HIOS Issuer ID*	**49316**	**Blue Cross Blue Shield**
Issuer State*	**MN**	
Market Coverage*	**Individual**	
Dental Only Plan*	**No**	
TIN*	**41-0984460**	

HIOS Plan ID*(Standard Component)	**Plan Marketing Name***	**HIOS Product ID***	**HPID**
49316MN1000001	BlueBasic 3300/0/50 (AAD2)	49316MN100	
49316MN1000002	BlueBasic 5650/0/0 (AAD5)	49316MN100	
49316MN1000003	BlueBasic 2200/45/20 (AAD6)	49316MN100	
49316MN1000004	BlueBasic 4350/0/0 (AAD7)	49316MN100	
49316MN1010001	BlueAccess HSA 3150/0/0 (AAD8)	49316MN101	
49316MN1010002	BlueAccess HSA 1800/0/0 (AADA)	49316MN101	
49316MN1010003	BlueAccess HSA 5200/0/0 (AAD3)	49316MN101	
49316MN1010004	BlueAccess 0/30/20 (AADC)	49316MN101	
49316MN1010005	BlueAccess 0/25/10 (AADD)	49316MN101	
49316MN1020001	BlueValue 2400/0/20 (AADE)	49316MN102	
49316MN1030001	BluePrint 1900/0/20 (AADF)	49316MN103	
49316MN1030002	BluePrint 1500/0/20 (AADH)	49316MN103	
49316MN1030003	BluePrint 1000/0/0 (AADK)	49316MN103	
49316MN1040001	BluePrint 1900/0/20 (AADP) w/dental	49316MN104	
49316MN1040002	BluePrint 1500/0/20 (AADR) w/dental	49316MN104	
49316MN1040003	BluePrint 1000/0/0 (AADT) w/dental	49316MN104	
49316MN1060001	BlueSave 5650/0/0 (AAD1)	49316MN106	
49316MN1100001	BlueBasic 3300/0/50 (AAE7) w/dental	49316MN110	
49316MN1100002	BlueBasic 5650/0/0 (AAE8) w/dental	49316MN110	
49316MN1100003	BlueBasic 2200/45/20 (AAE9) w/dental	49316MN110	
49316MN1100004	BlueBasic 4350/0/0 (AAEA)3 w/dental	49316MN110	
49316MN1110001	BlueAccess HSA 3150/0/0 (AADX) w/dental	49316MN111	
49316MN1110002	BlueAccess HSA 1800/0/0 (AAE1) w/dental	49316MN111	
49316MN1110003	BlueAccess HSA 5200/0/0 (AAE5) w/dental	49316MN111	
49316MN1110004	BlueAccess 0/30/20 (AAE3) w/dental	49316MN111	
49316MN1110005	BlueAccess 0/25/10 (AAE4) w/dental	49316MN111	
49316MN1120001	BlueValue 2400/0/20 (AADV) w/dental	49316MN112	

HIOS Issuer ID*	**49316**	**Blue Cross Blue Shield**
Issuer State*	**MN**	
Market Coverage*	**Individual**	
Dental Only Plan*	**No**	
TIN*	**41-0984460**	
49316MN1140001	BlueSave 5650/0/0 (AADW) w/dental	49316MN114
49316MN1160001	BlueConnect Sanford Health 1900/0/20 (AADG) w/dental	49316MN116
49316MN1160002	BlueConnect Sanford Health 1500/0/20 (AADJ) w/dental	49316MN116
49316MN1160003	BlueConnect Sanford Health 1000/0/0 (AADL) w/dental	49316MN116
49316MN1170001	BlueConnect Sanford Health 1900/0/20 (AADQ)	49316MN117
49316MN1170002	BlueConnect Sanford Health 1500/0/20 (AADS)	49316MN117
49316MN1170003	BlueConnect Sanford Health 1000/0/0 (AADU)	49316MN117

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*
49316MN1000001	MNN003	MNS003	MNF010	New	PPO
49316MN1000002	MNN003	MNS003	MNF008	New	PPO
49316MN1000003	MNN003	MNS003	MNF006	New	PPO
49316MN1000004	MNN003	MNS003	MNF011	New	PPO
49316MN1010001	MNN001	MNS001	MNF008	New	PPO
49316MN1010002	MNN001	MNS001	MNF008	New	PPO
49316MN1010003	MNN001	MNS001	MNF008	New	PPO
49316MN1010004	MNN001	MNS001	MNF006	New	PPO
49316MN1010005	MNN001	MNS001	MNF002	New	PPO
49316MN1020001	MNN002	MNS002	MNF006	New	PPO
49316MN1030001	MNN005	MNS005	MNF012	New	PPO
49316MN1030002	MNN005	MNS005	MNF006	New	PPO
49316MN1030003	MNN005	MNS005	MNF006	New	PPO
49316MN1040001	MNN005	MNS005	MNF012	New	PPO
49316MN1040002	MNN005	MNS005	MNF006	New	PPO
49316MN1040003	MNN005	MNS005	MNF006	New	PPO
49316MN1060001	MNN003	MNS003	MNF008	New	PPO
49316MN1100001	MNN003	MNS003	MNF010	New	PPO
49316MN1100002	MNN003	MNS003	MNF008	New	PPO
49316MN1100003	MNN003	MNS003	MNF006	New	PPO
49316MN1100004	MNN003	MNS003	MNF011	New	PPO
49316MN1110001	MNN001	MNS001	MNF008	New	PPO
49316MN1110002	MNN001	MNS001	MNF008	New	PPO
49316MN1110003	MNN001	MNS001	MNF008	New	PPO
49316MN1110004	MNN001	MNS001	MNF006	New	PPO
49316MN1110005	MNN001	MNS001	MNF002	New	PPO
49316MN1120001	MNN002	MNS002	MNF006	New	PPO

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*	
49316MN1140001	MNN003	MNS003	MNF008	New	PPO
49316MN1160001	MNN004	MNS004	MNF006	New	PPO
49316MN1160002	MNN004	MNS004	MNF006	New	PPO
49316MN1160003	MNN004	MNS004	MNF006	New	PPO
49316MN1170001	MNN004	MNS004	MNF006	New	PPO
49316MN1170002	MNN004	MNS004	MNF006	New	PPO
49316MN1170003	MNN004	MNS004	MNF006	New	PPO

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*
49316MN1000001	Bronze	Yes	Off the Exchange	No
49316MN1000002	Bronze	Yes	Off the Exchange	No
49316MN1000003	Silver	Yes	Off the Exchange	No
49316MN1000004	Silver	Yes	Off the Exchange	No
49316MN1010001	Silver	Yes	Off the Exchange	No
49316MN1010002	Gold	Yes	Off the Exchange	No
49316MN1010003	Bronze	Yes	Off the Exchange	No
49316MN1010004	Gold	Yes	Off the Exchange	No
49316MN1010005	Platinum	Yes	Off the Exchange	No
49316MN1020001	Silver	Yes	Off the Exchange	No
49316MN1030001	Silver	Yes	Off the Exchange	No
49316MN1030002	Gold	Yes	Off the Exchange	No
49316MN1030003	Platinum	Yes	Off the Exchange	No
49316MN1040001	Silver	Yes	Off the Exchange	No
49316MN1040002	Gold	Yes	Off the Exchange	No
49316MN1040003	Platinum	Yes	Off the Exchange	No
49316MN1060001	Catastrophic	No	Off the Exchange	No
49316MN1100001	Bronze	No	Off the Exchange	No
49316MN1100002	Bronze	No	Off the Exchange	No
49316MN1100003	Silver	Yes	Off the Exchange	No
49316MN1100004	Silver	Yes	Off the Exchange	No
49316MN1110001	Silver	Yes	Off the Exchange	No
49316MN1110002	Gold	Yes	Off the Exchange	No
49316MN1110003	Bronze	Yes	Off the Exchange	No
49316MN1110004	Gold	Yes	Off the Exchange	No
49316MN1110005	Platinum	Yes	Off the Exchange	No
49316MN1120001	Silver	Yes	Off the Exchange	No

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001	Catastrophic	Yes	Off the Exchange	No
49316MN1160001	Silver	Yes	Off the Exchange	No
49316MN1160002	Gold	Yes	Off the Exchange	No
49316MN1160003	Platinum	Yes	Off the Exchange	No
49316MN1170001	Silver	Yes	Off the Exchange	No
49316MN1170002	Gold	Yes	Off the Exchange	No
49316MN1170003	Platinum	Yes	Off the Exchange	No

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID*(Standard Component)	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions
49316MN1000001	No		
49316MN1000002	No		
49316MN1000003	No		
49316MN1000004	No		
49316MN1010001	No		
49316MN1010002	No		
49316MN1010003	No		
49316MN1010004	No		
49316MN1010005	No		
49316MN1020001	No		
49316MN1030001	No		
49316MN1030002	No		
49316MN1030003	No		
49316MN1040001	No		
49316MN1040002	No		
49316MN1040003	No		
49316MN1060001	No		
49316MN1100001	No		
49316MN1100002	No		
49316MN1100003	No		
49316MN1100004	No		
49316MN1110001	No		
49316MN1110002	No		
49316MN1110003	No		
49316MN1110004	No		
49316MN1110005	No		
49316MN1120001	No		

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001			No	
49316MN1160001			No	
49316MN1160002			No	
49316MN1160003			No	
49316MN1170001			No	
49316MN1170002			No	
49316MN1170003			No	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*
49316MN1000001	$0.00	No
49316MN1000002	$0.00	No
49316MN1000003	$0.00	No
49316MN1000004	$0.00	No
49316MN1010001	$0.00	Yes
49316MN1010002	$0.00	Yes
49316MN1010003	$0.00	Yes
49316MN1010004	$0.00	No
49316MN1010005	$0.00	No
49316MN1020001	$0.00	No
49316MN1030001	$0.00	No
49316MN1030002	$0.00	No
49316MN1030003	$0.00	No
49316MN1040001	$0.00	No
49316MN1040002	$0.00	No
49316MN1040003	$0.00	No
49316MN1060001	$0.00	No
49316MN1100001	$0.00	No
49316MN1100002	$0.00	No
49316MN1100003	$0.00	No
49316MN1100004	$0.00	No
49316MN1110001	$0.00	Yes
49316MN1110002	$0.00	Yes
49316MN1110003	$0.00	Yes
49316MN1110004	$0.00	No
49316MN1110005	$0.00	No
49316MN1120001	$0.00	No

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001	$0.00		No	
49316MN1160001	$0.00		No	
49316MN1160002	$0.00		No	
49316MN1160003	$0.00		No	
49316MN1170001	$0.00		No	
49316MN1170002	$0.00		No	
49316MN1170003	$0.00		No	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount
49316MN1000001		
49316MN1000002		
49316MN1000003		
49316MN1000004		
49316MN1010001		
49316MN1010002		
49316MN1010003		
49316MN1010004		
49316MN1010005		
49316MN1020001		
49316MN1030001		
49316MN1030002		
49316MN1030003		
49316MN1040001		
49316MN1040002		
49316MN1040003		
49316MN1060001		
49316MN1100001		
49316MN1100002		
49316MN1100003		
49316MN1100004		
49316MN1110001		
49316MN1110002		
49316MN1110003		
49316MN1110004		
49316MN1110005		
49316MN1120001		

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*
49316MN1140001
49316MN1160001
49316MN1160002
49316MN1160003
49316MN1170001
49316MN1170002
49316MN1170003

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
49316MN1000001	Allows Adult and Child-Only		No
49316MN1000002	Allows Adult and Child-Only		No
49316MN1000003	Allows Adult and Child-Only		No
49316MN1000004	Allows Adult and Child-Only		No
49316MN1010001	Allows Adult and Child-Only		No
49316MN1010002	Allows Adult and Child-Only		No
49316MN1010003	Allows Adult and Child-Only		No
49316MN1010004	Allows Adult and Child-Only		No
49316MN1010005	Allows Adult and Child-Only		No
49316MN1020001	Allows Adult and Child-Only		No
49316MN1030001	Allows Adult and Child-Only		No
49316MN1030002	Allows Adult and Child-Only		No
49316MN1030003	Allows Adult and Child-Only		No
49316MN1040001	Allows Adult and Child-Only		No
49316MN1040002	Allows Adult and Child-Only		No
49316MN1040003	Allows Adult and Child-Only		No
49316MN1060001	Allows Adult and Child-Only		No
49316MN1100001	Allows Adult and Child-Only		No
49316MN1100002	Allows Adult and Child-Only		No
49316MN1100003	Allows Adult and Child-Only		No
49316MN1100004	Allows Adult and Child-Only		No
49316MN1110001	Allows Adult and Child-Only		No
49316MN1110002	Allows Adult and Child-Only		No
49316MN1110003	Allows Adult and Child-Only		No
49316MN1110004	Allows Adult and Child-Only		No
49316MN1110005	Allows Adult and Child-Only		No
49316MN1120001	Allows Adult and Child-Only		No

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001		Allows Adult and Child-Only	No	
49316MN1160001		Allows Adult and Child-Only	No	
49316MN1160002		Allows Adult and Child-Only	No	
49316MN1160003		Allows Adult and Child-Only	No	
49316MN1170001		Allows Adult and Child-Only	No	
49316MN1170002		Allows Adult and Child-Only	No	
49316MN1170003		Allows Adult and Child-Only	No	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental
49316MN1000001	Asthma, Heart Disease, Diabetes	
49316MN1000002	Asthma, Heart Disease, Diabetes	
49316MN1000003	Asthma, Heart Disease, Diabetes	
49316MN1000004	Asthma, Heart Disease, Diabetes	
49316MN1010001		
49316MN1010002		
49316MN1010003		
49316MN1010004		
49316MN1010005		
49316MN1020001	Asthma, Heart Disease, Diabetes	
49316MN1030001	Asthma, Heart Disease, Diabetes	
49316MN1030002	Asthma, Heart Disease, Diabetes	
49316MN1030003	Asthma, Heart Disease, Diabetes	
49316MN1040001	Asthma, Heart Disease, Diabetes	
49316MN1040002	Asthma, Heart Disease, Diabetes	
49316MN1040003	Asthma, Heart Disease, Diabetes	
49316MN1060001	Asthma, Heart Disease, Diabetes	
49316MN1100001	Asthma, Heart Disease, Diabetes	
49316MN1100002	Asthma, Heart Disease, Diabetes	
49316MN1100003	Asthma, Heart Disease, Diabetes	
49316MN1100004	Asthma, Heart Disease, Diabetes	
49316MN1110001		
49316MN1110002		
49316MN1110003		
49316MN1110004		
49316MN1110005		
49316MN1120001	Asthma, Heart Disease, Diabetes	

HIOS Issuer ID*	
Issuer State*	
Market Coverage*	
Dental Only Plan*	
TIN*	
49316MN1140001	Asthma, Heart Disease, Diabetes
49316MN1160001	
49316MN1160002	
49316MN1160003	
49316MN1170001	
49316MN1170002	
49316MN1170003	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs
49316MN1000001		
49316MN1000002		
49316MN1000003		$200
49316MN1000004		$200
49316MN1010001		
49316MN1010002		
49316MN1010003		
49316MN1010004		$200
49316MN1010005		$100
49316MN1020001		$200
49316MN1030001		$200
49316MN1030002		$200
49316MN1030003		$200
49316MN1040001		$200
49316MN1040002		$200
49316MN1040003		$200
49316MN1060001		
49316MN1100001		
49316MN1100002		
49316MN1100003		$200
49316MN1100004		$200
49316MN1110001		
49316MN1110002		
49316MN1110003		
49316MN1110004		$200
49316MN1110005		$100
49316MN1120001		$200

HIOS Issuer ID*	
Issuer State*	
Market Coverage*	
Dental Only Plan*	
TIN*	
49316MN1140001	
49316MN1160001	$200
49316MN1160002	$200
49316MN1160003	$200
49316MN1170001	$200
49316MN1170002	$200
49316MN1170003	$200

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Maximum Number of Days for Charging an Inpatient Copay?
49316MN1000001	
49316MN1000002	
49316MN1000003	
49316MN1000004	
49316MN1010001	
49316MN1010002	
49316MN1010003	
49316MN1010004	
49316MN1010005	
49316MN1020001	
49316MN1030001	
49316MN1030002	
49316MN1030003	
49316MN1040001	
49316MN1040002	
49316MN1040003	
49316MN1060001	
49316MN1100001	
49316MN1100002	
49316MN1100003	
49316MN1100004	
49316MN1110001	
49316MN1110002	
49316MN1110003	
49316MN1110004	
49316MN1110005	
49316MN1120001	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*
49316MN1140001
49316MN1160001
49316MN1160002
49316MN1160003
49316MN1170001
49316MN1170002
49316MN1170003

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Begin Primary Care Cost-Sharing After a Set Number of Visits?
49316MN1000001	
49316MN1000002	1
49316MN1000003	
49316MN1000004	2
49316MN1010001	
49316MN1010002	
49316MN1010003	
49316MN1010004	
49316MN1010005	
49316MN1020001	
49316MN1030001	2
49316MN1030002	2
49316MN1030003	2
49316MN1040001	2
49316MN1040002	2
49316MN1040003	2
49316MN1060001	3
49316MN1100001	
49316MN1100002	
49316MN1100003	
49316MN1100004	2
49316MN1110001	
49316MN1110002	
49316MN1110003	
49316MN1110004	
49316MN1110005	
49316MN1120001	

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001				3
49316MN1160001				1
49316MN1160002				2
49316MN1160003				3
49316MN1170001				1
49316MN1170002				2
49316MN1170003				3

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
49316MN1000001	
49316MN1000002	
49316MN1000003	
49316MN1000004	
49316MN1010001	
49316MN1010002	
49316MN1010003	
49316MN1010004	
49316MN1010005	
49316MN1020001	
49316MN1030001	
49316MN1030002	
49316MN1030003	
49316MN1040001	
49316MN1040002	
49316MN1040003	
49316MN1060001	
49316MN1100001	
49316MN1100002	
49316MN1100003	
49316MN1100004	
49316MN1110001	
49316MN1110002	
49316MN1110003	
49316MN1110004	
49316MN1110005	
49316MN1120001	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*
49316MN1140001
49316MN1160001
49316MN1160002
49316MN1160003
49316MN1170001
49316MN1170002
49316MN1170003

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*
49316MN1000001	1/1/2014	12/31/2014	Yes
49316MN1000002	1/1/2014	12/31/2014	Yes
49316MN1000003	1/1/2014	12/31/2014	Yes
49316MN1000004	1/1/2014	12/31/2014	Yes
49316MN1010001	1/1/2014	12/31/2014	Yes
49316MN1010002	1/1/2014	12/31/2014	Yes
49316MN1010003	1/1/2014	12/31/2014	Yes
49316MN1010004	1/1/2014	12/31/2014	Yes
49316MN1010005	1/1/2014	12/31/2014	Yes
49316MN1020001	1/1/2014	12/31/2014	Yes
49316MN1030001	1/1/2014	12/31/2014	Yes
49316MN1030002	1/1/2014	12/31/2014	Yes
49316MN1030003	1/1/2014	12/31/2014	Yes
49316MN1040001	1/1/2014	12/31/2014	Yes
49316MN1040002	1/1/2014	12/31/2014	Yes
49316MN1040003	1/1/2014	12/31/2014	Yes
49316MN1060001	1/1/2014	12/31/2014	Yes
49316MN1100001	1/1/2014	12/31/2014	Yes
49316MN1100002	1/1/2014	12/31/2014	Yes
49316MN1100003	1/1/2014	12/31/2014	Yes
49316MN1100004	1/1/2014	12/31/2014	Yes
49316MN1110001	1/1/2014	12/31/2014	Yes
49316MN1110002	1/1/2014	12/31/2014	Yes
49316MN1110003	1/1/2014	12/31/2014	Yes
49316MN1110004	1/1/2014	12/31/2014	Yes
49316MN1110005	1/1/2014	12/31/2014	Yes
49316MN1120001	1/1/2014	12/31/2014	Yes

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*
TIN*			
49316MN1140001	1/1/2014	12/31/2014	Yes
49316MN1160001	1/1/2014	12/31/2014	Yes
49316MN1160002	1/1/2014	12/31/2014	Yes
49316MN1160003	1/1/2014	12/31/2014	Yes
49316MN1170001	1/1/2014	12/31/2014	Yes
49316MN1170002	1/1/2014	12/31/2014	Yes
49316MN1170003	1/1/2014	12/31/2014	Yes

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Out of Country Coverage Description	Out of Service Area Coverage*
49316MN1000001	Deductible/Coinsurance	Yes
49316MN1000002	Deductible/Coinsurance	Yes
49316MN1000003	Deductible/Coinsurance	Yes
49316MN1000004	Deductible/Coinsurance	Yes
49316MN1010001	Deductible/Coinsurance	Yes
49316MN1010002	Deductible/Coinsurance	Yes
49316MN1010003	Deductible/Coinsurance	Yes
49316MN1010004	Deductible/Coinsurance	Yes
49316MN1010005	Deductible/Coinsurance	Yes
49316MN1020001	Deductible/coinsurance	Yes
49316MN1030001	Deductible/Coinsurance	Yes
49316MN1030002	Deductible/Coinsurance	Yes
49316MN1030003	Deductible/Coinsurance	Yes
49316MN1040001	Deductible/Coinsurance	Yes
49316MN1040002	Deductible/Coinsurance	Yes
49316MN1040003	Deductible/Coinsurance	Yes
49316MN1060001	Deductible/coinsurance	Yes
49316MN1100001	Deductible/Coinsurance	Yes
49316MN1100002	Deductible/Coinsurance	Yes
49316MN1100003	Deductible/Coinsurance	Yes
49316MN1100004	Deductible/Coinsurance	Yes
49316MN1110001	Deductible/Coinsurance	Yes
49316MN1110002	Deductible/Coinsurance	Yes
49316MN1110003	Deductible/Coinsurance	Yes
49316MN1110004	Deductible/Coinsurance	Yes
49316MN1110005	Deductible/Coinsurance	Yes
49316MN1120001	Deductible/Coinsurance	Yes

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001		Deductible/Coinsurance	Yes	
49316MN1160001		Deductible/coinsurance	Yes	
49316MN1160002		Deductible/coinsurance	Yes	
49316MN1160003		Deductible/coinsurance	Yes	
49316MN1170001		Deductible/coinsurance	Yes	
49316MN1170002		Deductible/coinsurance	Yes	
49316MN1170003		Deductible/coinsurance	Yes	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	Out of Service Area Coverage Description	National Network*
49316MN1000001	Deductible/Coinsurance	Yes
49316MN1000002	Deductible/Coinsurance	Yes
49316MN1000003	Deductible/Coinsurance	Yes
49316MN1000004	Deductible/Coinsurance	Yes
49316MN1010001	Deductible/Coinsurance	Yes
49316MN1010002	Deductible/Coinsurance	Yes
49316MN1010003	Deductible/Coinsurance	Yes
49316MN1010004	Deductible/Coinsurance	Yes
49316MN1010005	Deductible/Coinsurance	Yes
49316MN1020001	Deductible/coinsuance	Yes
49316MN1030001	Deductible/Coinsurance	Yes
49316MN1030002	Deductible/Coinsurance	Yes
49316MN1030003	Deductible/Coinsurance	Yes
49316MN1040001	Deductible/Coinsurance	Yes
49316MN1040002	Deductible/Coinsurance	Yes
49316MN1040003	Deductible/Coinsurance	Yes
49316MN1060001	Deductible/coinsurance	Yes
49316MN1100001	Deductible/Coinsurance	Yes
49316MN1100002	Deductible/Coinsurance	Yes
49316MN1100003	Deductible/Coinsurance	Yes
49316MN1100004	Deductible/Coinsurance	Yes
49316MN1110001	Deductible/Coinsurance	Yes
49316MN1110002	Deductible/Coinsurance	Yes
49316MN1110003	Deductible/Coinsurance	Yes
49316MN1110004	Deductible/Coinsurance	Yes
49316MN1110005	Deductible/Coinsurance	Yes
49316MN1120001	Deductible/Coinsurance	Yes

HIOS Issuer ID*	Issuer State*	Market Coverage*	Dental Only Plan*	TIN*
49316MN1140001		Deductible/Coinsurance	Yes	
49316MN1160001		Deductible/coinsurance	Yes	
49316MN1160002		Deductible/coinsurance	Yes	
49316MN1160003		Deductible/coinsurance	Yes	
49316MN1170001		Deductible/coinsurance	Yes	
49316MN1170002		Deductible/coinsurance	Yes	
49316MN1170003		Deductible/coinsurance	Yes	

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

HIOS Plan ID* (Standard Component)	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
49316MN1000001			
49316MN1000002			
49316MN1000003			
49316MN1000004			
49316MN1010001			
49316MN1010002			
49316MN1010003			
49316MN1010004			
49316MN1010005			
49316MN1020001			
49316MN1030001			
49316MN1030002			
49316MN1030003			
49316MN1040001			
49316MN1040002			
49316MN1040003			
49316MN1060001			
49316MN1100001			
49316MN1100002			
49316MN1100003			
49316MN1100004			
49316MN1110001			
49316MN1110002			
49316MN1110003			
49316MN1110004			
49316MN1110005			
49316MN1120001			

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*
49316MN1140001
49316MN1160001
49316MN1160002
49316MN1160003
49316MN1170001
49316MN1170002
49316MN1170003