2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In-Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0410002	Shared Cost Blue EPO 0	Gold	$292.25	$0	$0	$5,000	$10,000
76168DE0410012	Shared Cost Blue EPO 750	Gold	$291.53	$750 - medical $0 - drug	$1,500 - medical $0 - drug	$3,000	$6,000
76168DE0410006	Shared Cost Blue EPO 1000	Gold	$282.50	$1,000	$2,000	$3,000	$6,000
76168DE0410011	Shared Cost Blue EPO 1350	Gold	$295.50	$1,350 - medical $0 - drug	$2,700 - medical $0 - drug	$2,500	$5,000
76168DE0560001	Shared Cost Blue PPO 1500	Gold	$286.83	$1,500 - medical $0 - drug	$3,000 - medical $0 - drug	$3,500	$7,000
76168DE0410004	Shared Cost Blue EPO 300	Platinum	$343.12	$300 - medical $0 - drug	$600 - medical $0 - drug	$1,300	$2,600

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In- Network (for covered EHBs)	
				Individual	Family	Individual	Family
67190DE0080001	Aetna Bronze $20 Copay HNOnly	Bronze	$201.69	$5,750	$11,500	$6,600	$13,200
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOnly	Bronze	$189.91	$6,300	$12,600	$6,300	$12,600
67190DE0080004	Aetna Silver $10 Copay HNOnly	Silver	$255.79	$3,750 - medical $500 - drug	$7,500 - medical N/A - drug	$6,600	$13,200
67190DE0080005	Aetna Silver $5 Copay 2750 HNOnly	Silver	$272.72	$2,750	$5,500	$6,000	$12,000
67190DE0080003	Aetna Gold $5 Copay HNOnly	Gold	$292.96	$1,400 - medical $250 - drug	$2,800 - medical N/A - drug	$5,000	$10,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Aetna Life Insurance Company

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In- Network (for covered EHBs)	
				Individual	Family	Individual	Family
29497DE0090001	Aetna Bronze $20 Copay PPO	Bronze	$207.89	$5,750	$11,500	$6,600	$13,200
29497DE0090002	Aetna Bronze Deductible Only HSA Eligible PPO	Bronze	$195.75	$6,300	$12,600	$6,300	$12,600
29497DE0090003	Aetna Gold $5 Copay PPO	Gold	$301.97	$1,400 - medical $250 - drug	$2,800 - medical N/A - drug	$5,000	$10,000
29497DE0090004	Aetna Silver $10 Copay PPO	Silver	$263.66	$3,750 - medical $500 - drug	$7,500 - medical N/A - drug	$6,600	$13,200
29497DE0090005	Aetna Silver $5 Copay 2750 PPO	Silver	$281.11	$2,750	$5,500	$6,000	$12,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0430003	Shared Cost EPO Basic $5250/90	Bronze	$268.80	$5,250	$10,500	$6,250	$12,500
76168DE0450001	Health Savings EPO HSA $3500/90	Bronze	$259.78	$3,500	$7,000	$6,250	$12,500
76168DE0450002	Health Savings EPO HSA $6000/100	Bronze	$255.06	$6,000	$12,000	$6,000	$12,000
76168DE0430002	Shared Cost EPO Basic $2000/75	Silver	$306.05	$2,000	$4,000	$6,000	$12,000
76168DE0440001	Health Savings PPO HSA $2000/80	Silver	$297.66	$2,000	$4,000	$5,000	$10,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0490012	Shared Cost EPO $2500/100	Silver	$330.38	$2,500	$5,000	$6,000	$12,000
76168DE0430001	Shared Cost EPO Basic $1000/75	Gold	$369.14	$1,000 - medical $0 - drug	$2,000 - medical $0 - drug	$2,500	$5,000
76168DE0510004	Health Savings EPO HSA $1800/100	Gold	$359.87	$1,800	$3,600	$1,800	$3,600
76168DE0490004	Shared Cost EPO $1500/100	Gold	$370.53	$1,500	$3,000	$3,000	$6,000
76168DE0490006	Shared Cost EPO $750/100	Gold	$386.29	$750	$1,500	$3,500	$7,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
67190DE0060001	DE Bronze HNOption 5700 100/50 HSA	Bronze	$236.75	$5,700	$11,400	$5,700	$11,400
67190DE0060002	DE Gold HNOption 1000 80/50 $25	Gold	$339.74	$1,000 - medical $250 - drug	$2,000 - medical $500 - drug	$5,000	$10,000
67190DE0060003	DE Silver HNOption 2000 70/50 $30	Silver	$276.45	$2,000 - medical $1,000 - drug	$4,000 - medical $2,000 - drug	$6,600	$13,200
67190DE0070001	DE Bronze HNOnly 5700 100% HSA	Bronze	$232.02	$5,700	$11,400	$5,700	$11,400
67190DE0070002	DE Gold HNOnly 1000 80% $25	Gold	$332.94	$1,000 - medical $250 - drug	$2,000 - medical $500 - drug	$5,000	$10,000
67190DE0070003	DE Silver HNOnly 2000 70% $30	Silver	$270.92	$2,000 - medical $1,000 - drug	$4,000 - medical $2,000 - drug	$6,600	$13,200

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