

ADDENDUM 2 - 2015 NON-STANDARD QHP DESCRIPTIONS

Instructions: Fill out one form for each non-standard product that will be offered in 2015. Provide as much detail as possible when describing each element of the product.

Company name:	Metal Level:			Nonstandard product 1
	Platinum	🗌 Gol	d 🗌	HIOS ID#s
				_
	Silver	Bro	nze	Nonstandard product 2
				Nonstandard product 3 🗌 HIOS ID#s
Premium:	Higher than standard product			
	Lower than standard product]
Benefit/Service Addition			Description:	
(i.e. acupuncture)	Yes	No		
Benefit/Service Substitution (i.e. different wellness benefit)	Yes	No	Description:	
Benefit/Service Alteration			Description:	
(i.e. PCP visit not subject to deductible or more PT sessions)	Yes 🔄	No		
Deductible – change from			Description:	
standard product	Yes	No		
Maximum out of Pocket –			Description:	
change from standard product	Yes 🗌	No		
Description of Network (if not			Description:	
offering entire available network; e.g., tiered network)	Yes 🗌	No 🗌		
Is this product being offered in 2014?	Yes	No		