



ADDENDUM E.2 - QHP - 2016 NON-STANDARD DESIGN

Instructions: Fill out one form for each non-standard product that will be offered in 2015. Please describe each element of the product when describing each element of the product.

Company name:	Metal Level:	
	Platinum <input type="checkbox"/>	Gold <input type="checkbox"/>
	Silver <input type="checkbox"/>	Bronze <input type="checkbox"/>
<p>Premium:</p> <p>Higher than standard product <input type="checkbox"/></p> <p>Lower than standard product <input type="checkbox"/></p>		
Benefit/Service Addition (i.e. acupuncture)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Benefit/Service Substitution (i.e. different wellness benefit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Benefit/Service Alteration (i.e. PCP visit not subject to deductible or more PT sessions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deductible – change from standard product	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maximum out of Pocket – change from standard product	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description of Network (if not offering entire available network; e.g., tiered network)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this product being offered in 2015?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Benefit Description	How Does this Non-Standard Cost-Share Compare?
Deductible <ul style="list-style-type: none"> Individual Policy Family Policy 	
Maximum Out of Pocket <ul style="list-style-type: none"> Individual Policy Family Policy 	
PCP Visit	
Specialist Visit	
Preventive Care	
Prescription Drug <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 	
Inpatient Services	
Emergency Room	
Urgent Care	
Durable Medical Equipment	
Covered Therapies (PT/OT/ST)	
Diagnostic & Routine Lab Services	
Diagnostic & Routine Imaging	
Outpatient Surgery Services	
Home Health Care Services	
Outpatient Behavioral Health	
Pediatric Basic Dental Care	
Pediatric Vision Care	
Wellness	



DESCRIPTIONS

in 2016. Provide as much detail as possible
about each.

Nonstandard product 1
HIOS ID#s

Nonstandard product 2
HIOS ID#s

Nonstandard product 3
HIOS ID#s

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Description:

Description:

Description:

If yes selected, complete the chart below

If yes selected, complete the chart below

Description: