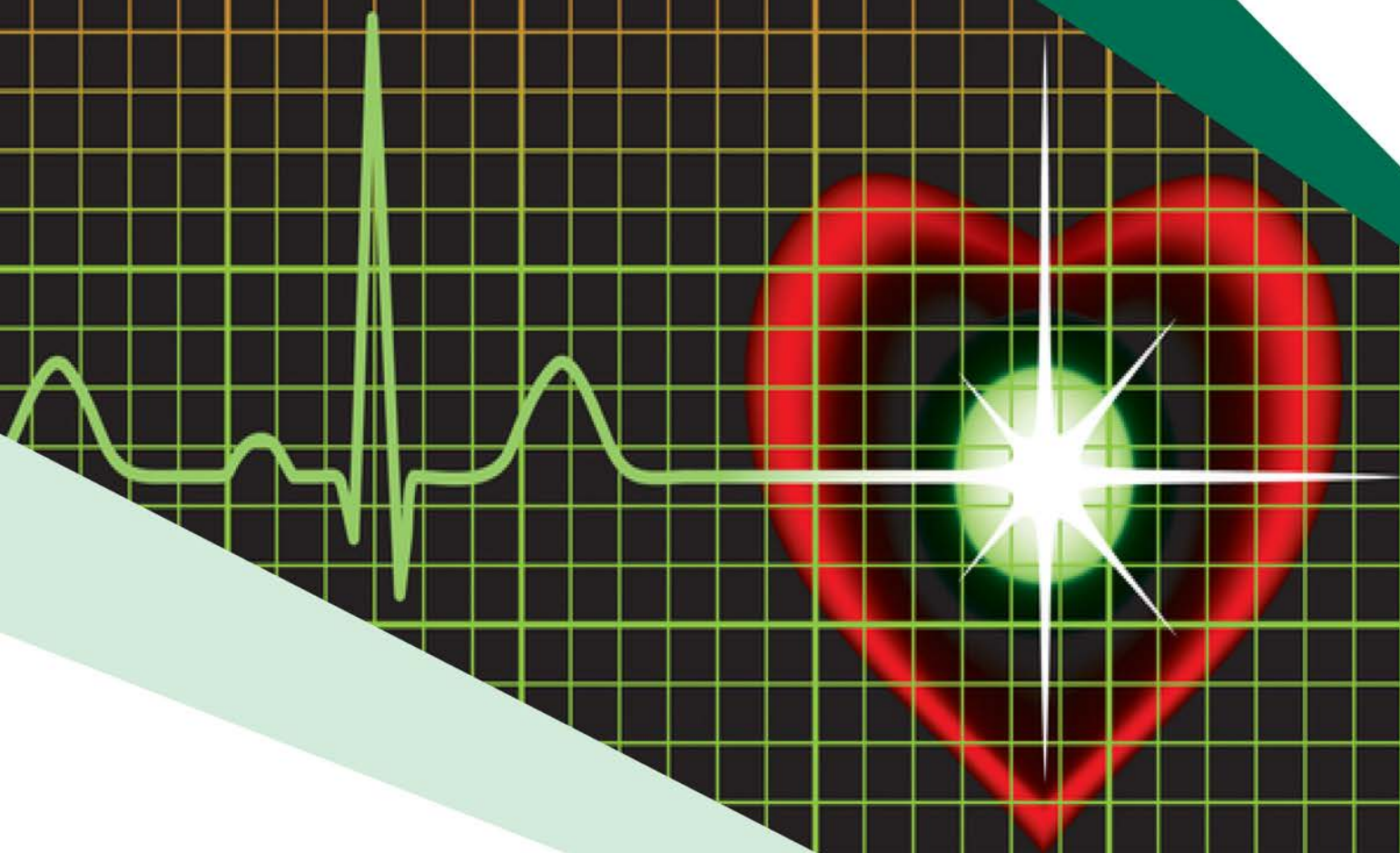




PIEDMONT COMMUNITY
HEALTHCARE HMO

Health Insurance Marketplace



INDIVIDUAL HMO PLAN GUIDE

EFFECTIVE JAN. 1, 2017

Piedmont HMO Individual Marketplace Plan Guide

AV	Plan Name	Deductible (Individual/Family)	PCP Office Visit	Specialist Office Visit	Urgent Care	Other Services Performed in Office ¹	PPACA Preventive Care Services	Therapy Office Visits (PT,OT,ST)	Adult Vision (19 & above) ²	Emergency Room ³	Hospital / Facility Expenses	Out-of-Pocket Maximum Medical and Rx Combined (Individual/Family)	Prescription Drug					Rx Deductible (Individual/Family)
													Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
G	Gold Preferred 950/30/50 HMO	\$950 / \$1,900	\$30	\$50	\$50	20% AD ⁴	\$0	20% AD	Not Covered	30% AD	20% AD	\$5,000 / \$10,000	\$15	\$40 AD	25% AD	25% AD	25% AD	\$250 / \$500
G	Gold Preferred 1200/25/50 HMO	\$1,200 / \$2,400	\$25	\$50	\$50	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$4,500 / \$9,000	\$15	\$40 AD	25% AD	25% AD	25% AD	\$250 / \$500
S	Silver Basic 2500 HMO	\$2,500 / \$5,000	\$35 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	40% AD	30% AD	\$7,150 / \$14,300	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Preferred 3200/35/60 HMO	\$3,200 / \$6,400	\$35	\$60	\$60	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$7,150 / \$14,300	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Preferred 3800/40/65 HMO	\$3,800 / \$7,600	\$40	\$65	\$65	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$6,000 / \$12,000	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Standard 3500/30/65 HMO	\$3,500 / \$7,000	\$30	\$65	\$75	20% AD	\$0	20% AD	Not Covered	\$400 CP / AD ⁸	20% AD	\$7,150 / \$14,300	\$15	\$50	\$100	40%	40%	\$0 / \$0
B	Bronze 5250 HMO	\$5,250 / \$10,500 ⁵	\$45 BD / 40% AD ⁷	40% AD	40% AD	40% AD	\$0	40% AD	Not Covered	40% AD	40% AD	\$7,150 / \$14,300	40% AD	40% AD	40% AD	40% AD	40% AD	Integrated with Medical
B	Bronze 6200 HMO	\$6,200 / \$12,400 ⁵	\$45 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	30% AD	30% AD	\$7,150 / \$14,300	30% AD	30% AD	30% AD	30% AD	30% AD	Integrated with Medical
B	Bronze Standard 6650 HMO	\$6,650 / \$13,300 ⁵	\$45 BD / 50% AD ⁷	50% AD	50% AD	50% AD	\$0	50% AD	Not Covered	50% AD	50% AD	\$7,150 / \$14,300	\$35	35% AD	40% AD	45% AD	45% AD	Integrated with Medical
C	Catastrophic 7150 HMO	\$7,150 / \$14,300 ⁵	\$40 BD / 0% AD ⁷	0% AD	0% AD	0% AD	\$0	0% AD	Not Covered	0% AD	0% AD	\$7,150 / \$14,300	0% AD	0% AD	0% AD	0% AD	0% AD	Integrated with Medical
B	Bronze HSA 5000 HMO ⁶	\$5,000 / \$10,000 ⁵	30% AD	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	30% AD	30% AD	\$6,550 / \$13,100	30% AD	30% AD	30% AD	30% AD	30% AD	Integrated with Medical
B	Bronze HSA 6000 HMO ⁶	\$6,000 / \$12,000 ⁵	20% AD	20% AD	20% AD	20% AD	\$0	20% AD	Not Covered	20% AD	20% AD	\$6,550 / \$13,100	20% AD	20% AD	20% AD	20% AD	20% AD	Integrated with Medical

Effective Jan. 1, 2017

¹ Other services performed in office in addition to office visit charge (including but not limited to x-rays, labs, bloodwork, diagnostic tests and surgery)

² Adult Vision is not included in these plans

³ Emergency Room - Includes services received from a Network or Non-Network Provider in case of emergency

⁴ All Coinsurance refers to percent of Allowable Charge after deductible (AD)

⁵ Plan contains integrated Medical and Prescription Drug Deductible

⁶ HSA contains an embedded deductible

⁷ Copayment (deductible does not apply) for office visits 1-3; then x% of AC after deductible

⁸ Copayment applies after Medical Deductible has been met

The Affordable Care Act established four levels of coverage, “Metal Tiers”, based on the concept of “Actuarial Value”, a term that refers to the share of health care expenses the plan will cover on average.

Metal Tier	Actuarial Value
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%

NOTE:

All benefits described herein are subject to other benefit limits and exclusions as described in the Policy and Schedule of Benefits. Please read all plan documents together carefully. ACA required **Pediatric Dental** benefits are **NOT** included in these plans. Separate coverage may be obtained on the Marketplace. All plans listed are Calendar Year. Tier 1 is Generic; Tier 2 is Preferred Brand; Tier 3 is Non-Preferred Brand; Tier 4 is Preferred Specialty; Tier 5 is Non-Preferred Specialty.

There Are NO Out-Of Network Benefits (except for Emergency Room Services)

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage”. **These plans do provide minimum essential coverage.**

Does this Coverage Provide Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **These plans do meet the minimum value standard for the benefits they provide.**

Piedmont Community HealthCare HMO complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Piedmont Community HealthCare HMO cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Piedmont Community HealthCare HMO 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Piedmont HMO Individual Marketplace Plan Guide for Silver CSR Plans Only

AV	Plan Name	Deductible (Individual/Family)	PCP Office Visit	Specialist Office Visit	Urgent Care	Other Services Performed in Office ¹	PPACA Preventive Care Services	Therapy Office Visits (PT,OT,ST)	Adult Vision (19 & above) ²	Emergency Room ³	Hospital / Facility Expenses	Out-of-Pocket Maximum Medical and Rx Combined (Individual/Family)	Prescription Drug					Rx Deductible (Individual/Family)
													Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
S	Silver Basic 2500 HMO	\$2,500 / \$5,000	\$35 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	40% AD	30% AD	\$7,150 / \$14,300	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Basic 2500 HMO 73% CSR	\$2,400 / \$4,800	\$35 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	40% AD	30% AD	\$4,600 / \$9,200	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Basic 2500 HMO 87% CSR	\$700 / \$1,400	\$25 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	40% AD	30% AD	\$1,400 / \$2,800	\$10	\$35 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Basic 2500 HMO 94% CSR	\$250 / \$500	\$10 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	40% AD	30% AD	\$600 / \$1,200	\$10	\$30 AD	30% AD	30% AD	30% AD	\$150 / \$300
S	Silver Preferred 3200/35/60 HMO	\$3,200 / \$6,400	\$35	\$60	\$60	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$7,150 / \$14,300	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Preferred 3200/35/60 HMO 73% CSR	\$3,000 / \$6,000	\$35	\$60	\$60	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$4,600 / \$9,200	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Preferred 3200/35/60 HMO 87% CSR	\$1,150 / \$2,300	\$35	\$60	\$60	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$1,700 / \$3,400	\$15	\$45 AD	30% AD	30% AD	30% AD	\$200 / \$400
S	Silver Preferred 3200/35/60 HMO 94% CSR	\$400 / \$800	\$25	\$40	\$60	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$750 / \$1,500	\$10	\$35 AD	30% AD	30% AD	30% AD	\$150 / \$300
S	Silver Preferred 3800/40/65 HMO	\$3,800 / \$7,600	\$40	\$65	\$65	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$6,000 / \$12,000	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Preferred 3800/40/65 HMO 73% CSR	\$3,000 / \$6,000	\$35	\$60	\$65	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$4,600 / \$9,200	\$15	\$45 AD	30% AD	30% AD	30% AD	\$250 / \$500
S	Silver Preferred 3800/40/65 HMO 87% CSR	\$1,150 / \$2,300	\$35	\$60	\$65	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$1,700 / \$3,400	\$15	\$45 AD	30% AD	30% AD	30% AD	\$200 / \$400
S	Silver Preferred 3800/40/65 HMO 94% CSR	\$400 / \$800	\$25	\$40	\$65	20% AD	\$0	20% AD	Not Covered	30% AD	20% AD	\$750 / \$1,500	\$10	\$35 AD	30% AD	30% AD	30% AD	\$150 / \$300
S	Silver Standard 3500/30/65 HMO	\$3,500 / \$7,000	\$30	\$65	\$75	20% AD	\$0	20% AD	Not Covered	\$400 CP / AD ⁸	20% AD	\$7,150 / \$14,300	\$15	\$50	\$100	40%	40%	\$0 / \$0
S	Silver Standard 3500/30/65 HMO 73% CSR	\$3,000 / \$6,000	\$30	\$65	\$75	20% AD	\$0	20% AD	Not Covered	\$300 CP / AD ⁸	20% AD	\$5,700 / \$11,400	\$10	\$50	\$100	40%	40%	\$0 / \$0
S	Silver Standard 3500/30/65 HMO 87% CSR	\$700 / \$1,400	\$10	\$25	\$40	20% AD	\$0	20% AD	Not Covered	\$150 CP / AD ⁸	20% AD	\$2,000 / \$4,000	\$5	\$25	\$50	30%	30%	\$0 / \$0
S	Silver Standard 3500/30/65 HMO 94% CSR	\$250 / \$500	\$5	\$15	\$25	5% AD	\$0	5% AD	Not Covered	\$100 CP / AD ⁸	5% AD	\$1,250 / \$2,500	\$3	\$5	\$10	25%	25%	\$0 / \$0

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Find the Piedmont plan that's right for you.



On the Piedmont website at www.pchp.net

- *Compare our plans at your convenience*
- *Done in the privacy of your home*
- *Safe and secure online connection*

With your local insurance broker or agent

- *Knowledgeable assistance*
- *Takes care of enrollment*
- *Reminds you about renewing*



Or at healthcare.gov

- *A full list of available plans*
- *Many website improvements*
- *Ability to review associated Affordable Care Act laws*



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