

## Changes we're making to your current health plan

The difference between your 2021 monthly rate and your current rate is due to:

- Costs associated with the administration and delivery of essential health benefits.
- Changes to your benefit design that include(s):

<b>Benefit Comparison Chart</b>	<b>Bronze 60 HDHP HMO 6000/40% +Child Dental</b>	
<b>Covered Services</b>	<b>2020</b>	<b>2021</b>
<b>DEDUCTIBLES</b>		
Annual Deductible	Individual \$6,900/ Family \$13,800 (Combined Medical/Drug Deductible)	Individual \$7,000/ Family \$14,000 (Combined Medical/Drug Deductible)
Out-of-Pocket Limit On Expenses	Individual \$6,900/ Family \$13,800	Individual \$7,000/ Family \$14,000
<b>PROFESSIONAL SERVICES</b>	<b>Member Cost Share</b>	
<b>Visit to a Health Care Provider's Office or Clinic</b>		
Preventive Care/ Screening/ Immunization	\$0 Copay	\$0 Copay
Family Planning (Consultation and Contraceptive Services)	\$0 Copay	\$0 Copay
Prenatal Care and Preconception Visits	\$0 Copay	\$0 Copay
Diabetes Care Management	\$0 Copay	\$0 Copay
Diabetes Education	\$0 Copay	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
Specialist Visit	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
Acupuncture	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
Allergy Visit (Testing and Treatment)	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
Other Practitioner Office Visit	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
<b>Outpatient Services</b>	<b>Member Cost Share</b>	
<b>Tests</b>		
Laboratory Tests	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
X-Rays	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
Imaging (CT/PET scans, MRIs)	Full cost until out-of- pocket is met	Full cost until out-of- pocket is met
<b>Outpatient Surgery</b>		

<b>Benefit Comparison Chart</b>		<b>Bronze 60 HDHP HMO 6000/40% +Child Dental</b>	
<b>Covered Services</b>	<b>2020</b>	<b>2021</b>	
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Physician/Surgeon Fees	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Outpatient Visit	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Hospitalization Services</b>			
Facility Fee (e.g., Hospital Room)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Physician/Surgeon Fees	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Delivery and All Inpatient Services (Hospital Services)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Delivery and All Inpatient Services (Professional Services)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Emergency Health Coverage</b>			
Emergency Room Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Emergency Room Physician Fee	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Urgent Care	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Ambulance Services</b>			
Medical Transportation (Including Emergency and Non-emergency)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Prescription Drug Coverage</b>			
Tier 1:Generic Drugs (30-Day Supply)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Tier 1:Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Tier 2: Preferred Brand Drugs (30-Day Supply)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Tier 2: Preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Tier 3: Non-preferred Brand Drugs (30-Day Supply)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Tier 3: Non-preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Tier 4: Specialty Drugs (30-Day Supply)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Medical Supplies/ Durable Medical</b>			

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<b>Covered Services</b>	<b>2020</b>	<b>2021</b>	
<b>Equipment</b>			
Medical Supplies	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Prosthetic Devices	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Durable Medical Equipment (Outpatient)	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Mental Health Services</b>			
Mental/Behavioral Health Outpatient Office Visits	Full cost until out-of-pocket is met	\$0 Copay	
Mental/ Behavioral Health Other Outpatient Items and Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Mental/Behavioral Health Inpatient Facility Fee	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Mental/Behavioral Health Inpatient Professional Fee	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Chemical Dependency Services</b>			
Substance Use Disorder Outpatient Office Visits	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Substance Use Disorder Other Outpatient Items and Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Substance Use Disorder Inpatient Facility Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Substance Use Disorder Inpatient Professional Fee	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Home Health Services</b>			
Home Health Care	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Rehabilitation Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Habilitation Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Skilled Nursing Care	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
Hospice Services	Full cost until out-of-pocket is met	Full cost until out-of-pocket is met	
<b>Pediatric Vision and Dental (Included in Plan)</b>			
<b>Pediatric Vision (Ages 0-18) Administered by VSP</b>			
Eye Exam Including Refraction and Dilation Per Year	\$0 Copay	\$0 Copay	
1 Pair of Glasses Per Year (or Contact Lenses in Lieu of Glasses) Calendar Year	\$0 Copay	\$0 Copay	

Benefit Comparison Chart	Bronze 60 HDHP HMO 6000/40% +Child Dental	
Covered Services	2020	2021
<b>Pediatric Dental (Ages 0-18) Administered by Delta Dental</b>		
Child Dental Diagnostic and Preventive Services	See Delta Dental EOC	See Delta Dental EOC