits Template v4.0**HIOS Issuer ID*****Issuer State*****Market Coverage*****Dental Only Plan*****TIN*****Plan Identifiers****HIOS Plan ID*(Standard Component)**

52346MN0050001
 52346MN0050002
 52346MN0050003
 52346MN0050005
 52346MN0050004
 52346MN0050006
 52346MN0050007

Sanford**52346****MN****SHOP (Small Group)****No****46-0445852****Plan Marketing Name***

Simplicity \$500
 Simplicity \$1,500
 Simplicity \$2,000
 Simplicity \$1,000
 Simplicity \$3,000
 Simplicity \$2,500
 Simplicity \$5,000

HIOS Product ID*

52346MN005
 52346MN005
 52346MN005
 52346MN005
 52346MN005
 52346MN005
 52346MN005

HPID

MNN001
 MNN001
 MNN001
 MNN001
 MNN001
 MNN001
 MNN001

Network ID*

MNS001
 MNS001
 MNS001
 MNS001
 MNS001
 MNS001
 MNS001

Service Area ID*

MNS001
 MNS001
 MNS001
 MNS001
 MNS001
 MNS001
 MNS001

Formulary ID*

MNF006
 MNF001
 MNF002
 MNF005
 MNF004
 MNF005
 MNF003

2015 Plans & Benefits Template v4.0

HIOS Issuer ID*

Sanford

52346

Issuer State*

MN

Market Coverage*

SHOP (Small Group)

Dental Only Plan*

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46-0445852

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Simplicity \$5,000

Plan Attributes

New/Existing Plan?*

Existing

Existing

Existing

New

Existing

New

Existing

Plan Type*

HMO

HMO

HMO

HMO

HMO

HMO

HMO

Level of Coverage*

Platinum

Gold

Silver

Gold

Bronze

Silver

Bronze

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52346MN0050001

Simplicity \$500

No

Off the Exchange

52346MN0050002

Simplicity \$1,500

No

Off the Exchange

52346MN0050003

Simplicity \$2,000

No

Off the Exchange

52346MN0050005

Simplicity \$1,000

No

Off the Exchange

52346MN0050004

Simplicity \$3,000

No

Off the Exchange

52346MN0050006

Simplicity \$2,500

No

Off the Exchange

52346MN0050007

Simplicity \$5,000

No

Off the Exchange

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Simplicity \$500

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Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

Notice Required for Pregnancy*

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Is a Referral Required for Specialist?*

No

No

No

No

No

No

No

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Specialist(s) Requiring a Referral

Plan Level Exclusions

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Limited Cost Sharing Plan Variation - Est Advanced Payment

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52346MN0050001

Simplicity \$500

No

No

52346MN0050002

Simplicity \$1,500

No

No

52346MN0050003

Simplicity \$2,000

No

No

52346MN0050005

Simplicity \$1,000

No

No

52346MN0050004

Simplicity \$3,000

Yes

No

52346MN0050006

Simplicity \$2,500

No

No

52346MN0050007

Simplicity \$5,000

Yes

No

2015 Plans & Benefits Template v4.0

HIOS Issuer ID*

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Simplicity \$2,000

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Simplicity \$2,500

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HSA/HRA Employer Contribution Amount

Child-Only Offering*

Allows Adult and Child-Only

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52346MN0050001

Simplicity \$500

Yes

52346MN0050002

Simplicity \$1,500

Yes

52346MN0050003

Simplicity \$2,000

Yes

52346MN0050005

Simplicity \$1,000

Yes

52346MN0050004

Simplicity \$3,000

Yes

52346MN0050006

Simplicity \$2,500

Yes

52346MN0050007

Simplicity \$5,000

Yes

2015 Plans & Benefits Template v4.0

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Plan Marketing Name*

Simplicity \$500
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Simplicity \$3,000
Simplicity \$2,500
Simplicity \$5,000

Disease Management Programs Offered

Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy
Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy
Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy
Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy
Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy
Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy
Asthma, Heart Disease, Diabetes, High Blood Pressure & High Cholesterol, Pregnancy

2015 Plans & Benefits Template v4.0

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52346MN0050004

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Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

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Stand Alone Dental Only

EHB Apportionment for Pediatric Dental

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Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

Guaranteed vs. Estimated Rate

2015 Plans & Benefits Template v4.0

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Simplicity \$500

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Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

AV Calculator Additional Benefit Design

Maximum Coinsurance for Specialty Drugs

2015 Plans & Benefits Template v4.0

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52346MN0050002

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52346MN0050006

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Plan Marketing Name*

Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

Maximum Number of Days for Charging an Inpatient Copay?

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52346MN0050001

52346MN0050002

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52346MN0050004

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Plan Marketing Name*

Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

Begin Primary Care Cost-Sharing After a Set Number of Visits?

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52346MN0050001

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Simplicity \$500

Simplicity \$1,500

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Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?

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52346MN0050001

Simplicity \$500

1/1/2015

12/31/2015

Yes

52346MN0050002

Simplicity \$1,500

1/1/2015

12/31/2015

Yes

52346MN0050003

Simplicity \$2,000

1/1/2015

12/31/2015

Yes

52346MN0050005

Simplicity \$1,000

1/1/2015

12/31/2015

Yes

52346MN0050004

Simplicity \$3,000

1/1/2015

12/31/2015

Yes

52346MN0050006

Simplicity \$2,500

1/1/2015

12/31/2015

Yes

52346MN0050007

Simplicity \$5,000

1/1/2015

12/31/2015

Yes

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Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

Out of Country Coverage Description

Emergency Only

Out of Service Area Coverage*

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

Out of Service Area Coverage Description

Urgent Care Only or With Plan Certification

Emergency or Urgent Care or With Plan Certification

Emergency or Urgent Care Only or With Plan Certification

2015 Plans & Benefits Template v4.0

HIOS Issuer ID*

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Dental Only Plan*

TIN*

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HIOS Plan ID*(Standard Component)

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Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

National Network*

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Simplicity \$500

Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

Simplicity \$5,000

URLs

URL for Summary of Benefits & Coverage

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

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URL for Enrollment Payment

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Simplicity \$1,500

Simplicity \$2,000

Simplicity \$1,000

Simplicity \$3,000

Simplicity \$2,500

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Plan Brochure

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

<http://sanfordhealthplan.com/shopsanfordhealthplan/business/smallemployerinsurance/sim>

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