

**HIOS Issuer ID\*** 27439  
**Issuer State\*** MN  
**Market Coverage\*** Individual  
**Dental Only Plan\*** No  
**TIN\*** 39-0658730  
**Time Insurance Company**

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*
27439MN0450001	CoreMed - Bronze 1	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450002	CoreMed - Bronze 2	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450003	CoreMed - Bronze 3	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450004	CoreMed - Bronze 4	27439MN045		MNN001	MNS001	MNF001	New
27439MN0450005	CoreMed - Bronze 5	27439MN045		MNN001	MNS001	MNF001	New
27439MN0450006	CoreMed - Silver 1	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450007	CoreMed - Silver 2	27439MN045		MNN001	MNS001	MNF002	New
27439MN0450008	CoreMed - Silver 3	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450009	CoreMed - Silver 4	27439MN045		MNN001	MNS001	MNF002	New
27439MN0450010	CoreMed - Gold 1	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450011	CoreMed - Gold 2	27439MN045		MNN001	MNS001	MNF002	New
27439MN0450012	CoreMed - Platinum 1	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450013	CoreMed - Platinum 2	27439MN045		MNN001	MNS001	MNF003	New
27439MN0450014	Catastrophic 1	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450015	OneDeductible - Bronze 1	27439MN045		MNN001	MNS001	MNF004	New
27439MN0450016	OneDeductible - Bronze 2	27439MN045		MNN001	MNS001	MNF004	New

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Plan Type*</b>	<b>Level of Coverage*</b>	<b>Unique Plan Design?*</b>	<b>QHP/Non-QHP*</b>	<b>Notice Required for Pregnancy*</b>
27439MN0450001	CoreMed - Bronze 1	PPO	Bronze	No	Off the Exchange	No
27439MN0450002	CoreMed - Bronze 2	PPO	Bronze	Yes	Off the Exchange	No
27439MN0450003	CoreMed - Bronze 3	PPO	Bronze	No	Off the Exchange	No
27439MN0450004	CoreMed - Bronze 4	PPO	Bronze	Yes	Off the Exchange	No
27439MN0450005	CoreMed - Bronze 5	PPO	Bronze	Yes	Off the Exchange	No
27439MN0450006	CoreMed - Silver 1	PPO	Silver	No	Off the Exchange	No
27439MN0450007	CoreMed - Silver 2	PPO	Silver	Yes	Off the Exchange	No
27439MN0450008	CoreMed - Silver 3	PPO	Silver	Yes	Off the Exchange	No
27439MN0450009	CoreMed - Silver 4	PPO	Silver	Yes	Off the Exchange	No
27439MN0450010	CoreMed - Gold 1	PPO	Gold	No	Off the Exchange	No
27439MN0450011	CoreMed - Gold 2	PPO	Gold	No	Off the Exchange	No
27439MN0450012	CoreMed - Platinum 1	PPO	Platinum	No	Off the Exchange	No
27439MN0450013	CoreMed - Platinum 2	PPO	Platinum	No	Off the Exchange	No
27439MN0450014	Catastrophic 1	PPO	Catastrophic	No	Off the Exchange	No
27439MN0450015	OneDeductible - Bronze 1	PPO	Bronze	Yes	Off the Exchange	No
27439MN0450016	OneDeductible - Bronze 2	PPO	Bronze	Yes	Off the Exchange	No

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Is a Referral Required for Specialist?*</b>	<b>Specialist(s) Requiring a Referral</b>	<b>Plan Level Exclusions</b>
27439MN0450001	CoreMed - Bronze 1	No		
27439MN0450002	CoreMed - Bronze 2	No		
27439MN0450003	CoreMed - Bronze 3	No		
27439MN0450004	CoreMed - Bronze 4	No		
27439MN0450005	CoreMed - Bronze 5	No		
27439MN0450006	CoreMed - Silver 1	No		
27439MN0450007	CoreMed - Silver 2	No		
27439MN0450008	CoreMed - Silver 3	No		
27439MN0450009	CoreMed - Silver 4	No		
27439MN0450010	CoreMed - Gold 1	No		
27439MN0450011	CoreMed - Gold 2	No		
27439MN0450012	CoreMed - Platinum 1	No		
27439MN0450013	CoreMed - Platinum 2	No		
27439MN0450014	Catastrophic 1	No		Child-only does not apply
27439MN0450015	OneDeductible - Bronze 1	No		
27439MN0450016	OneDeductible - Bronze 2	No		

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Limited Cost Sharing Plan Variation - Est Advanced Payment</b>	<b>HSA Eligible*</b>
27439MN0450001	CoreMed - Bronze 1	\$0.00	Yes
27439MN0450002	CoreMed - Bronze 2	\$0.00	No
27439MN0450003	CoreMed - Bronze 3	\$0.00	Yes
27439MN0450004	CoreMed - Bronze 4	\$0.00	No
27439MN0450005	CoreMed - Bronze 5	\$0.00	No
27439MN0450006	CoreMed - Silver 1	\$0.00	Yes
27439MN0450007	CoreMed - Silver 2	\$0.00	No
27439MN0450008	CoreMed - Silver 3	\$0.00	No
27439MN0450009	CoreMed - Silver 4	\$0.00	No
27439MN0450010	CoreMed - Gold 1	\$0.00	No
27439MN0450011	CoreMed - Gold 2	\$0.00	No
27439MN0450012	CoreMed - Platinum 1	\$0.00	No
27439MN0450013	CoreMed - Platinum 2	\$0.00	No
27439MN0450014	Catastrophic 1	\$0.00	No
27439MN0450015	OneDeductible - Bronze 1	\$0.00	No
27439MN0450016	OneDeductible - Bronze 2	\$0.00	No

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>HSA/HRA Employer Contribution</b>	<b>HSA/HRA Employer Contribution Amount</b>	<b>Child-Only Offering*</b>
27439MN0450001	CoreMed - Bronze 1			Allows Adult and Child-Only
27439MN0450002	CoreMed - Bronze 2			Allows Adult and Child-Only
27439MN0450003	CoreMed - Bronze 3			Allows Adult and Child-Only
27439MN0450004	CoreMed - Bronze 4			Allows Adult and Child-Only
27439MN0450005	CoreMed - Bronze 5			Allows Adult and Child-Only
27439MN0450006	CoreMed - Silver 1			Allows Adult and Child-Only
27439MN0450007	CoreMed - Silver 2			Allows Adult and Child-Only
27439MN0450008	CoreMed - Silver 3			Allows Adult and Child-Only
27439MN0450009	CoreMed - Silver 4			Allows Adult and Child-Only
27439MN0450010	CoreMed - Gold 1			Allows Adult and Child-Only
27439MN0450011	CoreMed - Gold 2			Allows Adult and Child-Only
27439MN0450012	CoreMed - Platinum 1			Allows Adult and Child-Only
27439MN0450013	CoreMed - Platinum 2			Allows Adult and Child-Only
27439MN0450014	Catastrophic 1			Allows Adult and Child-Only
27439MN0450015	OneDeductible - Bronze 1			Allows Adult and Child-Only
27439MN0450016	OneDeductible - Bronze 2			Allows Adult and Child-Only

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Child Only Plan ID</b>	<b>Wellness Program Offered*</b>	<b>Disease Management Programs Offered</b>
27439MN0450001	CoreMed - Bronze 1		Yes	
27439MN0450002	CoreMed - Bronze 2		Yes	
27439MN0450003	CoreMed - Bronze 3		Yes	
27439MN0450004	CoreMed - Bronze 4		Yes	
27439MN0450005	CoreMed - Bronze 5		Yes	
27439MN0450006	CoreMed - Silver 1		Yes	
27439MN0450007	CoreMed - Silver 2		Yes	
27439MN0450008	CoreMed - Silver 3		Yes	
27439MN0450009	CoreMed - Silver 4		Yes	
27439MN0450010	CoreMed - Gold 1		Yes	
27439MN0450011	CoreMed - Gold 2		Yes	
27439MN0450012	CoreMed - Platinum 1		Yes	
27439MN0450013	CoreMed - Platinum 2		Yes	
27439MN0450014	Catastrophic 1		Yes	
27439MN0450015	OneDeductible - Bronze 1		Yes	
27439MN0450016	OneDeductible - Bronze 2		Yes	

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>EHB Apportionment for Pediatric Dental</b>	<b>Guaranteed vs. Estimated Rate</b>
27439MN0450001	CoreMed - Bronze 1		
27439MN0450002	CoreMed - Bronze 2		
27439MN0450003	CoreMed - Bronze 3		
27439MN0450004	CoreMed - Bronze 4		
27439MN0450005	CoreMed - Bronze 5		
27439MN0450006	CoreMed - Silver 1		
27439MN0450007	CoreMed - Silver 2		
27439MN0450008	CoreMed - Silver 3		
27439MN0450009	CoreMed - Silver 4		
27439MN0450010	CoreMed - Gold 1		
27439MN0450011	CoreMed - Gold 2		
27439MN0450012	CoreMed - Platinum 1		
27439MN0450013	CoreMed - Platinum 2		
27439MN0450014	Catastrophic 1		
27439MN0450015	OneDeductible - Bronze 1		
27439MN0450016	OneDeductible - Bronze 2		

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Maximum Coinsurance for Specialty Drugs</b>	<b>Maximum Number of Days for Charging an Inpatient Copay?</b>
27439MN0450001	CoreMed - Bronze 1		
27439MN0450002	CoreMed - Bronze 2		
27439MN0450003	CoreMed - Bronze 3		
27439MN0450004	CoreMed - Bronze 4		
27439MN0450005	CoreMed - Bronze 5		
27439MN0450006	CoreMed - Silver 1		
27439MN0450007	CoreMed - Silver 2		
27439MN0450008	CoreMed - Silver 3		
27439MN0450009	CoreMed - Silver 4		
27439MN0450010	CoreMed - Gold 1		
27439MN0450011	CoreMed - Gold 2		
27439MN0450012	CoreMed - Platinum 1		
27439MN0450013	CoreMed - Platinum 2		
27439MN0450014	Catastrophic 1		
27439MN0450015	OneDeductible - Bronze 1		
27439MN0450016	OneDeductible - Bronze 2		

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Begin Primary Care Cost-Sharing After a Set Number of Visits?</b>
27439MN0450001	CoreMed - Bronze 1	
27439MN0450002	CoreMed - Bronze 2	
27439MN0450003	CoreMed - Bronze 3	
27439MN0450004	CoreMed - Bronze 4	
27439MN0450005	CoreMed - Bronze 5	
27439MN0450006	CoreMed - Silver 1	
27439MN0450007	CoreMed - Silver 2	
27439MN0450008	CoreMed - Silver 3	
27439MN0450009	CoreMed - Silver 4	
27439MN0450010	CoreMed - Gold 1	
27439MN0450011	CoreMed - Gold 2	
27439MN0450012	CoreMed - Platinum 1	
27439MN0450013	CoreMed - Platinum 2	
27439MN0450014	Catastrophic 1	
27439MN0450015	OneDeductible - Bronze 1	
27439MN0450016	OneDeductible - Bronze 2	

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?</b>	<b>Plan Effective Date*</b>
27439MN0450001	CoreMed - Bronze 1		1/1/2014
27439MN0450002	CoreMed - Bronze 2	2	1/1/2014
27439MN0450003	CoreMed - Bronze 3		1/1/2014
27439MN0450004	CoreMed - Bronze 4		1/1/2014
27439MN0450005	CoreMed - Bronze 5		1/1/2014
27439MN0450006	CoreMed - Silver 1		1/1/2014
27439MN0450007	CoreMed - Silver 2	6	1/1/2014
27439MN0450008	CoreMed - Silver 3		1/1/2014
27439MN0450009	CoreMed - Silver 4	6	1/1/2014
27439MN0450010	CoreMed - Gold 1		1/1/2014
27439MN0450011	CoreMed - Gold 2		1/1/2014
27439MN0450012	CoreMed - Platinum 1		1/1/2014
27439MN0450013	CoreMed - Platinum 2		1/1/2014
27439MN0450014	Catastrophic 1	3	1/1/2014
27439MN0450015	OneDeductible - Bronze 1		1/1/2014
27439MN0450016	OneDeductible - Bronze 2		1/1/2014

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Plan Expiration Date</b>	<b>Out of Country Coverage*</b>
27439MN0450001	CoreMed - Bronze 1		Yes
27439MN0450002	CoreMed - Bronze 2		Yes
27439MN0450003	CoreMed - Bronze 3		Yes
27439MN0450004	CoreMed - Bronze 4		Yes
27439MN0450005	CoreMed - Bronze 5		Yes
27439MN0450006	CoreMed - Silver 1		Yes
27439MN0450007	CoreMed - Silver 2		Yes
27439MN0450008	CoreMed - Silver 3		Yes
27439MN0450009	CoreMed - Silver 4		Yes
27439MN0450010	CoreMed - Gold 1		Yes
27439MN0450011	CoreMed - Gold 2		Yes
27439MN0450012	CoreMed - Platinum 1		Yes
27439MN0450013	CoreMed - Platinum 2		Yes
27439MN0450014	Catastrophic 1		Yes
27439MN0450015	OneDeductible - Bronze 1		Yes
27439MN0450016	OneDeductible - Bronze 2		Yes

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Out of Country Coverage Description</b>
27439MN0450001	CoreMed - Bronze 1	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450002	CoreMed - Bronze 2	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450003	CoreMed - Bronze 3	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450004	CoreMed - Bronze 4	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450005	CoreMed - Bronze 5	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450006	CoreMed - Silver 1	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450007	CoreMed - Silver 2	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450008	CoreMed - Silver 3	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450009	CoreMed - Silver 4	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450010	CoreMed - Gold 1	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450011	CoreMed - Gold 2	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450012	CoreMed - Platinum 1	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450013	CoreMed - Platinum 2	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450014	Catastrophic 1	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450015	OneDeductible - Bronze 1	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount
27439MN0450016	OneDeductible - Bronze 2	Coverage will be provided for any treatment received outside of the United States, at the Participating Provider benefit level and may be subject to the Maximum Allowable Amount

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Out of Service Area Coverage*</b>
27439MN0450001	CoreMed - Bronze 1	Yes
27439MN0450002	CoreMed - Bronze 2	Yes
27439MN0450003	CoreMed - Bronze 3	Yes
27439MN0450004	CoreMed - Bronze 4	Yes
27439MN0450005	CoreMed - Bronze 5	Yes
27439MN0450006	CoreMed - Silver 1	Yes
27439MN0450007	CoreMed - Silver 2	Yes
27439MN0450008	CoreMed - Silver 3	Yes
27439MN0450009	CoreMed - Silver 4	Yes
27439MN0450010	CoreMed - Gold 1	Yes
27439MN0450011	CoreMed - Gold 2	Yes
27439MN0450012	CoreMed - Platinum 1	Yes
27439MN0450013	CoreMed - Platinum 2	Yes
27439MN0450014	Catastrophic 1	Yes
27439MN0450015	OneDeductible - Bronze 1	Yes
27439MN0450016	OneDeductible - Bronze 2	Yes

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>Out of Service Area Coverage Description</b>
27439MN0450001	CoreMed - Bronze 1	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450002	CoreMed - Bronze 2	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450003	CoreMed - Bronze 3	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450004	CoreMed - Bronze 4	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450005	CoreMed - Bronze 5	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450006	CoreMed - Silver 1	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450007	CoreMed - Silver 2	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450008	CoreMed - Silver 3	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450009	CoreMed - Silver 4	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450010	CoreMed - Gold 1	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450011	CoreMed - Gold 2	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450012	CoreMed - Platinum 1	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450013	CoreMed - Platinum 2	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450014	Catastrophic 1	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450015	OneDeductible - Bronze 1	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount
27439MN0450016	OneDeductible - Bronze 2	Non-Participating Providers may bill more than We determine to be a Maximum Allowable Amount and the Covered Person is responsible for payment of any amount billed above the Maximum Allowable Amount

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<b>HIOS Plan ID* (Standard Component)</b>	<b>Plan Marketing Name*</b>	<b>National Network*</b>	<b>URL for Summary of Benefits &amp; Coverage</b>	<b>URL for Enrollment Payment</b>	<b>Plan Brochure</b>
27439MN0450001	CoreMed - Bronze 1	No			
27439MN0450002	CoreMed - Bronze 2	No			
27439MN0450003	CoreMed - Bronze 3	No			
27439MN0450004	CoreMed - Bronze 4	No			
27439MN0450005	CoreMed - Bronze 5	No			
27439MN0450006	CoreMed - Silver 1	No			
27439MN0450007	CoreMed - Silver 2	No			
27439MN0450008	CoreMed - Silver 3	No			
27439MN0450009	CoreMed - Silver 4	No			
27439MN0450010	CoreMed - Gold 1	No			
27439MN0450011	CoreMed - Gold 2	No			
27439MN0450012	CoreMed - Platinum 1	No			
27439MN0450013	CoreMed - Platinum 2	No			
27439MN0450014	Catastrophic 1	No			
27439MN0450015	OneDeductible - Bronze 1	No			
27439MN0450016	OneDeductible - Bronze 2	No			