

			PROVIDER'S OFFICE VISIT											
			Deductible (Individual)		OOP Limit		Primary care visit (Injury/Illness) Coinsurance		Specialist Visit Coinsurance		Other Practitioner Office Visit Coinsurance		Preventative Care, Screening, Immunization Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueBasic	Bronze	\$ 5,300	\$ 10,000	\$ 5,300	Unlimited	0%	50%	0%	50%	0%	50%	0%	50%
HealthPartners	Key	Bronze	\$ 5,000	\$ 10,000	\$ 6,350	Unlimited	\$40 1st three visits / 20%	60%	\$40 1st three visits / 20%	60%	20%	60%	0%	60%
Ucare	Choices	Bronze	\$ 5,000	\$ 10,000	\$ 6,350	Unlimited	\$60 1st three visits /100% ded/ 20%	50%	\$60 1st three visits /100% ded/ 20%	50%	\$60 1st three visits /100% ded/ 20%	50%	0%	Not Covered
Preferred One	AffordChoice2D	Bronze	\$ 6,300	\$ 12,600	\$ 6,300	Unlimited	0%	40%	0%	40%	0%	40%	0%	40%
Preferred One	AffordChoice+D	Bronze	\$ 6,350	\$ 12,700	\$ 6,350	Unlimited	\$50/2 visits/0%	40%	\$50/2 visits/0%	40%	\$50/2 visits/0%	40%	0%	40%
Preferred One	AffordChoiceD	Bronze	\$ 5,700	\$ 11,400	\$ 5,700	Unlimited	0%	40%	0%	40%	0%	40%	0%	40%

			TESTING				PRESCRIPTION DRUGS										
			Diagnostic Testing (x-ray, blood work) Coinsurance		Imaging (CT, PET, MRI) Coinsurance		Generic Drugs			Preferred Brand Drugs			Non-preferred brand drugs			Specialty Drugs	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	Retail Supply	In-Network	Out-Network	Retail Supply	In-Network	Out-Network	Retail Supply	In-Network	Out-Network
BCBS	BlueBasic	Bronze	0%	50%	0%	50%	0%	0%	31-day	0%	0%	31-day	0%	0%	31-day	Applicable Drug cost sharing	Not Covered
HealthPartners	Key	Bronze	20%	60%	20%	60%	20%	60%	30-day	20%	60%	30-day	Not Covered	Not Covered	30-day	20%	60%
Ucare	Choices	Bronze	20%	50%	20%	50%	\$10	Not Covered	31-day (Ucare Formulary)	40%	Not Covered	31-day (Ucare Formulary)	Not Covered	Not Covered	NA	\$10 Generic/40% Brand	Not Covered
Preferred One	AffordChoice2D	Bronze	0%	40%	0%	40%	0%	40%	31-day	0%	40%	31-day	0%	40%	31-day	0%	40%
Preferred One	AffordChoice+D	Bronze	0%	40%	0%	40%	\$10	40%	31-day	\$75	40%	31-day	0%	40%	31-day	0%	40%
Preferred One	AffordChoiceD	Bronze	0%	40%	0%	40%	0%	40%	31-day	0%	40%	31-day	0%	40%	31-day	0%	40%

			OUTPATIENT SURGERY				EMERGENCY SERVICES						HOSPITAL STAYS			
			Facility Fee Coinsurance		Physician/Surgeon Fees Coinsurance		Emergency Room Coinsurance		Emergency Transportation Coinsurance		Urgent Care Coinsurance		Facility Fee Coinsurance		Physician/Surgeon Fees Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueBasic	Bronze	0%	50%	0%	50%	0%	0%	0%	0%	0%	50%	0%	50%	0%	50%
HealthPartners	Key	Bronze	20%	60%	20%	60%	20%	20%	20%	20%	\$40 1st three visits / 20%	60%	20%	60%	20%	60%
Ucare	Choices	Bronze	20%	50%	20%	50%	\$250 1st Visit/100% ded/20%	\$250 1st Visit/100% in Net ded/20%	20%	20% In Net Ded	\$60 1st three visits /100% ded/ 20%	50%	20%	50%	20%	50%
Preferred One	AffordChoice2D	Bronze	0%	40%	0%	40%	0%	0%	0%	0%	0%	40%	0%	40%	0%	40%
Preferred One	AffordChoice+D	Bronze	0%	40%	0%	40%	0%	0%	0%	0%	\$50/2 visits/0%	40%	0%	40%	0%	40%
Preferred One	AffordChoiceD	Bronze	0%	40%	0%	40%	0%	0%	0%	0%	0%	40%	0%	40%	0%	40%

			MENTAL HEALTH/BEHAVIORAL HEALTH/SUBSTANCE ABUSE NEEDS								PREGNANCY					
			Mental / Behavioral Health Outpatient Coinsurance		Mental / Behavioral Health Inpatient Coinsurance		Substance Abuse Disorder Outpatient Coinsurance		Substance Abuse Disorder Inpatient Coinsurance		Prenatal Care Coinsurance		Postnatal Care Coinsurance		Delivery & Inpatient Services Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueBasic	Bronze	0%	50%	0%	50%	0%	50%	0%	50%	0%	0%	0%	50%	0%	50%
HealthPartners	Key	Bronze	\$40 1st three visits / 20%	60%	20%	60%	\$40 1st three visits / 20%	60%	20%	60%	0%	60%	0%	60%	20%	60%
Ucare	Choices	Bronze	\$60 1st three visits /100% ded/ 20%	50%	20%	50%	\$60 1st three visits /100% ded/ 20%	50%	20%	50%	0%	Not Covered	\$60 1st three visits /100% ded/ 20%	50%	20%	50%
Preferred One	AffordChoice2D	Bronze	0%	40%	0%	40%	0%	40%	0%	40%	0%	0%	0%	0%	0%	40%
Preferred One	AffordChoice+D	Bronze	\$50/2 visits/0%	40%	0%	40%	\$50/2 visits/0%	40%	0%	40%	0%	0%	0%	0%	0%	40%
Preferred One	AffordChoiceD	Bronze	0%	40%	0%	40%	0%	40%	0%	40%	0%	0%	0%	0%	0%	40%

			RECOVERING/SPECIAL HEALTH NEEDS											
			Home Health Care Coinsurance			Rehabilitation Services Coinsurance		Habilitation Services Coinsurance		Skilled Nursing Care Coinsurance			Durable Medical Equipment Coinsurance	
			In-Network	Out-Network	# Visits	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	# Visits	In-Network	Out-Network
BCBS	BlueBasic	Bronze	0%	Not Covered	120/person/confinement	0%	50%	0%	50%	0%	50%	120/person/confinement	0%	50%
HealthPartners	Key	Bronze	20%	60%	NA	20%	60%	20%	60%	20%	60%	120 days/per confinement	20%	60%
Ucare	Choices	Bronze	20%	50%	120/person/confinement	20%	50%	20%	50%	20%	50%	120 days/per confinement	20%	50%
Preferred One	AffordChoice2D	Bronze	0%	40%	120 visits/year	0%	40%	0%	40%	0%	40%	120 days/year	0%	40%
Preferred One	AffordChoice+D	Bronze	0%	40%	120 visits/year	\$50/2 visits/0%	40%	\$50/2 visits/0%	40%	0%	40%	120 days/year	0%	40%
Preferred One	AffordChoiceD	Bronze	0%	40%	120 visits/year	0%	40%	0%	40%	0%	40%	120 days/year	0%	40%

			CHILD DENTAL / VISION									
			Hospice Services Coinsurance			Eye Exam Coinsurance		Glasses Coinsurance			Dental Check-up Coinsurance	
			In-Network	Out-Network	# Visits	In-Network	Out-Network	In-Network	Out-Network	# Frame/lenses and/or contact lenses	In-Network	Out-Network
BCBS	BlueBasic	Bronze	0%	Not Covered	30/person/calendar yr	0%	50%	0%	50%	1/person/calendar yr	Not Covered	Not Covered
HealthPartners	Key	Bronze	20%	60	5 days respite/30 combined respite and continuous	0%	0%	20%	Not Covered	1 pair eyeglasses per year	Not Covered	Not Covered
Ucare	Choices	Bronze	20%	50%	120 days/per confinement	0%	Not Covered	20%	Not Covered	1 pair eyeglasses per year	20%	Not Covered
Preferred One	AffordChoice2D	Bronze	0%	40%	NA	0%	40%	0%	Not Covered	1 pair eyeglasses per year	0%	40%
Preferred One	AffordChoice+D	Bronze	0%	40%	NA	0%	40%	0%	Not Covered	1 pair eyeglasses per year	0%	40%
Preferred One	AffordChoiceD	Bronze	0%	40%	NA	0%	40%	0%	Not Covered	1 pair eyeglasses per year	0%	40%

			PROVIDER'S OFFICE VISIT									
			Deductible (Individual)		OOP Limit		Primay care visit (Injury/Illness) Coinsurance		Specialist Visit Coinsurance		Other Practioner Office Visit Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueAccess	Silver	\$ 3,000	\$ 10,000	\$ 3,000	Unlimited	0%	50%	0%	50%	0%	50%
HealthPartners	Key	Silver	\$ 2,500	\$ 5,000	\$ 6,350	Unlimited	\$30 1st three visits / 20%	60%	\$30 1st three visits / 20%	60%	20%	60%
Ucare	Choices	Silver	\$ 1,900	\$ 3,800	\$ 3,800	Unlimited	\$40 1st three visits /100% ded/ 20%	50%	\$40 1st three visits /100% ded/ 20%	50%	\$40 1st three visits /100% ded/ 20%	50%
Preferred One	AccentChoice+D	Silver	\$ 4,400	\$ 8,800	\$ 4,400	Unlimited	\$35/5 visits/0%	40%	\$35/5 visits/0%	40%	\$35/5 visits/0%	40%
Preferred One	AspireChoice+D	Silver	\$ 3,600	\$ 7,200	\$ 3,600	Unlimited	\$35/5 visits/0%	40%	\$35/5 visits/0%	40%	\$35/5 visits/0%	40%
Preferred One	SaversChoiceD	Silver	\$ 3,500	\$ 7,000	\$ 3,500	Unlimited	0%	40%	0%	40%	0%	40%

		TESTING								
		Preventative Care, Screening, Immunization Coinsurance		Diagnostic Testing (x-ray, blood work) Coinsurance		Imaging (CT, PET, MRI) Coinsurance		Generic Drugs		
		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	Retail Supply

BCBS	BlueAccess	Silver	0%	50%	0%	50%	0%	50%	0%	0%	31-day
HealthPartners	Key	Silver	0%	60%	20%	60%	20%	60%	\$12	60%	30-day
Ucare	Choices	Silver	0%	Not Covered	20%	50%	20%	50%	\$10	Not Covered	31-day (Ucare Formulary)
Preferred One	AccentChoice+D	Silver	0%	40%	0%	40%	0%	40%	\$10	40%	31-day
Preferred One	AspireChoice+D	Silver	0%	40%	0%	40%	0%	40%	\$10	40%	31-day
Preferred One	SaversChoiceD	Silver	0%	40%	0%	40%	0%	40%	0%	40%	31-day

PRESCRIPTION DRUGS										
			Preferred Brand Drugs			Non-preferred brand drugs			Specialty Drugs	
			In-Network	Out-Network	Retail Supply	In-Network	Out-Network	Retail Supply	In-Network	Out-Network
BCBS	BlueAccess	Silver	0	0	31-day	0%	0%	31-day	Applicable Drug cost sharing	Not Covered
HealthPartners	Key	Silver	20%	60%	30-day	Not Covered	Not Covered	30-day	20%	60%
Ucare	Choices	Silver	40%	Not Covered	31-day (Ucare Formulary)	Not Covered	Not Covered	NA	\$10 Generic/40% Brand	Not Covered
Preferred One	AccentChoice+D	Silver	\$75	40%	31-day	0%	40%	31-day	0%	40%
Preferred One	AspireChoice+D	Silver	\$75	40%	31-day	0%	40%	31-day	0%	40%
Preferred One	SaversChoiceD	Silver	0%	40%	31-day	0%	40%	31-day	0%	40%

			OUTPATIENT SURGERY				EMERGENCY SERVICES			
			Facility Fee Coinsurance		Physican/Surgeon Fees Coinsurance		Emergency Room Coinsurance		Emergency Transportation Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueAccess	Silver	0%	50%	0%	50%	0%	0%	0%	0%
HealthPartners	Key	Silver	20%	60%	20%	60%	\$150	\$150	20%	20%
Ucare	Choices	Silver	20%	50%	20%	50%	\$250 1st Visit/100% ded/20%	\$250 1st Visit/100% in Net ded/20%	20%	20% In Net Ded
Preferred One	AccentChoice+D	Silver	0%	40%	0%	40%	0%	0%	0%	0%
Preferred One	AspireChoice+D	Silver	0%	40%	0%	40%	0%	0%	0%	0%
Preferred One	SaversChoiceD	Silver	0%	40%	0%	40%	0%	0%	0%	0%

		HOSPITAL STAYS					
		Urgent Care Coinsurance		Facility Fee Coinsurance		Physician/Surgeon Fees Coinsurance	

In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
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BCBS	BlueAccess	Silver	0%	50%	0%	50%	0%	50%
HealthPartners	Key	Silver	\$30 1st three visits / 20%	60%	20%	60%	20%	60%
Ucare	Choices	Silver	\$40 1st three visits /100% ded/ 20%	50%	20%	50%	20%	50%
Preferred One	AccentChoice+D	Silver	\$35/5 Visits/0%	40%	0%	40%	0%	40%
Preferred One	AspireChoice+D	Silver	\$35/5 Visits/0%	40%	0%	40%	0%	40%
Preferred One	SaversChoiceD	Silver	0%	40%	0%	40%	0%	40%

MENTAL HEALTH/BEHAVIORAL HEALTH/SUBSTANCE ABUSE NEEDS										
			Mental / Behavioral Health Outpatient Coinsurance		Mental / Behavioral Health Inpatient Coinsurance		Substance Abuse Disorder Outpatient Coinsurance		Substance Abuse Disorder Inpatient Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueAccess	Silver	0%	50%	0%	50%	0%	50%	0%	50%
HealthPartners	Key	Silver	\$30 1st three visits / 20%	60%	20%	60%	\$30 1st three visits / 20%	60%	20%	60%
Ucare	Choices	Silver	\$40 1st three visits /100% ded/ 20%	50%	20%	50%	\$40 1st three visits /100% ded/ 20%	50%	20%	50%
Preferred One	AccentChoice+D	Silver	\$35/5 Visits/0%	40%	0%	40%	\$35/5 Visits/0%	40%	0%	40%
Preferred One	AspireChoice+D	Silver	\$35/5 Visits/0%	40%	0%	40%	\$35/5 Visits/0%	40%	0%	40%
Preferred One	SaversChoiceD	Silver	0%	40%	0%	40%	0%	40%	0%	40%

PREGNANCY								
		Prenatal Care Coinsurance		Postnatal Care Coinsurance		Delivery & Inpatient Services Coinsurance		
		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
BCBS	BlueAccess	Silver	0%	0%	0%	50%	0%	50%
HealthPartners	Key	Silver	0%	60%	0%	60%	20%	60%
Ucare	Choices	Silver	0%	Not Covered	\$40 1st three visits /100% ded/ 20%	50%	20%	50%
Preferred One	AccentChoice+D	Silver	0%	0%	0%	0%	0%	40%
Preferred One	AspireChoice+D	Silver	0%	0%	0%	0%	0%	40%
Preferred One	SaversChoiceD	Silver	0%	0%	0%	0%	0%	40%

RECOVERING/SPEC									
			Home Health Care Coinsurance			Rehabilitation Services Coinsurance		Habilitation Services Coinsurance	
			In-Network	Out-Network	# Visits	In-Network	Out-Network	In-Network	Out-Network
BCBS	BlueAccess	Silver	0%	Not Covered	120/person/co nfinement	0%	50%	0%	50%
HealthPartners	Key	Silver	20%	60%	NA	20%	60%	20%	60%
Ucare	Choices	Silver	20%	50%	120/person/co nfinement	20%	50%	20%	50%
Preferred One	AccentChoice+D	Silver	0%	40%	120 visits/year	\$35/5 Visits/0%	40%	\$35/5 Visits/0%	40%
Preferred One	AspireChoice+D	Silver	0%	40%	120 visits/year	\$35/5 Visits/0%	40%	\$35/5 Visits/0%	40%
Preferred One	SaversChoiceD	Silver	0%	40%	120 visits/year	0%	40%	0%	40%

PHYSICAL HEALTH NEEDS										
			Skilled Nursing Care Coinsurance			Durable Medical Equipment Coinsurance		Hospice Services Coinsurance		
			In-Network	Out- Network	# Visits	In-Network	Out- Network	In-Network	Out- Network	# Visits
BCBS	BlueAccess	Silver	0%	50%	120 days/per confinement	0%	50%	0%	Not Covered	30/calendar yr
HealthPartners	Key	Silver	20%	60%	120 days/per confinement	20%	60%	20%	60	5 days respite/30 combined respite and continuous
Ucare	Choices	Silver	20%	50%	120 days/per confinement	20%	50%	20%	50%	120 days/per confinement
Preferred One	AccentChoice+D	Silver	0%	40%	120 days/year	0%	40%	0%	40%	NA
Preferred One	AspireChoice+D	Silver	0%	40%	120 days/year	0%	40%	0%	40%	NA
Preferred One	SaversChoiceD	Silver	0%	40%	120 days/year	0%	40%	0%	40%	NA

CHILD DENTAL / VISION									
			Eye Exam Coinsurance		Glasses Coinsurance			Dental Check-up Coinsurance	
			In-Network	Out-Network	In-Network	Out-Network	# Frame/lenses and/or contact lenses	In-Network	Out-Network
BCBS	BlueAccess	Silver	0%	50%	0%	50%	1/person/calendar yr	Not Covered	Not Covered
HealthPartners	Key	Silver	0%	0%	20%	Not Covered	1 pair eyeglasses per year	Not Covered	Not Covered
Ucare	Choices	Silver	0%	Not Covered	20%	Not Covered	1 pair eyeglasses per year	20%	Not Covered
Preferred One	AccentChoice+D	Silver	0%	40%	0%	Not Covered	1 pair eyeglasses per year	0%	40%
Preferred One	AspireChoice+D	Silver	0%	40%	0%	Not Covered	1 pair eyeglasses per year	0%	40%
Preferred One	SaversChoiceD	Silver	0%	40%	0%	Not Covered	1 pair eyeglasses per year	0%	40%