

HIOS Issuer ID*	60769	Federated Mutual
Issuer State*	MN	
Market Coverage*	SHOP (Small Group)	
Dental Only Plan*	No	
TIN*	41-0417460	

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*
60769MN0030001	140101	60769MN003		MNN001	MNS001	MNF001
60769MN0030002	140201	60769MN003		MNN001	MNS001	MNF002
60769MN0030003	140301	60769MN003		MNN001	MNS001	MNF002
60769MN0030004	140401	60769MN003		MNN001	MNS001	MNF003
60769MN0030005	140501	60769MN003		MNN001	MNS001	MNF003
60769MN0030006	140601	60769MN003		MNN001	MNS001	MNF004
60769MN0030007	140701	60769MN003		MNN001	MNS001	MNF001
60769MN0030008	140801	60769MN003		MNN001	MNS001	MNF002
60769MN0030009	140901	60769MN003		MNN001	MNS001	MNF002
60769MN0030010	141001	60769MN003		MNN001	MNS001	MNF002
60769MN0030011	141101	60769MN003		MNN001	MNS001	MNF003
60769MN0030012	141201	60769MN003		MNN001	MNS001	MNF005
60769MN0030013	141301	60769MN003		MNN001	MNS001	MNF006
60769MN0030014	141401	60769MN003		MNN001	MNS001	MNF007
60769MN0030015	141501	60769MN003		MNN001	MNS001	MNF008
60769MN0030016	141601	60769MN003		MNN001	MNS001	MNF001
60769MN0030017	141701	60769MN003		MNN001	MNS001	MNF002
60769MN0030018	141801	60769MN003		MNN001	MNS001	MNF003

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*
60769MN0030001	140101	New	PPO	Platinum	No
60769MN0030002	140201	New	PPO	Gold	No
60769MN0030003	140301	New	PPO	Gold	No
60769MN0030004	140401	New	PPO	Silver	No
60769MN0030005	140501	New	PPO	Silver	No
60769MN0030006	140601	New	PPO	Bronze	No
60769MN0030007	140701	New	PPO	Platinum	No
60769MN0030008	140801	New	PPO	Gold	No
60769MN0030009	140901	New	PPO	Gold	No
60769MN0030010	141001	New	PPO	Gold	No
60769MN0030011	141101	New	PPO	Silver	No
60769MN0030012	141201	New	PPO	Gold	No
60769MN0030013	141301	New	PPO	Silver	No
60769MN0030014	141401	New	PPO	Silver	No
60769MN0030015	141501	New	PPO	Bronze	No
60769MN0030016	141601	New	PPO	Platinum	No
60769MN0030017	141701	New	PPO	Gold	No
60769MN0030018	141801	New	PPO	Silver	No

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	QHP/Non-QHP*	Notice Required for Pregnancy*
60769MN0030001	140101	Off the Exchange	No
60769MN0030002	140201	Off the Exchange	No
60769MN0030003	140301	Off the Exchange	No
60769MN0030004	140401	Off the Exchange	No
60769MN0030005	140501	Off the Exchange	No
60769MN0030006	140601	Off the Exchange	No
60769MN0030007	140701	Off the Exchange	No
60769MN0030008	140801	Off the Exchange	No
60769MN0030009	140901	Off the Exchange	No
60769MN0030010	141001	Off the Exchange	No
60769MN0030011	141101	Off the Exchange	No
60769MN0030012	141201	Off the Exchange	No
60769MN0030013	141301	Off the Exchange	No
60769MN0030014	141401	Off the Exchange	No
60769MN0030015	141501	Off the Exchange	No
60769MN0030016	141601	Off the Exchange	No
60769MN0030017	141701	Off the Exchange	No
60769MN0030018	141801	Off the Exchange	No

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral
60769MN0030001	140101	No	
60769MN0030002	140201	No	
60769MN0030003	140301	No	
60769MN0030004	140401	No	
60769MN0030005	140501	No	
60769MN0030006	140601	No	
60769MN0030007	140701	No	
60769MN0030008	140801	No	
60769MN0030009	140901	No	
60769MN0030010	141001	No	
60769MN0030011	141101	No	
60769MN0030012	141201	No	
60769MN0030013	141301	No	
60769MN0030014	141401	No	
60769MN0030015	141501	No	
60769MN0030016	141601	No	
60769MN0030017	141701	No	
60769MN0030018	141801	No	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*
60769MN0030001	140101			No
60769MN0030002	140201			No
60769MN0030003	140301			No
60769MN0030004	140401			No
60769MN0030005	140501			No
60769MN0030006	140601			No
60769MN0030007	140701			No
60769MN0030008	140801			No
60769MN0030009	140901			No
60769MN0030010	141001			No
60769MN0030011	141101			No
60769MN0030012	141201			Yes
60769MN0030013	141301			Yes
60769MN0030014	141401			Yes
60769MN0030015	141501			Yes
60769MN0030016	141601			No
60769MN0030017	141701			No
60769MN0030018	141801			No

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount
60769MN0030001	140101	No	
60769MN0030002	140201	No	
60769MN0030003	140301	No	
60769MN0030004	140401	No	
60769MN0030005	140501	No	
60769MN0030006	140601	No	
60769MN0030007	140701	No	
60769MN0030008	140801	No	
60769MN0030009	140901	No	
60769MN0030010	141001	No	
60769MN0030011	141101	No	
60769MN0030012	141201	No	
60769MN0030013	141301	No	
60769MN0030014	141401	No	
60769MN0030015	141501	No	
60769MN0030016	141601	No	
60769MN0030017	141701	No	
60769MN0030018	141801	No	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
60769MN0030001	140101	Allows Adult and Child-Only		No
60769MN0030002	140201	Allows Adult and Child-Only		No
60769MN0030003	140301	Allows Adult and Child-Only		No
60769MN0030004	140401	Allows Adult and Child-Only		No
60769MN0030005	140501	Allows Adult and Child-Only		No
60769MN0030006	140601	Allows Adult and Child-Only		No
60769MN0030007	140701	Allows Adult and Child-Only		No
60769MN0030008	140801	Allows Adult and Child-Only		No
60769MN0030009	140901	Allows Adult and Child-Only		No
60769MN0030010	141001	Allows Adult and Child-Only		No
60769MN0030011	141101	Allows Adult and Child-Only		No
60769MN0030012	141201	Allows Adult and Child-Only		No
60769MN0030013	141301	Allows Adult and Child-Only		No
60769MN0030014	141401	Allows Adult and Child-Only		No
60769MN0030015	141501	Allows Adult and Child-Only		No
60769MN0030016	141601	Allows Adult and Child-Only		No
60769MN0030017	141701	Allows Adult and Child-Only		No
60769MN0030018	141801	Allows Adult and Child-Only		No

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental
60769MN0030001	140101		
60769MN0030002	140201		
60769MN0030003	140301		
60769MN0030004	140401		
60769MN0030005	140501		
60769MN0030006	140601		
60769MN0030007	140701		
60769MN0030008	140801		
60769MN0030009	140901		
60769MN0030010	141001		
60769MN0030011	141101		
60769MN0030012	141201		
60769MN0030013	141301		
60769MN0030014	141401		
60769MN0030015	141501		
60769MN0030016	141601		
60769MN0030017	141701		
60769MN0030018	141801		

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs
60769MN0030001	140101		
60769MN0030002	140201		
60769MN0030003	140301		
60769MN0030004	140401		
60769MN0030005	140501		
60769MN0030006	140601		
60769MN0030007	140701		
60769MN0030008	140801		
60769MN0030009	140901		
60769MN0030010	141001		
60769MN0030011	141101		
60769MN0030012	141201		\$175
60769MN0030013	141301		\$225
60769MN0030014	141401		\$225
60769MN0030015	141501		\$300
60769MN0030016	141601		
60769MN0030017	141701		
60769MN0030018	141801		

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?
60769MN0030001	140101		
60769MN0030002	140201		
60769MN0030003	140301		
60769MN0030004	140401		
60769MN0030005	140501		
60769MN0030006	140601		
60769MN0030007	140701		
60769MN0030008	140801		
60769MN0030009	140901		
60769MN0030010	141001		
60769MN0030011	141101		
60769MN0030012	141201		
60769MN0030013	141301		
60769MN0030014	141401		
60769MN0030015	141501		
60769MN0030016	141601	5	
60769MN0030017	141701	5	
60769MN0030018	141801	5	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date
60769MN0030001	140101		01/01/2014	
60769MN0030002	140201		01/01/2014	
60769MN0030003	140301		01/01/2014	
60769MN0030004	140401		01/01/2014	
60769MN0030005	140501		01/01/2014	
60769MN0030006	140601		01/01/2014	
60769MN0030007	140701		01/01/2014	
60769MN0030008	140801		01/01/2014	
60769MN0030009	140901		01/01/2014	
60769MN0030010	141001		01/01/2014	
60769MN0030011	141101		01/01/2014	
60769MN0030012	141201		01/01/2014	
60769MN0030013	141301		01/01/2014	
60769MN0030014	141401		01/01/2014	
60769MN0030015	141501		01/01/2014	
60769MN0030016	141601		01/01/2014	
60769MN0030017	141701		01/01/2014	
60769MN0030018	141801		01/01/2014	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Out of Country Coverage*	Out of Country Coverage Description
60769MN0030001	140101	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030002	140201	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030003	140301	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030004	140401	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030005	140501	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030006	140601	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030007	140701	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030008	140801	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030009	140901	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030010	141001	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030011	141101	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030012	141201	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030013	141301	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030014	141401	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030015	141501	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030016	141601	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030017	141701	Yes	covered as out-of-network if travel not for purpose of seeking care
60769MN0030018	141801	Yes	covered as out-of-network if travel not for purpose of seeking care

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Out of Service Area Coverage*	Out of Service Area Coverage Description
60769MN0030001	140101	Yes	covered as in-network only if Travel Network provider used
60769MN0030002	140201	Yes	covered as in-network only if Travel Network provider used
60769MN0030003	140301	Yes	covered as in-network only if Travel Network provider used
60769MN0030004	140401	Yes	covered as in-network only if Travel Network provider used
60769MN0030005	140501	Yes	covered as in-network only if Travel Network provider used
60769MN0030006	140601	Yes	covered as in-network only if Travel Network provider used
60769MN0030007	140701	Yes	covered as in-network only if Travel Network provider used
60769MN0030008	140801	Yes	covered as in-network only if Travel Network provider used
60769MN0030009	140901	Yes	covered as in-network only if Travel Network provider used
60769MN0030010	141001	Yes	covered as in-network only if Travel Network provider used
60769MN0030011	141101	Yes	covered as in-network only if Travel Network provider used
60769MN0030012	141201	Yes	covered as in-network only if Travel Network provider used
60769MN0030013	141301	Yes	covered as in-network only if Travel Network provider used
60769MN0030014	141401	Yes	covered as in-network only if Travel Network provider used
60769MN0030015	141501	Yes	covered as in-network only if Travel Network provider used
60769MN0030016	141601	Yes	covered as in-network only if Travel Network provider used
60769MN0030017	141701	Yes	covered as in-network only if Travel Network provider used
60769MN0030018	141801	Yes	covered as in-network only if Travel Network provider used

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	National Network*	URL for Summary of Benefits & Coverage
60769MN0030001	140101	No	
60769MN0030002	140201	No	
60769MN0030003	140301	No	
60769MN0030004	140401	No	
60769MN0030005	140501	No	
60769MN0030006	140601	No	
60769MN0030007	140701	No	
60769MN0030008	140801	No	
60769MN0030009	140901	No	
60769MN0030010	141001	No	
60769MN0030011	141101	No	
60769MN0030012	141201	No	
60769MN0030013	141301	No	
60769MN0030014	141401	No	
60769MN0030015	141501	No	
60769MN0030016	141601	No	
60769MN0030017	141701	No	
60769MN0030018	141801	No	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	URL for Enrollment Payment	Plan Brochure
60769MN0030001	140101		
60769MN0030002	140201		
60769MN0030003	140301		
60769MN0030004	140401		
60769MN0030005	140501		
60769MN0030006	140601		
60769MN0030007	140701		
60769MN0030008	140801		
60769MN0030009	140901		
60769MN0030010	141001		
60769MN0030011	141101		
60769MN0030012	141201		
60769MN0030013	141301		
60769MN0030014	141401		
60769MN0030015	141501		
60769MN0030016	141601		
60769MN0030017	141701		
60769MN0030018	141801		