### Cost Sharing – Medical Services

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Silver CSR</th>
<th>Bronze</th>
<th>HSA Compliant*</th>
<th>AIA/AN CSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient facility/NF/Hospice</td>
<td>$500</td>
<td>$400</td>
<td>$300</td>
<td>$300</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Day surgery</td>
<td>$100</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Surgeon – inpatient facility,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient facility, including</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>freestanding surgicenters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency care</td>
<td>$15</td>
<td>$25</td>
<td>$30</td>
<td>$30</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>PT/OT/SST – rehabilitative &amp; habilitative therapies</td>
<td>$25</td>
<td>$30</td>
<td>$30</td>
<td>$30</td>
<td>$25</td>
<td>$15</td>
<td>$50</td>
</tr>
<tr>
<td>ER</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>DM/Medical supplies</td>
<td>10% cost sharing</td>
<td>20% cost sharing</td>
<td>30% cost sharing</td>
<td>25% cost sharing</td>
<td>10% cost sharing</td>
<td>5% cost sharing</td>
<td>50% cost sharing</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>10% cost sharing</td>
<td>20% cost sharing</td>
<td>30% cost sharing</td>
<td>25% cost sharing</td>
<td>10% cost sharing</td>
<td>5% cost sharing</td>
<td>50% cost sharing</td>
</tr>
<tr>
<td>Eyewear</td>
<td>10% cost sharing</td>
<td>20% cost sharing</td>
<td>30% cost sharing</td>
<td>25% cost sharing</td>
<td>10% cost sharing</td>
<td>5% cost sharing</td>
<td>50% cost sharing</td>
</tr>
</tbody>
</table>

### Cost Sharing – Inpatient Hospital Services

| Observation stay/care unit       | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |
| Maternity care stay (covers mother and newborn combined) | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |
| Mental/behavioral health care    | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |
| Detoxification                   | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |
| Substance abuse disorder services| 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |
| Skilled nursing facility         | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |
| Hospice (inpatient)              | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing | 0% cost sharing |

### Cost Sharing – Emergency Medical Services

| Facility charge – emergency room | ER copay per case | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing |
| Physician charge – emergency room visit | $0 copay per visit | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing |
| Facility charge – freestanding urgent care center | Urgent care copay per visit | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing |
| Physician charge – freestanding urgent care visit | $0 copay per visit | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing |
| Pre-hospital emergency services, transportation, includes air ambulance | Ambulance copay per case | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing | 50% cost sharing |

### Notes
- Catastrophic plan design was revised to reflect the official maximum out of pocket limit of $8,550 (single) per Proposed HHS Notice of Benefit and Payment Parameter for calendar year 2021.
- Non-HSA Compliant Bronze plan allows a total of three visits to primary care providers or specialists before the deductible (PCP/Specialist Copay applies).
### COST SHARING – OUTPATIENT HOSPITAL/FACILITY SERVICES

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Silver CSR</th>
<th>Bronze</th>
<th>HSA Compliant*</th>
<th>A/I/C CSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Av. CSR</td>
<td>0.86 to 0.92</td>
<td>0.76 to 0.82</td>
<td>0.70 to 0.72</td>
<td>0.72 to 0.74</td>
<td>0.86 to 0.88</td>
<td>0.93 to 0.95</td>
<td>0.56 to 0.65</td>
</tr>
</tbody>
</table>

#### Pre-admission/Pre-operative testing
- Outpatient facility - surgery copay per case: 50% cost sharing
- Outpatient facility - surgery copay per case: 50% cost sharing
- Outpatient facility - surgery copay per case: 0% cost sharing
- Outpatient facility - surgery copay per case: 0% cost sharing

#### Diagnostic and routine laboratory and pathology
- Specialist copay per visit: $50
- Specialist copay per visit: 50% cost sharing
- Specialist copay per visit: 0% cost sharing
- Specialist copay per visit: 0% cost sharing

#### Diagnostic and routine imaging services, including Xray, excluding CAT/ PET scans, MRI
- Specialist copay per visit: $75
- Specialist copay per visit: $75
- Specialist copay per visit: $75
- Specialist copay per visit: $75

#### Imaging: CAT/PET scans, MRI
- Specialist copay per visit: $75
- Specialist copay per visit: $75
- Specialist copay per visit: $75
- Specialist copay per visit: $75

#### Chemotherapy
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

#### Radiation therapy
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

#### Hemodialysis/Renal dialysis
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

#### Mental/Behavioral health care
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

#### Substance abuse disorder services
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

#### Covered therapies (PT, OT, ST) – rehabilitative & habilitative
- PT/OT/ST copay per visit: 50% cost sharing
- PT/OT/ST copay per visit: 50% cost sharing
- PT/OT/ST copay per visit: 0% cost sharing
- PT/OT/ST copay per visit: 0% cost sharing

#### Home care
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

#### Hospice
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 50% cost sharing
- PCP copay per visit: 0% cost sharing
- PCP copay per visit: 0% cost sharing

### COST SHARING – PREVENTIVE AND PRIMARY CARE SERVICES

- Bone density testing
- Cervical cytology
- Colonoscopy screening
- Gynecological exams
- Immunizations
- Mammography
- Prenatal maternity care
- Prostate cancer screening
- Routine exams
- Women’s preventive health services

### COST SHARING – PHYSICIAN/PROFESSIONAL SERVICES

- Inpatient hospital surgery – surgeon: Surgeon copay per case: 50% cost sharing
- Outpatient hospital and freestanding surgeons – surgeon: Surgeon copay per case: 50% cost sharing
- Office surgery: PCP/Specialist copay per visit (based on type of physician performing the service): 50% cost sharing
- Anesthesia (any setting): PCP/Specialist copay per visit (based on type of physician performing the service): 50% cost sharing
- Covered therapies (PT, OT, ST) – rehabilitative and habilitative: PT/OT/ST copay per visit: 50% cost sharing
- Additional surgical opinion: Specialist copay per visit: 50% cost sharing
- Second medical opinion for cancer: Specialist copay per visit: 50% cost sharing
- Maternity delivery and postnatal care – physician or midwife: Surgeon copay per case for delivery and postnatal care services combined (only one such copay per pregnancy): 50% cost sharing
- In-hospital physician visits: PCP/Specialist copay per visit (based on type of physician performing the service): 50% cost sharing
- Diagnostic office visits: PCP/Specialist copay per visit (based on type of physician performing the service): 50% cost sharing
- Diagnostic and routine laboratory and pathology: PCP/Specialist copay per visit: 50% cost sharing

### Additional Information
- NOTE: Standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final version for 2021) and NYS Laws/Regulations.
- Catastrophic plan design was revised to reflect the official maximum out of pocket limit of $8,550 (single) per Proposed HHS Notice of Benefit and Payment Parameter for calendar year 2021.
- Non-HSA Compliant Bronze plan allows a total of three visits to primary care providers or specialists before the deductible (PCP/Specialist Copay applies).
- Platinum CSR: 0.86 to 0.92
- Gold CSR: 0.76 to 0.82
- Silver CSR: 0.70 to 0.72
- Bronze CSR: 0.65 to 0.86
- HSA Compliant CSR: 0.56 to 0.65
- Catastrophic CSR: $0

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**Attachment B – Standard Products 2021 Cost Sharing Chart**

2 of 4

05/07/2020
## Attachment B  STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (05-07-2020)

**NOTE:** Standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final version for 2021) and NYS Laws/Regulations. Catastrophic plan design was revised to reflect the official maximum out of pocket limit of $8,550 (single) per Proposed HHS Notice of Benefit and Payment Parameter for calendar year 2021. Non-HSA Compliant Bronze plan allows a total of three visits to primary care providers or specialists before the deductible. (PCP/Specialist Copay applies).

### COST SHARING – PHYSICIAN/PROFESSIONAL SERVICES (CONTINUED)

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Silver CSR</th>
<th>Bronze</th>
<th>HSA Compliant*</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AV = 0.86 to 0.92</td>
<td>AV = 0.76 to 0.82</td>
<td>AV = 0.70 to 0.72</td>
<td>200 - 250% FPL</td>
<td>150 - 200% FPL</td>
<td>100 - 150% FPL</td>
<td>AV = 0.56 to 0.65</td>
</tr>
<tr>
<td>Imaging: CAT/PET scans, MRI</td>
<td>PCP/Specialist copay per visit</td>
<td>PCP/Specialist copay per visit</td>
<td>$75</td>
<td>PCP/Specialist copay per visit</td>
<td>PCP/Specialist copay per visit</td>
<td>50% cost sharing</td>
<td>50% cost sharing</td>
</tr>
<tr>
<td>Specialist copay per visit</td>
<td>Special copay per visit</td>
<td>$75</td>
<td>Special copay per visit</td>
<td>$75</td>
<td>Specialist copay per visit</td>
<td>50% cost sharing</td>
<td>50% cost sharing</td>
</tr>
<tr>
<td><strong>COST SHARING – ADDITIONAL BENEFITS/SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABA treatment for Autism Spectrum Disorder</td>
<td>PCP copay per visit</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive communication devices for Autism Spectrum Disorder</td>
<td>PCP copay per device</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment and medical supplies</td>
<td>DME/Medical supplies coinsurance cost sharing applies</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Hearing aid coinsurance cost sharing applies</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>COST SHARING – PEDIATRIC DENTAL SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental office visit</td>
<td>PCP copay per visit</td>
<td>50% cost sharing</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam visit</td>
<td>PCP copay per visit</td>
<td>50% cost sharing</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribed lenses and frames</td>
<td>Eyewear coinsurance cost sharing applies to combined cost of lenses and frames</td>
<td>50% cost sharing</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses</td>
<td>Eyewear coinsurance cost sharing applies</td>
<td>50% cost sharing</td>
<td>50% cost sharing</td>
<td>0% cost sharing</td>
<td>0% cost sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COST SHARING – PRESCRIPTION DRUGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic or Tier 1</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
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<tr>
<td>Formulary brand or Tier 2</td>
<td>$30</td>
<td>$70</td>
<td>$70</td>
<td>$40</td>
<td>$30</td>
<td>$70</td>
<td>$70</td>
</tr>
<tr>
<td>Non-formulary brand or Tier 3</td>
<td>$60</td>
<td>$60</td>
<td>$60</td>
<td>$60</td>
<td>$60</td>
<td>$60</td>
<td>$60</td>
</tr>
</tbody>
</table>

Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic plans) for a 90-day supply.
ADDITIONAL INSTRUCTIONS:

1. The following applies to the Platinum, Gold, Silver and Silver CSR plans:
   For an inpatient admission, the only copay that applies during an inpatient stay is the inpatient facility per admission copay; and if surgery is performed, a surgeon copay; and if a maternity delivery is performed, a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.
   There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.
   For a maternity stay, the inpatient per admission copay covers charges for the mother and a well newborn.
   # The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

2. For all the standard plan designs except the non-HSA-compliant Bronze plan design, the deductible must be met first, and then the copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.

3. For the non-HSA-compliant standard Bronze plan, any combination of three visits indicated below are covered before the deductible subject to the applicable copays. The copays paid for the three visits count towards the deductible. After the first three visits and for all other services, the deductible must be met, and then the copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached. These three visits are in addition to the ACA mandated preventive services for which no cost sharing can apply. The following visits (or any combination) are counted towards the three visits: primary care visits, specialist visits (including allergy visits and visits for second opinions), outpatient mental health visits, outpatient substance use disorder visits, ABA visits, and chiropractic care visits. Urgent care and office surgery do not count towards the three visits.

4. If the copay payable is more than the allowed amount, the copay payable is reduced to the allowed amount.

5. The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

6. For the Platinum, Gold, Silver and Silver CSR plans, the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.
   For the Bronze and Catastrophic plans, the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).
   The deductible is over a calendar year for individual products and over the calendar year or plan year (an option of the insurer) for small group products.

7. No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA but additional services, like laboratory tests, which are delivered at the preventive care visit may be subject to the deductible or cost sharing.

8. Per ACA, Catastrophic plan must include three primary care visits per calendar year to which the deductible does not apply. These three primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply. For purposes of using these three primary care visits to which the deductible does not apply, a primary care visit is defined as a visit to a provider whose primary specialty is in family medicine, internal medicine, pediatric medicine, obstetrics/gynecology, or outpatient mental/behavior health services or substance use disorder services.

9. The family deductible is two times the single deductible; the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount), then no family member needs to accumulate any more dollars toward the deductible (or out-of-pocket limit).

10. The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan will have its own deductible and cost sharing arrangements and associated premium.

* Bronze HSA Compliant plan satisfies the maximum out-of-pocket limit of $6,900 set by IRS for calendar year 2020.