

HIOS Issuer ID*	52346	Sanford Health Plan
Issuer State*	MN	
Market Coverage*	SHOP (Small Group)	
Dental Only Plan*	No	
TIN*	46-0445852	

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*
52346MN0050001	Off Exchange-Platinum	52346MN005		MNN001	MNS001	MNF001
52346MN0050002	Off Exchange-Gold	52346MN005		MNN001	MNS001	MNF004
52346MN0050003	Off Exchange-Silver	52346MN005		MNN001	MNS001	MNF003
52346MN0050004	Off-Exchange-Bronze	52346MN005		MNN001	MNS001	MNF002

HIOS Issuer ID* 52346
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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*
52346MN0050001	Off Exchange-Platinum	New	HMO	Platinum	No
52346MN0050002	Off Exchange-Gold	New	HMO	Gold	No
52346MN0050003	Off Exchange-Silver	New	HMO	Silver	No
52346MN0050004	Off-Exchange-Bronze	New	HMO	Bronze	No

HIOS Issuer ID* 52346
Issuer State* MN
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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	QHP/Non-QHP*	Notice Required for Pregnancy*
52346MN0050001	Off Exchange-Platinum	Off the Exchange	Yes
52346MN0050002	Off Exchange-Gold	Off the Exchange	Yes
52346MN0050003	Off Exchange-Silver	Off the Exchange	Yes
52346MN0050004	Off-Exchange-Bronze	Off the Exchange	Yes

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral
52346MN0050001	Off Exchange-Platinum	No	
52346MN0050002	Off Exchange-Gold	No	
52346MN0050003	Off Exchange-Silver	No	
52346MN0050004	Off-Exchange-Bronze	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*
52346MN0050001	Off Exchange-Platinum			No
52346MN0050002	Off Exchange-Gold			No
52346MN0050003	Off Exchange-Silver			No
52346MN0050004	Off-Exchange-Bronze			Yes

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount
52346MN0050001	Off Exchange-Platinum	No	
52346MN0050002	Off Exchange-Gold	No	
52346MN0050003	Off Exchange-Silver	No	
52346MN0050004	Off-Exchange-Bronze	No	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
52346MN0050001	Off Exchange-Platinum	Allows Adult and Child-Only		Yes
52346MN0050002	Off Exchange-Gold	Allows Adult and Child-Only		Yes
52346MN0050003	Off Exchange-Silver	Allows Adult and Child-Only		Yes
52346MN0050004	Off-Exchange-Bronze	Allows Adult and Child-Only		Yes

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental
52346MN0050001	Off Exchange-Platinum		
52346MN0050002	Off Exchange-Gold		
52346MN0050003	Off Exchange-Silver		
52346MN0050004	Off-Exchange-Bronze		

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs
52346MN0050001	Off Exchange-Platinum		
52346MN0050002	Off Exchange-Gold		
52346MN0050003	Off Exchange-Silver		
52346MN0050004	Off-Exchange-Bronze		

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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?
52346MN0050001	Off Exchange-Platinum		
52346MN0050002	Off Exchange-Gold		
52346MN0050003	Off Exchange-Silver		
52346MN0050004	Off-Exchange-Bronze		

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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
52346MN0050001	Off Exchange-Platinum		1/1/2014	12/31/2014
52346MN0050002	Off Exchange-Gold		1/1/2014	12/31/2014
52346MN0050003	Off Exchange-Silver		1/1/2014	12/31/2014
52346MN0050004	Off-Exchange-Bronze		1/1/2014	12/31/2014

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Out of Country Coverage*	Out of Country Coverage Description
52346MN0050001	Off Exchange-Platinum	Yes	Emergency Only
52346MN0050002	Off Exchange-Gold	Yes	Emergency Only
52346MN0050003	Off Exchange-Silver	Yes	Emergency Only
52346MN0050004	Off-Exchange-Bronze	Yes	Emergency Only

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Out of Service Area Coverage*	Out of Service Area Coverage Description
52346MN0050001	Off Exchange-Platinum	Yes	Urgent Care Only or With Plan Certification
52346MN0050002	Off Exchange-Gold	Yes	Urgent Care Only or With Plan Certification
52346MN0050003	Off Exchange-Silver	Yes	Urgent Care Only or With Plan Certification
52346MN0050004	Off-Exchange-Bronze	Yes	Urgent Care Only or With Plan Certification

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	National Network*	URL for Summary of Benefits & Coverage
52346MN0050001	Off Exchange-Platinum	Yes	
52346MN0050002	Off Exchange-Gold	Yes	
52346MN0050003	Off Exchange-Silver	Yes	
52346MN0050004	Off-Exchange-Bronze	Yes	

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HIOS Plan ID* (Standard Component)	Plan Marketing Name*	URL for Enrollment Payment	Plan Brochure
52346MN0050001	Off Exchange-Platinum		
52346MN0050002	Off Exchange-Gold		
52346MN0050003	Off Exchange-Silver		
52346MN0050004	Off-Exchange-Bronze		