

Analysis of Rehabilitation and Habilitation Benefits In Qualified Health Plans

Prepared for the American Occupational Therapy Association (AOTA) by
Stateside Associates

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About AOTA

The American Occupational Therapy Association (AOTA) is the national professional association established in 1917 to represent the interests and concerns of occupational therapy practitioners and students of occupational therapy and to improve the quality of occupational therapy services.

AOTA represents 213,000 occupational therapy practitioners and students in the United States.

AOTA's major programs and activities are directed toward assuring the quality of occupational therapy services, improving consumer access to health care services, and promoting the professional development of members.

AOTA educates the public and advances the profession by providing resources, setting standards, and serving as an advocate to improve health care. AOTA is based in North Bethesda, MD. For more information, please visit www.aota.org.

About Stateside Associates

Stateside Associates is the largest state and local government affairs firm. Since 1988, the Stateside team has worked across the 50 states and in many local governments on behalf of dozens of companies, trade associations, and government and nonprofit clients. Long regarded as the industry leader in state and local government affairs, Stateside Associates helps its clients recognize more success from their programs by contributing experience, nationwide relationships, and well-honed skills as issue managers.

Introduction

Since the fall of 2014, the American Occupational Therapy Association (AOTA) has released reports surveying the health plans and Summaries of Benefits and Coverage (SBCs) offered in state-based and federally facilitated marketplaces across the country relating to the coverage of rehabilitation and habilitation services.^{1 2}The findings of these reports led to the following conclusions: (1) Consumers in many cases do not have access to adequate information about rehabilitation and habilitation benefits in qualified health plans (QHPs) to make informed choices; and (2) Insurance carriers in many cases seem to not be complying with the essential health benefit (EHB) benchmark standards for coverage of rehabilitative and habilitative services.

Our initial report showed that very few plans (fewer than 9% examined) clearly outlined for the consumer information regarding the number of visits covered under the rehabilitation and habilitation benefit; whether the deductible had to be met before the rehabilitation and/or habilitation coverage would take effect; and whether the core therapies³ were covered. Since that time, the number of plans clearly relating this information has grown to 45%; still less than half.

After our 2014 report was issued, AOTA took these findings to the National Association of Insurance Commissioners' (NAIC) workgroup tasked with recommending revisions to the SBC templates, instructions, and uniform glossary in response to the proposed rule on the SBC, which was issued jointly by the Centers for Medicare & Medicaid Services (CMS) and the Departments of Labor and the Treasury in December 2014. AOTA also shared these findings with the agencies during the public comment period on the proposed rule.

¹ The American Occupational Therapy Association, Analysis of Rehabilitation and Habilitation Benefits in Qualified Health Plans (2014). Retrieved from <http://www.aota.org/~media/Corporate/Files/Advocacy/Health-Care-Reform/Essential-Benefits/EHB-research-project.pdf>

² The American Occupational Therapy Association, Analysis of Rehabilitation and Habilitation Benefits in Qualified Health Plans (2016). Retrieved from <https://www.aota.org/~media/Corporate/Files/Advocacy/Health-Care-Reform/Essential-Benefits/Analysis-of-Rehabilitation-and-Habilitation-Benefits-in-Qualified-Health-Plans.pdf>

³ The therapies listed in the National Association of Insurance Commissioners' definitions, which were created for a consumer glossary of insurance terms, include the following: rehabilitation—physical therapy, occupational therapy, speech-language pathology, and psychiatric rehabilitation; habilitation—physical therapy, occupational therapy, and speech-language pathology. For purposes of the 2016 and 2019 analysis, psychiatric rehabilitation was not considered as a core rehabilitation therapy.

A final rule was completed⁴ in June 2015. However, the agencies delayed issuing the revised template until they received further input from NAIC.⁵ The agencies released a proposed SBC template and a proposed uniform glossary for comment in February 2016, and in April 2016 CMS posted the final SBC template and sample completed SBC, along with instructions for filling out the SBC and an updated uniform glossary of health coverage and medical terms. The revised SBC and related materials present clearer information about rehabilitative and habilitative services. The instructions now require plans to list the core therapies (physical therapy, occupational therapy, and speech-language pathology), and any quantitative limits on those therapies, on every SBC for the Rehabilitation and Habilitation rows. The revised SBC has new features that make it clearer when the deductible applies to therapy and other covered services.

AOTA and other health care organizations advocated in favor of many of the changes addressing rehabilitative and habilitative benefits, in particular that:

- Physical therapy, occupational therapy, and speech therapy—the therapies listed in the Uniform Glossary definitions of habilitation and rehabilitation services—must always be listed in the Limitations, Exceptions, & Other Important Information column for “Habilitation services” and “Rehabilitation services.”
- Quantitative limits (e.g., number of days, hours, or visits covered) on physical therapy, occupational therapy, and speech therapy must always be specified under Limitations, Exclusions, & Other Important Information.
- Non-coverage of habilitative services must be shown in the Services Your Plan Generally Does Not Cover box as well as in the Common Medical Events chart. They should be considered an “excluded service” and listed under Services Your Plan Generally Does Not Cover if a participant has to pay 100% in-network.
- The template has features that help clarify the applicability of the deductible: the new Important Question, “Are there services covered before you meet your deductible?” and a text bar above the Common Medical Events chart stating that all cost-sharing amounts in the chart are after the deductible has been met.

The SBC is used in all health plans, including small and large group plans, as well as self-funded and fully insured plans and grandfathered plans. Nevertheless, one notable exception to the use of the SBC template are short-term, limited-duration plans. Prior to 2017, state benchmark plans were based on 2012 plans with the benchmark adjusted to include all 10 EHBs. The

⁴ United States Department of Labor, 45 CFR Part 147; Summary of Benefits and Coverage and Uniform Glossary (2016). Retrieved from <https://www.govinfo.gov/content/pkg/CFR-2018-title45-vol1/xml/CFR-2018-title45-vol1-part147.xml>

⁵ Centers for Medicare & Medicaid Services, The Center for Consumer Information & Insurance Oversight (2015). Retrieved from https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs24.html

current SBC template and associated documents went into effect on the first day of the first open enrollment period that began April 1, 2017.⁶

This is the first report reflecting a review of plans since the current SBC went into effect in 2017. Accordingly, as with our report in 2016, we reviewed a broader section of plans for compliance with the standard, specifically all of the Silver plan SBC documentation available for the 2019 plan year in targeted states.⁷

Methodology Overview

As in 2016, we focused our research on a comprehensive review of selected states, including some that were identified in the previous report as having plan SBCs out of compliance with their respective state's benchmark plans. We selected other states from different regions of the country, a mix of larger and smaller states, and states with different types of marketplaces to ensure a diverse sample. Our research focused on reviewing silver-level plans within 24 states and the District of Columbia. The following states, plus the District of Columbia, were chosen for review: Arkansas, Arizona, California, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, New York, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, and Wyoming. We identified 677 plans, and 5 data points were selected as the core information sought by the project.⁸ SBCs were evaluated to determine whether there was any variation between the different plans offered by each carrier for each of the five core data points. The research was conducted to build upon previous reports, in order to provide an update and identify any statistical significance among the core data points. For a more detailed methodological discussion, please refer to Appendix 1.

Summary

The findings and conclusions that have been made in our research draw an improved but similar landscape to the findings of our previous reports. While informational consistency has improved, consumers still lack critical information regarding rehabilitation benefits, and to a larger degree habilitation benefits, to make informed decisions while shopping for coverage in the marketplaces. In many instances, QHPs are still not clearly complying with the EHB benchmark standards for rehabilitation and habilitation coverage. Unlike in previous reports, the vast majority of plans are no longer combining the rehabilitation and habilitation benefits in

⁶ Centers for Medicare & Medicaid Services, Departments Finalize New Version of the Summary of Benefits and Coverage (2016). Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-06.html>

⁷ Targeted states include: Arkansas, Arizona, California, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, New York, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, and Wyoming.

⁸ The five core points were (1) therapies covered for rehabilitation, (2) therapies covered for habilitation, (3) visit limits for rehabilitation, (4) visit limits for habilitation, and (5) whether the deductible had to be met before the benefit began.

their SBCs, as they were prohibited from doing beginning in January of 2017. Nevertheless, some plans are still tying the specific benefit or utilization review to age status.

Key Findings

- **SBCs still lack critical information regarding rehabilitation and habilitation services for consumers to make informed decisions (see Figure 1).**

One of the key findings in previous reports was that inadequate information is available in the Summary of Benefits and Coverage document about rehabilitation and habilitation services for consumers to make informed choices about which plan to select. While the most recent research leads to the same conclusion, clarity regarding the applicability of the deductible for rehabilitation and habilitation has continued to improve. Of the 677 plans reviewed, only ~45% contained all the characteristics consumers need to make informed decisions about their coverage. (See Figure 1 below). The vast majority of SBCs (~95%) included clear language regarding whether or not a beneficiary would need to meet their deductible before rehabilitation or habilitation coverage would take effect (Figure 2). However, fewer than half of plans (~48%) listed the core therapies identified in the NAIC's definitions of rehabilitation and habilitation as being covered. This percentage increases to ~57% (Figure 3) if only considering the rehabilitation benefit. ~68% of plans made the visit limit clear for both rehabilitation and habilitation. This percentage is increased to ~70% (Figure 4) if only considering the visit limits for the rehabilitation benefit alone.

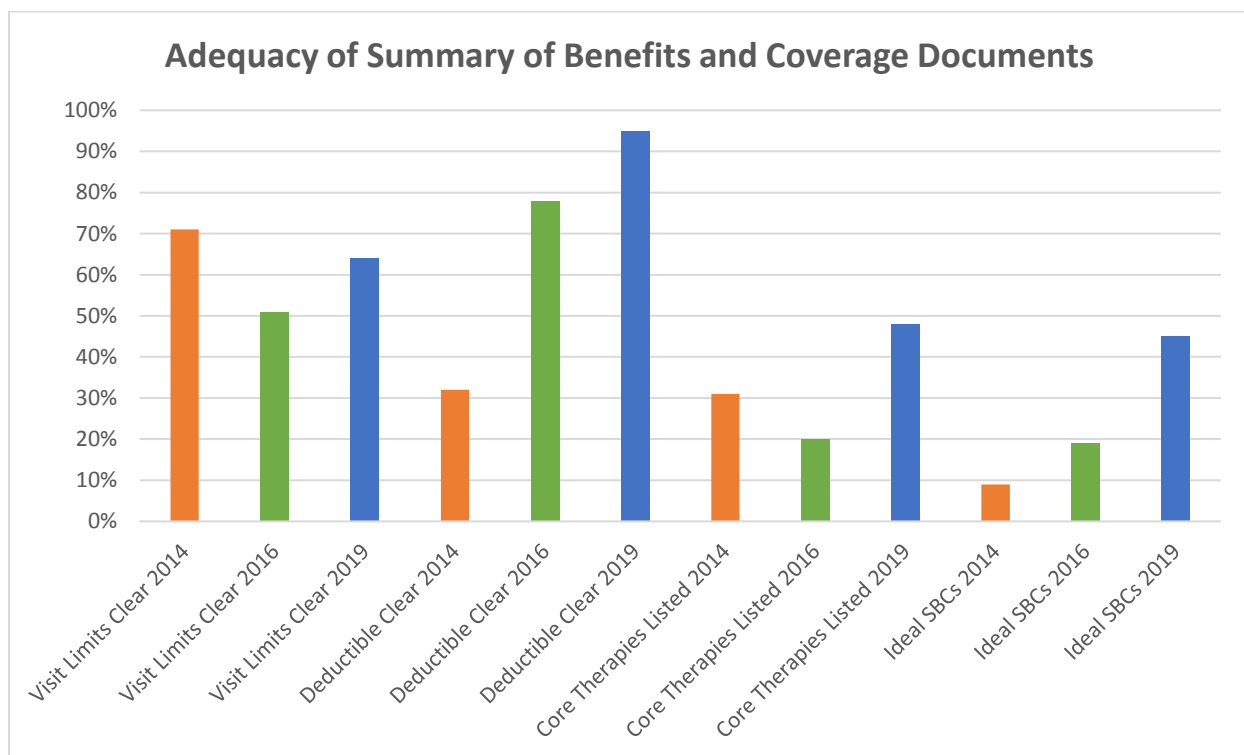


Figure 1

There has been improvement from the original report, in particular in the disclosure of deductibles and in the provision of information relating to habilitation benefits. Still, the majority of SBCs are unclear when it comes to enabling consumers to clearly evaluate, understand, and compare covered services.

- **Understanding the applicability of the deductible for rehabilitation and habilitation services has improved; however, meeting the standard of clarity varies among benefits (see Figure 2).**

Clarity as to whether a deductible must be met for rehabilitation or habilitation coverage is the biggest improvement from the original report. A majority of QHPs (~75%) make it clear that the deductible must be met. For consumers, the applicability of the deductible for a QHP poses many financial concerns. Figure 2 illustrates that for consumers who expect or need rehabilitation and/or habilitation services, the overwhelming majority of plans require that the deductible must be met.

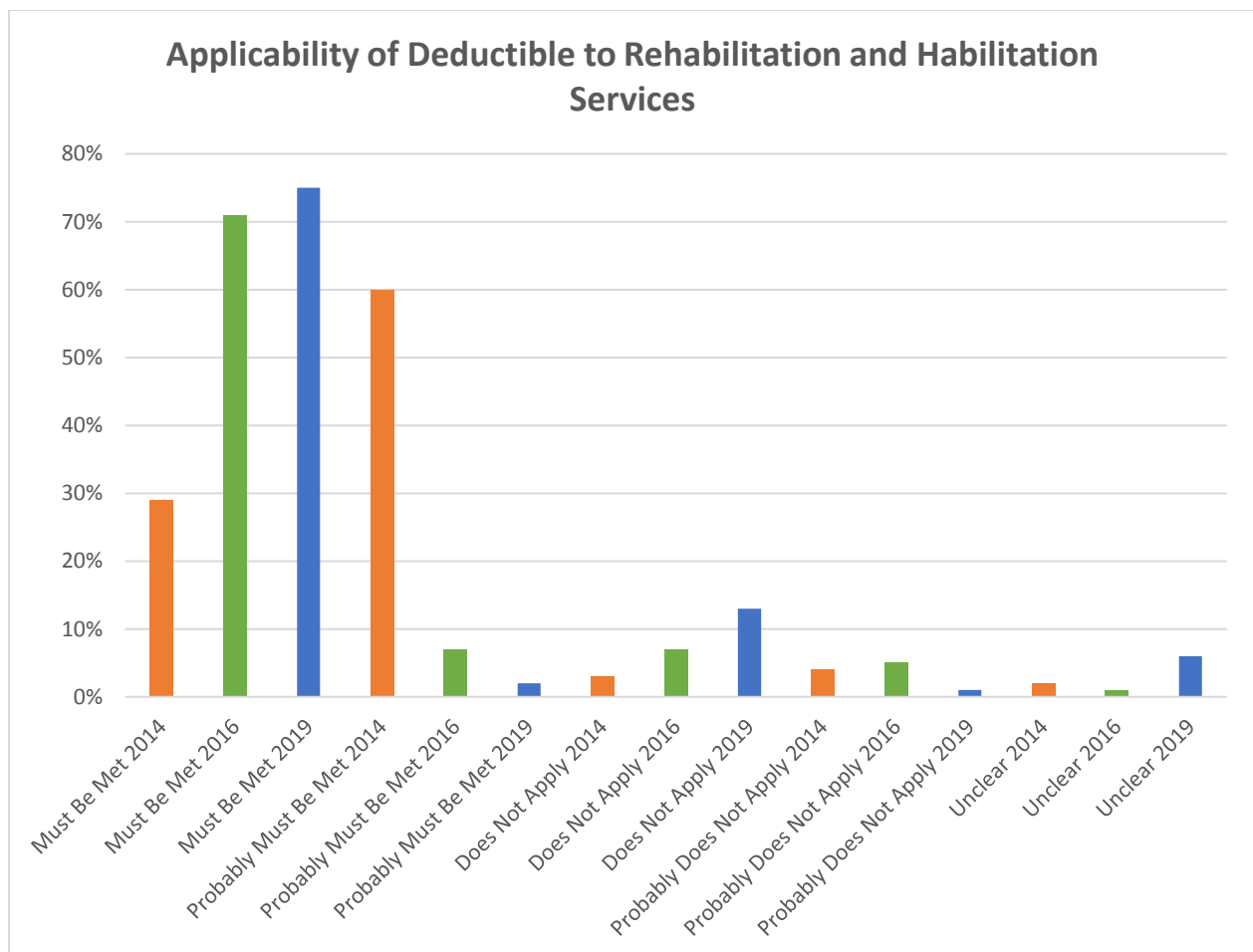


Figure 2

Few QHPs were unclear (≈3%) in regard to clearly stating whether a deductible probably needed to be met or probably did not apply. Even fewer plans (≈less than 1%) made a distinction of applying the deductible to one benefit or the other (i.e., it was clear that the deductible must be met for rehabilitation but unclear for habilitation, and vice versa). Additionally, within this category were plans that tied the deductible to specific therapies, settings, and/or providers. Unfortunately, more plans reviewed (≈5%) made this information totally obscure (unclear or outlier) for the consumer. Taking into consideration that the average deductible in a silver-level plan is \$2,559, consumers have to weigh the financial implications to determine whether certain benefits are affordable.⁹

➤ **Basic information about rehabilitation and habilitation benefits is often absent or unclear (see Figures 3 and 4).**

While progress has been made clarifying the applicability of the deductible, the QHPs are still deficient in providing the necessary information for consumers to determine what therapies are in fact covered and what, if any, visit limits are bound to the benefit. Clearly understanding what services are available while choosing a plan is critical, especially for those who rely on services to remain mobile, functional, and independent. Fewer than 60% of plans reviewed clearly listed the therapies covered under their rehabilitation benefit. Even more disconcerting was that only 50% of plans reviewed listed their therapies under their habilitation benefit (see Figure 3 below).

⁹ Caroline Pearson, Elizabeth Carpenter, and Chris Sloan, Avalere, Plans with More Restrictive Networks Comprise 73% of Exchange Market. Retrieved from <https://avalere.com/press-releases/plans-with-more-restrictive-networks-comprise-73-of-exchange-market>

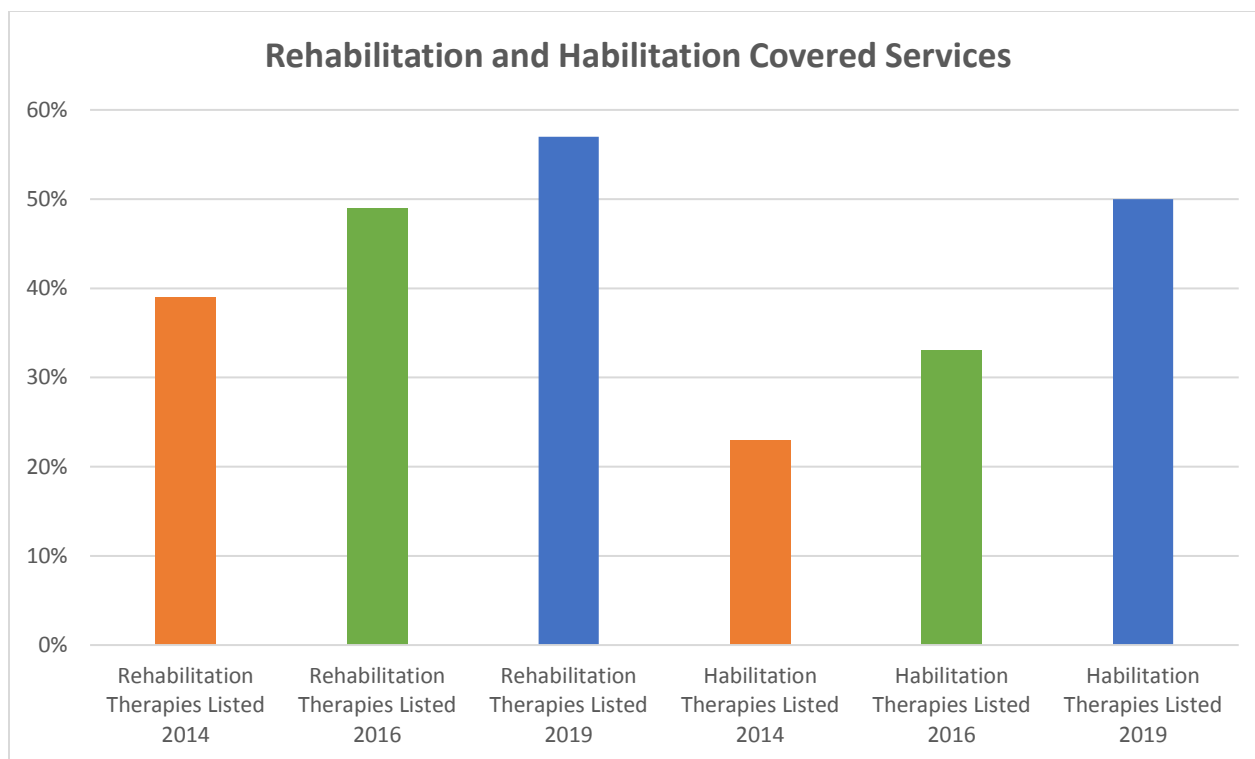


Figure 3

QHPs were overall worse in presenting information regarding quantitative limits (e.g., number of days, hours, visits) (see Figure 4 below). Additionally, there remains a disparity in clarity regarding the limits for rehabilitation and habilitation. Quantitative limits were 8% more likely to be presented for rehabilitation than for habilitation. Since the January 2017 prohibition on combined limits on both rehabilitation and rehabilitative services¹⁰, very few plans (fewer than 1%) appear to potentially impose a combined benefit.

Similarly, fewer than 1% of the QHPs' SBC still include a description of coverage of habilitative services that contain references to age limits and/or health status. Compared with the 2014 report, where approximately 14% of QHPs reviewed contained these references, this is a marked improvement.

¹⁰ Department of Health and Human Services, 45 CFR Parts 144, 147, 153, et al.; Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016; Final Rule (2016). Retrieved from <https://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf>

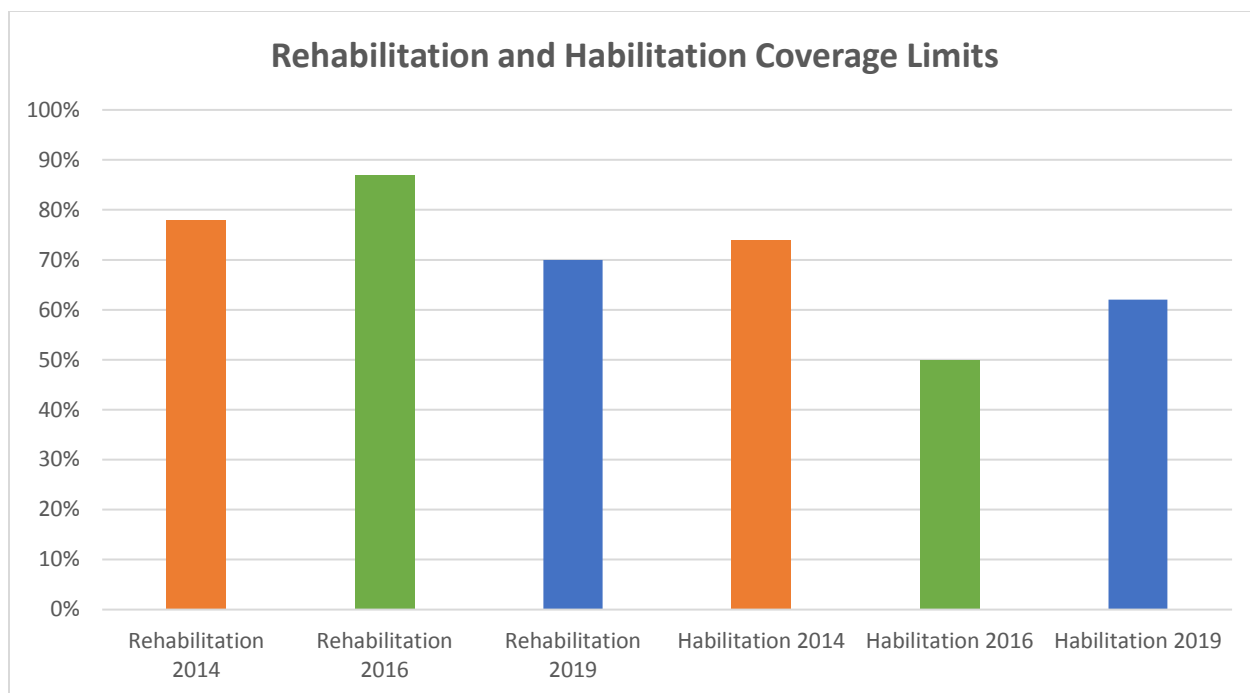


Figure 4

One of the key findings in the 2014 report stated that some QHPs' rehabilitative and/or habilitative services were not likely meeting the standards established by the respective state's benchmark plan. While this survey did not address whether plans delivered benefits that were not to the standard of the state's benchmark plan, the survey did identify examples of SBC documentation that was not consistent with the existing benchmark, or that did not provide information sufficient to determine compliance with the standard. The data collected in this current sample indicated that this point likely still holds true, since there are still a significant number of plans not explicitly listing quantitative limits. However, of those QHPs reviewed that listed visit limits, very few did not match the respective state's benchmark plan.

- **QHPs coverage of rehabilitation and/or habilitation services is still not meeting the standards established by the state's benchmark plan.**

Example 1: Florida

Florida's EHB benchmark plan sets a limit of 35 outpatient rehabilitation visits per year or benefit period.¹¹ Habilitation services are covered, but there is no quantitative limit specified. This is a change from 2016, when habilitation services were not covered.

¹¹ Florida EHB Benchmark Plan (CCIIO Summary). Retrieved from <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-Florida-Benchmark-Summary.pdf>

Florida Benchmark Requirements

Rehabilitation	Habilitation
35 visits per year/benefit period	No quantitative limit

Florida QHP 1¹²

While most of Florida's QHPs meet the benchmark standards regarding visits, others do not. Habilitation services that do not have a quantifiable limit in the state benchmark sometimes have specified limits for coverage in 2019 plans. For example, the following plan places a 35-visit limit on both rehabilitation and habilitation services.

Services You May Need	Your Cost if You Use a Participating Provider	Your Cost if You Use a Non-Participating Provider	Limitations & Exceptions
Rehabilitation services	10% coinsurance after deductible	Not covered	35 visits per year, per condition
Habilitation services	10% coinsurance after deductible	Not covered	35 visits per year, per condition

Florida QHP 2¹³

In comparison, QHP 2 is in line with the benchmarks regarding visits, but the core therapies are not listed. Neither plan would cover enrollees for services by an out-of-network provider.

Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
Rehabilitation services	Physician Office: \$65 Copay per Visit/ Outpatient Rehab Center: Deductible + 20% Coinsurance	Not covered	Coverage limited to 35 visits, including 35 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.

¹² Health First Health Plans, Inc.: Florida Hospital GYM ACCESS Silver HMO 90 1684. Retrieved from https://hf.org/applications/sbc/sbc_6744AE8A-D956-0302-3D2581D346D1F6C7.pdf

¹³ Health Options, Inc. BlueCare Silver 1766S. Retrieved from <http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1766S.pdf>

Habilitation services	Physician Office: \$65 Copay per Visit/ Outpatient Rehab Center: Deductible + 20% Coinsurance	Not covered	Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
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Example 2: New York

The New York State benchmark plan establishes a 60-visit limit on rehabilitation and habilitation services.¹⁴ The benchmark plan clarifies that speech and physical therapy are only covered following a hospital stay or a surgical procedure. For habilitation services, the benchmark plan specifies coverage for “Services consisting of physical therapy, speech therapy, and occupational therapy, in the outpatient department of a Facility or in a Health Care Professional’s office.”¹⁵

New York Benchmark Requirements

Rehabilitation	Habilitation
60 visits per condition per combined	60 visits per condition per lifetime combined

New York QHP 1¹⁶

A noticeable change from the 2016 plans is that an overwhelming majority of New York plans now meet the state benchmark and specify a limit. In 2016, many plans did not specify limits. The following 2016 example sets no limitations for visits for either rehabilitation or habilitation services, nor are core therapies listed out. It is implied, however, that these services would be covered. A common issue in 2016 was that many of these plans would not cover services provided by an out-of-network provider.

Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
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¹⁴ New York EHB Benchmark Plan (CCIIO Summary). Retrieved from <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-New-York-Benchmark-Summary.pdf>

¹⁵ Ibid

¹⁶ Empire BCBS: HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 25. Retrieved from http://statelink.stateside.com/Attachments/32990_Empire%20HMO%202000%20X,%20Silver,%20ST,%20INN,%20Pediatric%20Dental,%20Dep%2025_NY_HMO_Individual_1H1R.pdf

Rehabilitation services	30% copay per visit then 0% coinsurance	Not covered	-----none-----
Habilitation services	30% copay per visit then 0% coinsurance	Not covered	-----none-----

New York QHP 2¹⁷

In contrast, many QHPs in New York meet the state benchmark limits with specified limits for both rehabilitation and habilitation. Below is a typical plan in New York. Unchanged from 2016, many plans have no coverage for out-of-network providers.

Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
Rehabilitation services	\$30 copay/visit subject to deductible	Not covered	60 visits per condition, per year, combined therapies. Preauthorization is required. If you don't get preauthorization, payment for care may be denied.
Habilitation services	\$30 copay/visit subject to deductible	Not covered	60 visits per condition, per year, combined therapies. Preauthorization is required. If you don't get preauthorization, payment for care may be denied.

New York QHP 3¹⁸

The following is an example of a plan that falls short of the New York State benchmark plan. Rehabilitation and habilitation services appear to be combined in the SBC. Once again, out-of-network services are not covered.

¹⁷ Oscar: Classic Silver Plan Retrieved from https://d3ul0st9g52g6o.cloudfront.net/2020/NY/sbc/2020_74289NY277000701.pdf

¹⁸ MVP Health Plan, Inc.: MVP Silver 2 NS. Retrieved from <https://www.nyhealthinsurer.com/insurance/pdfs/plans/3563>

Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
Rehabilitation Services/Habilitation Services	\$70 copay/visit Deductible applies	OP ReHab: Not covered IP ReHab: Not covered	OP ReHab: 54 visits per condition/year combined therapies IP ReHab. 60 days per Plan Year Combined Therapies

Example 3: Maryland

Maryland's EHB benchmark plan sets a limit of 30 outpatient rehabilitation visits each per injury or illness per benefit period for occupational therapy, physical therapy, and speech therapy.¹⁹ Habilitation services are covered and have the same limits as rehabilitative visits.

Maryland's Benchmark Requirements

Rehabilitation	Habilitation
30 visits each per injury or illness per benefit period for OT, PT, and ST.	30 visits each per injury or illness per benefit period for OT, PT, and ST.

Maryland QHP 1²⁰

All of the collected QHPs in Maryland meet the benchmark standards regarding visits, with the exception of one provider that is unclear on what services are covered.

Services You May Need	Your Cost if You Use a Participating Provider	Your Cost if You Use a Non-Participating Provider	Limitations & Exceptions
Rehabilitation services	Provider: Deductible, then \$40 copay per visit Hospital Facility: Deductible, then \$100 copay per visit	Provider & Hospital Facility: Not Covered	If a service is rendered at a Hospital Facility, prior authorization is required, and the additional Facility charge may apply; 30 visits/therapy type/condition/benefit period

¹⁹ Maryland EHB Benchmark Plan (CCIIO Summary). Retrieved from <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-Maryland-Benchmark-Display-Summary.pdf>

²⁰ CareFirst BCBS Blue Choice, BlueChoice HMO Value Silver \$2,250 retrieved from <https://content.carefirst.com/sbc/AHHMCN05RXCMCN31N012019.pdf>

Habilitation services	Provider: Deductible, then \$40 copay per visit Hospital Facility: Deductible, then \$100 copay per visit	Provider & Hospital Facility: Not Covered	Prior authorization is required; If a service is rendered at a Hospital Facility, the additional Facility charge may apply; Benefits available for Member age 19 and older are limited to 30 visits/therapy type/condition/benefit period
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Maryland QHP 2²¹

By comparison, QHP 2 is not clear regarding the limits of the services provided given that it applies a copay arrangement. Neither plan would cover enrollees for services by an out-of-network provider.

Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
Rehabilitation services	\$50 copay/visit; deductible does not apply	Not covered	None
Habilitation services	\$50 copay/visit; deductible does not apply	Not covered	None

Example 4: Massachusetts

Massachusetts' EHB benchmark plan sets a limit of a combined 60 outpatient rehabilitation visits for occupational therapy and physical therapy.²² Habilitation services are covered but do not have any quantitative limits.

Massachusetts' Benchmark Requirements

Rehabilitation	Habilitation
30 visits each per injury or illness per benefit period for OT, PT, and ST.	No quantitative limits.

²¹United Healthcare, Signature Value Advantage HMO Silver 50-75/40%/2250ded retrieved from <http://www.uhctogether.com/casb/assets/pdf/33899.pdf>

²² Massachusetts EHB Benchmark Plan (CCIIO Summary). Retrieved from <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-Massachusetts-Benchmark-Summary.pdf>

Massachusetts' QHP 1²³

Most of the collected QHPs in Massachusetts meet the benchmark standards regarding visits.

Services You May Need	Your Cost if You Use a Participating Provider	Your Cost if You Use a Non-Participating Provider	Limitations & Exceptions
Rehabilitation services	Physical/Occupational Therapy: Level 2: \$60 copay/visit; deductible does not apply to Speech Therapy: Level 2: \$60 copay/ visit; deductible does not apply	Not Covered	Physical & Occupational Therapy—60 combined visits/Plan Year
Habilitation services	Physical/Occupational Therapy: Level 2: \$60 copay/visit; deductible does not apply	Not Covered	Physical & Occupational Therapy—60 combined visits/Plan Year

Massachusetts QHP 2²⁴

In comparison, QHP 2 is not compliant with the benchmark. Neither plan would cover enrollees for services by an out-of-network provider.

Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
Rehabilitation services	\$55 copay/visit per treatment type. Deductible does not apply.	Not covered	Limited to 2 months or 25 visits, whichever is greater, per condition, per calendar year for physical or

²³ Harvard Pilgrim Health Care, Standard Silver

https://www.harvardpilgrim.org/portal/page?_pageid=213,13020053&_dad=portal&_schema=PORTAL

²⁴Health New England, HMO Silver A Connector, retrieved from

https://www.healthnewengland.org/Portals/_default/Shared%20Documents/plans/2019_HNE_Connector_HMO_Silver_A_SBC.pdf

			occupational therapy. Prior approval is required for speech therapy after the initial evaluation
Habilitation services	\$55 copay/visit per treatment type. Deductible does not apply	Not covered	Early intervention services covered for children from birth to age 3 with no member cost sharing.

Conclusion

Overall, since 2014, QHPs have exhibited progress in ensuring that consumers can easily understand and evaluate their rehabilitation and habilitation coverage while shopping for plans in the marketplace. This progress has extended to insurance carriers holding the same standards of clarity and coverage for the habilitation benefit as they do for the rehabilitation benefit.

Nevertheless, there are still substantial shortfalls, and oversight and enforcement of finalized regulations need to be enhanced for consumers to better evaluate and make fully informed decisions regarding their health care coverage. As plans look to make changes to their SBC documentation in advance of the new standards for the 2021 plan year,²⁵ it would be beneficial to see additional guidance in advance of those changes.

AOTA believes that changes that clarify the application of limits on rehabilitative and habilitative treatment are vital. The instructions for “If you need help recovering” directions should be revised to state unambiguously that PT/OT/ST must always be listed in the Limitations & Exceptions column, along with information on quantitative limits (or lack thereof). Furthermore, instructions and sample completed SBCs should not combine the Rehabilitation and Habilitation rows into a single section under the Limitations & Exceptions column, but instead show separate rows.

²⁵ Department of Labor SBC Instructions for plans years 2021 and later:
<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-instructions-for-completing-the-group-health-plan-coverage-new.pdf>

Appendix 1: Detailed Methodology

Overview

For a summary of the research methodology, please see the overview at the beginning of the report (page 3). The data collected for the 2014 report was done in two stages and reflective of silver level plans in all 50 states and the District of Columbia. The 2014 report identified 270 carriers in the 50 states and the District of Columbia. As in 2016, we opted in 2019 to conduct a comprehensive review of 24 states and the District of Columbia. As previously discussed, we focused our research on a more comprehensive review of selected states, including some that were identified in the previous report as having plan SBCs out of compliance with their benchmark plans. We selected other states from different regions of the country, a mix of larger and smaller states, and states with different types of marketplaces to ensure a diverse sample. The following states, plus the District of Columbia, were therefore chosen for review: Arkansas, Arizona, California, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, New York, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, and Wyoming. In the 2019 set of jurisdictions we identified 677 plans (down from 724 in 2016) and the following core data points: (1) therapies covered for rehabilitation, (2) therapies covered for habilitation, (3) visit limits for rehabilitation, (4) visit limits for habilitation, and (5) whether the deductible had to be met before the benefit began. Additional information was also collected regarding cost sharing and plan design.

How were SBCs acquired?

The SBCs were acquired in one of three places, and in the following order:

1. The federal database housed at the following link:
<https://data.healthcare.gov/download/m2uk-wyvh/application%2Fvnd.openxmlformats-officedocument.spreadsheetml.sheet>
2. Through state-run marketplace websites
3. From insurance carriers' websites

Where is the data underlying the report's findings kept?

AOTA has entered the data into a spreadsheet. A set of that data is available in Appendix 2.

What do the abbreviations in the summary chart refer to, and what other conventions may require interpretation?

There is an abbreviations key in Appendix 4. However, a number of other conventions for how the data was entered must be known to understand it, including the following:

1. If slashes are used between the abbreviations for the therapies (e.g., OT/PT/ST), then any numerical limit associated with those therapies (e.g., an annual visit limit represented by the number 30) applies to all of those therapies combined. Therefore, if a plan beneficiary were to visit an occupational therapist three times, a physical therapist five times, and a speech therapist 10 times, and the plan covers 30 OT/PT/ST, then the beneficiary has only 12 visits left for all those therapies. In other words, using three OT visits does not mean the beneficiary has 27 visits for OT left, because the visit limit applies to all the therapies together and 15 visits were used to access the other therapies.
2. In contrast to the example above, if commas are used to separate the abbreviations for the therapies (e.g., OT, PT, ST), then any numerical limit associated with those therapies (e.g., 30 annual visits) applies to each of those therapies. Therefore, 90 total therapy visits are covered of 30 OT, 30 PT, and 30 ST when the benefits are represented in this way.
3. In most cases, the data collected refer to outpatient services. Unless otherwise indicated, that should be assumed.
4. Numerical limits can be assumed to represent “visits” unless otherwise described (e.g., by “hours” or “days”).
5. Semicolons are sometimes used to separate data representative of significantly different things such as outpatient versus inpatient (abbreviations should help clarify such separations).
6. “Combined with rehab,” or something similar, will frequently appear in the habilitation column. That is intended to describe the fact that a visit limit is shared for rehabilitative and habilitative services. In other words, if rehabilitation coverage consists of 30 OT/PT/ST and habilitation coverage is combined with rehabilitation coverage, then a beneficiary has reduced his or her rehabilitation coverage limit by one visit when he or she accesses habilitative services for one visit. This data point is likely to be error prone, because there are instances when it’s open to interpretation.
7. Question marks sometimes appear after various data entries to indicate there was some level of uncertainty about that entry.
8. “Yes” and “no” appear in the deductible column to indicate that “yes,” the deductible must be met before the rehabilitation and habilitation coverage takes effect, or “no” the deductible does not apply. Often, a question mark accompanies the “yes” or “no” to indicate some level of uncertainty (and generally, unless it was completely clear, it was treated as uncertain). It should be noted that looking at any particular plan may lead one to believe there is no uncertainty about the applicability of the deductible, but based on significant variation encountered when looking at the data in aggregate, it was determined that such assumptions may not be as reliable as they seem in isolation. A slash appearing in the deductible column means there are differences for in-network and out-of-network coverage (unless otherwise specified).

Appendix 2: QHP Raw Data Summary Chart

State	Issuer or Association [Entity], i.e. BCBS [Highmark]	Plan Name	Must Deductible Be Met Before Benefit Begins?	Rehabilitation Coverage Limits (Visits)	Habilitation Coverage Limits (Visits)	Other Limits?
AR	Celtic Insurance Co.	Ambetter Balanced Care 7 (2019)	Yes	30 PT/OT/ST/Chiro Combined	30 visits outpatient, 180 hours of developmental services	
AR	Celtic Insurance Co.	Ambetter Balanced Care 6 (2019)	Yes	30 PT/OT/ST/Chiro Combined	30 visits outpatient, 180 hours of developmental services	
AR	Celtic Insurance Co.	Ambetter Balanced Care 11 (2019)	Yes	30 PT/OT/ST/Chiro Combined	30 visits outpatient, 180 hours of developmental services	
AR	Celtic Insurance Co.	Ambetter Balanced Care 4 (2019)	Yes	30 PT/OT/ST/Chiro Combined	30 visits outpatient, 180 hours of developmental services	
AR	Celtic Insurance Co.	Ambetter Balanced Care 7 (2019) + Vision + Adult Dental	Yes	30 PT/OT/ST/Chiro Combined	30 visits outpatient, 180 hours of developmental services	
AR	Celtic Insurance Co.	Ambetter Balanced Care 6 (2019) + Vision + Adult Dental	Yes	30 PT/OT/ST/Chiro Combined	30 visits outpatient, 180 hours of developmental services	
AR	USABLE Mutual Insurance Company	Silver Plan AW1	Yes	Outpatient: 30 visits/ person/calendar year Inpatient: services limited to 60 days/person/calendar year	30 visits outpatient, 180 hours of developmental services	Coverage requires prior approval; Out of network not covered
AR	USABLE Mutual Insurance Company	Silver Plan 1	Yes	Outpatient: 30 visits/person/ calendar year Inpatient: 60 days/person/calendar year	30 visits outpatient, 180 hours of developmental services	Prior approval; Out of network not covered; 2 visits free before copay in-network for outpatient
AR	USABLE Mutual Insurance Company	Silver Plan HSA1	Yes	Outpatient: 30 visits Inpatient: 60 days/person/calendar year	30 visits outpatient, 180 hours of developmental services	Prior approval; Out of network not covered; 2 visits free before copay in-network for outpatient

AR	USable Mutual Insurance Company	Silver Plan AWM1	Yes	Outpatient: 30 visits Inpatient: 60 days/person/calendar year	30 visits outpatient, 180 hours of developmental services	Prior approval; Out of network not covered; 2 visits free before copay in-network for outpatient
AR	USable Mutual Insurance Company	Silver Plan 2	Yes	Outpatient: 30 visits Inpatient: 60 days/person/calendar year	30 visits outpatient, 180 hours of developmental services	Prior approval; Out of network not covered; 2 visits free before copay in-network for outpatient
AR	USable Mutual Insurance Company	Silver Plan 4	Yes	Outpatient: 30 visits Inpatient: 60 days/person/calendar year	30 visits outpatient, 180 hours of developmental services	Prior approval; Out of network not covered; 2 visits free before copay in-network for outpatient
AR	QualChoice Life & Health Insurance Company, Inc.	Silver 6500	No	Outpatient: 30 for PT/OT/ST combined with Chiro	30 visits per calendar year for PT/OT/ST combined with Chiro	Outpatient Only Requires pre-authorization; Out of Network not covered
AR	QCA Health Plan, Inc.	Silver Classic 6500	No	Outpatient: 30 for PT/OT/ST combined with Chiro	Outpatient: 30 for PT/OT/ST combined with Chiro	Outpatient Only; Requires pre-authorization; Out of Network not covered
AR	QCA Health Plan, Inc.	Silver Classic Saver 4000	Yes	Outpatient: 30 for PT/OT/ST combined with Chiro	Outpatient: 30 for PT/OT/ST combined with Chiro	Outpatient Only; Requires pre-authorization; Out of Network not covered
AR	QualChoice Life & Health Insurance Company, Inc.	Silver Saver 4000	Yes	Outpatient: 30 for PT/OT/ST combined with Chiro	Outpatient: 30 for PT/OT/ST combined with Chiro	Outpatient Only; Requires pre-authorization; Out of Network not covered
AZ	Blue Cross and Blue Shield of Arizona, Inc.	EverydayHealth HMO 4000 - Neighborhood Network	Yes	60 outpatient visits	60 outpatient visits	Precertification required for inpatient; No out of network
AZ	Blue Cross and Blue Shield of Arizona, Inc.	EverydayHealth HMO 4000 - PimaFocus Network	Yes	60 outpatient visits	60 outpatient visits	Precertification required for inpatient; No out of network
AZ	Blue Cross and Blue Shield of Arizona, Inc.	TrueHealth HMO 6000 - Neighborhood Network	Yes	60 outpatient visits.	60 outpatient visits	Precertification required for inpatient; No out of network; No charge after deductible
AZ	Blue Cross and Blue Shield of Arizona, Inc.	TrueHealth HMO 6000 - PimaFocus Network	Yes	60 outpatient visits.	60 outpatient visits	Precertification required for inpatient; No out of network; No charge after deductible

AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 9 (2019)	Rehab: No Hab: Yes	60 PT/OT/ST/cardiac and pulmonary combined	60 visits per year	No out of network
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 9 (2019)	Rehab: No Hab: Yes	60 PT/OT/ST/cardiac and pulmonary combined	60 visits per year	No out of network
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 4 (2019)	Yes	60 PT/OT/ST/cardiac and pulmonary combined	60 visits per year	No out of network; No charge after deductible
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 4 (2019)	Yes	60 PT/OT/ST/cardiac and pulmonary combined	60 visits per year	No out of network; No charge after deductible
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 11 (2019)	Yes	60 PT/OT/ST/cardiac and pulmonary combined	60 visits per year	No out of network
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 11 (2019)	Yes	60 PT/OT/ST/cardiac and pulmonary combined	60 visits per year	No out of network
AZ	Bright Health Company of Arizona	Silver	Yes	60 PT/OT/ST; No limit for Autism	60 visits combined for PT, OT, and ST; No limit for Autism	Preauthorization required; No out of network
AZ	Bright Health Company of Arizona	Silver Perks	Yes	60 visits combined for PT, OT, and ST; No limit for Autism	60 visits combined for PT, OT, and ST; No limit for Autism	Preauthorization required; No out of network
AZ	Bright Health Company of Arizona	Silver	Yes	60 visits combined for PT, OT, and ST; No limit for Autism	60 visits combined for PT, OT, and ST; No limit for Autism	Preauthorization required; No out of network
AZ	Bright Health Company of Arizona	Silver Perks	Yes	60 Visits combined for PT, OT, and ST; No limit for Autism	60 Visits combined for PT, OT, and ST; No limit for Autism	Preauthorization required; No out of network
AZ	Cigna HealthCare of Arizona, Inc	Cigna Connect 5000	Yes	60 visits annual max (unclear if 60 max for rehab and hab each or combined)	60 visits annual max (unclear if 60 max for rehab and hab each or combined)	No out of network
AZ	Cigna HealthCare of Arizona, Inc	Cigna Connect 6400	Yes	60 visits annual max (unclear if 60 max for rehab and hab each or combined)	60 visits annual max (unclear if 60 max for rehab and hab each or combined)	No out of network
AZ	Oscar Health Plan, Inc.	Oscar Classic Silver	No	60 visits per year, combined therapies	60 visits per year, combined therapies	Preauthorization may be required
AZ	Oscar Health Plan, Inc.	Oscar Saver Silver	Yes	60 visits per year, combined therapies	60 visits per year, combined therapies	Preauthorization may be required
AZ	Oscar Health Plan, Inc.	Oscar Simple Silver	No	60 visits per year, combined therapies	60 visits per year, combined therapies	
CA	Anthem	Anthem Silver 70 EPO AI-AN	No	\$40 per visit	\$40 per visit	
CA	Blue of California	Silver 70 Off Exchange Trio HMO	No	None specified	No covered	

CA	Blue of California	Silver 2600 HDHP PPO	Yes	Office Visit: 35% coinsurance Outpatient Hospital: 35% coinsurance	Office Visit: 35% coinsurance Outpatient Hospital: 35% coinsurance	
CA	Blue of California	Silver 1950 PPO	Yes	Office Visit: 35% coinsurance Outpatient Hospital: 35% coinsurance	Office Visit: 35% coinsurance Outpatient Hospital: 35% coinsurance	
CA	Blue of California	Silver 70 Off-Exchange PPO	No	Office Visit: \$40/visit; deductible does not apply Outpatient Hospital: \$40/visit; deductible does not apply	Office Visit: \$40/visit; deductible does not apply Outpatient Hospital: \$40/visit; deductible does not apply	
CA	Chinese Community Health Plan	ActiveChoice PPO Silver (In-Network)	Yes	\$45 copay per visit; Preauthorization required	\$45 copay per visit; Preauthorization required	
CA	Anthem	Anthem Silver 87 EPO	No	\$15 per visit	\$15 per visit	
CA	Anthem	Anthem Silver 73 EPO	No	\$35 per visit	\$35 per visit	
CA	Chinese Community Health Plan	Amber 50 HMO Silver	Yes	\$45 copay per visit; Preauthorization required	\$45 copay per visit; Preauthorization required	
CA	Chinese Community Health Plan	Silver 70* HMO	No	\$40 copay per visit; Preauthorization required	\$40 copay per visit; Preauthorization required	
CA	Health Net	Silver 94 PureCare One EPO	No	\$5 per visit	\$5 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 87 PureCare One EPO	No	\$15 per visit	\$15 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 73 PureCare One EPO	No	\$35 per visit	\$35 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 70 PureCare One EPO	No	\$40 per visit	\$40 per visit	\$250 penalty if certification not obtained
CA	Anthem	Anthem Silver 94 EPO	No	\$5 per visit	\$5 per visit	
CA	Health Net	Silver 94 EnhancedCare PPO	No	\$5 per visit	\$5 per visit	\$250 penalty if certification not obtained
AZ	Oscar Health Plan, Inc.	Oscar Simple Silver	No	60 visits per year, combined therapies	60 visits per year, combined therapies	
CA	Anthem	Anthem Silver 70 EPO	No	\$40 per visit	\$40 per visit	

CA	Health Net	Silver 87 EnhancedCare PPO	No	\$15 per visit	\$15 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 73 EnhancedCare PPO	No	\$35 per visit	\$35 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 70 EnhancedCare PPO	No	\$40 per visit	\$40 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 94 CommunityCare HMO	No	\$5 per visit	\$5 per visit	\$250 penalty if certification not obtained
CA	Health Net	Silver 87 CommunityCare HMO	No	\$15 per visit	\$15 per visit	\$15 per visit; Prior authorization is required
CA	Health Net	Silver 73 CommunityCare HMO	No	\$35 per visit	\$35 per visit	\$35 per visit; Prior authorization is required
CA	Health Net	Silver 70 CommunityCare HMO	No	\$40 per visit	\$40 per visit	\$40 per visit; Prior authorization is required
CA	Molina	Molina Silver 94 HMO	No	\$5 per visit	\$5 per visit	\$5 copay; Preauthorization required
CA	Molina	Molina Silver 87 HMO	No	\$15 per visit	\$15 per visit	\$15 copay; Preauthorization required
CA	Molina	Molina Silver 73 HMO	No	\$35 per visit	\$35 per visit	\$35 copay; Preauthorization required
CA	Molina	Molina Silver 70 HMO	No	\$45 Copay; Preauthorization required	\$45 Copay, Preauthorization required	\$45 copay; Preauthorization required
CA	Oscar	Oscar Saver Silver HSA HDHP EPO	Yes	30% coinsurance	30% coinsurance	Preauthorization required. If preauthorization is not acquired, payment for care may be denied
CA	Oscar	Oscar Simple Silver EPO	No	\$10 copay; Preauthorization required	\$10 copay; Preauthorization required	\$10 copay; Preauthorization required
CA	Sharp	Sharp Performance Silver 70 HMO 2000/45 + Child Dental INF	No	\$45 copay; Preauthorization is required	\$45 copay; Preauthorization is required	\$45 copay; Preauthorization is required

CA	Sharp	Sharp Performance Silver 70 HMO 2000/45 + Child Dental	No	\$45 copay; Preauthorization is required	\$45 copay; Preauthorization is required	\$45 copay; Preauthorization is required
CA	Sharp	Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental INF	Yes	20% coinsurance	20% coinsurance	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Sharp	Premier Silver 70 HDHP HMO 2500-20% Child Dental	Yes	20% coinsurance	20% coinsurance	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Sharp	Premier Silver 70 HMO 2000-45 Child Dental INF	No	\$45 copay	\$45 copay	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Sharp	Sharp Premier Silver 70 HMO 2000/45 + Child Dental	No	\$45 copay	\$45 copay	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Valley Health	VHP Silver 94 HMO	No	\$5 copay	\$5 copay	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Valley Health	VHP Silver 87 HMO	No	\$15 copay	\$15 copay	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Valley Health	VHP Silver 73 HMO	No	\$35 copay	\$35 copay	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	Valley Health	VHP Silver 70 HMO	No	\$40 copay	\$40 copay	Preauthorization is required. Includes physical therapy, speech therapy, and occupational therapy
CA	LA Care Covered	SILVER 70 HMO	Yes	\$40, preauthorization required	\$40, preauthorization required	

CA	LA Care Covered	SILVER 73 HMO	Yes	\$35, preauthorization required	\$35, preauthorization required	
CA	LA Care Covered	SILVER 87 HMO	Yes	\$15, preauthorization required	\$15, preauthorization required	
CA	LA Care Covered	SILVER 94 HMO	Yes	\$5, preauthorization required	\$5, preauthorization required	
CO	Anthem	Anthem Silver Pathway X HMO 5500	Yes	20 PT/ST/OT	20 PT/ST/OT	
CO	Anthem	Anthem Silver Pathway X HMO 5150	Yes	20 PT/ST/OT	20 PT/ST/OT	
CO	Anthem	Anthem Silver Pathway X HMO 4500 Rx Copay	Yes	20 PT/ST/OT	20 PT/ST/OT	
CO	Anthem	Anthem Silver Pathway X HMO 2000	Yes	20 PT/ST/OT	20 PT/ST/OT	
CO	Anthem	Anthem Silver Pathway X HMO 3000 Rx Copay	Yes	20 PT/ST/OT	20 PT/ST/OT	
CO	Cigna	Cigna Connect Flex Silver 5000	Yes	Limited to 20 visits annual max per therapy	Limited to 20 visits annual max per therapy	
CO	Cigna	Cigna Connect Flex Silver 3500	Yes	Limited to 20 visits annual max per therapy	Limited to 20 visits annual max per therapy	
CO	Cigna	Cigna Connect Flex Silver 2750 RX	Yes	Limited to 20 visits annual max per therapy	Limited to 20 visits annual max per therapy	
CO	Bright	Silver 1 EPO/Silver	Yes	20 PT/ST/OT	20 PT/ST/OT	Not limited for children up to age 5 with congenital defects. No therapy limitation for Autism.
CO	Bright	Silver 2 EPO/Silver	Yes	20 PT/ST/OT	20 PT/ST/OT	Not limited for children up to age 5 with congenital defects. No therapy limitation for Autism.
CO	Bright	Silver 5 Rx Copay EPO/Silver	Yes	20 PT/ST/OT	20 PT/ST/OT	Not limited for children up to age 5 with congenital defects. No therapy limitation for Autism.

CO	Bright	Silver 4 Rx Copay EPO/Silver	Yes	20 PT/ST/OT	20 PT/ST/OT	Not limited for children up to age 5 with congenital defects. No therapy limitation for Autism.
CO	Bright	Silver 3 HSA EPO/Silver	Yes	20 PT/ST/OT	20 PT/ST/OT	Not limited for children up to age 5 with congenital defects. No therapy limitation for Autism.
CO	Friday	Friday Silver X HMO/Silver	Yes	2 months of inpatient services and 20 outpatient visitors per therapy per plan year	2 months of inpatient services and 20 outpatient visitors per therapy per plan year	
CO	Friday	Friday Silver Rx Copay X HMO/Silver	Yes	2 months of inpatient services and 20 outpatient visitors per therapy per plan year	2 months of inpatient services and 20 outpatient visitors per therapy per plan year	
CO	Oscar	Oscar Classic Silver Next EPO/Silver	Yes	20 PT/ST/OT/CHIRO PER PLAN YEAR	20 PT/ST/OT/ 60 visit limit 20 CHIRO PER PLAN YEAR	
CO	Oscar	Oscar Classic Silver EPO/Silver	No	20 PT/ST/OT/CHIRO PER PLAN YEAR	20 PT/ST/OT/ 60 visit limit 20 CHIRO PER PLAN YEAR	
CO	Oscar	Oscar Saver Silver EPO/Silver	Yes	20 PT/ST/OT/CHIRO PER PLAN YEAR	20 PT/ST/OT/ 60 visit limit 20 CHIRO PER PLAN YEAR	
CO	Oscar	Oscar Simple Silver RX Copay	No	20 PT/ST/OT/CHIRO PER PLAN YEAR	20 PT/ST/OT/ 60 visit limit 20 CHIRO PER PLAN YEAR	
CO	Kaiser	KP CO Silver 4500/20 HMO/Silver	Yes	Multi-disciplinary facility limited to 60 days per condition per year; Outpatient: Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	
CO	Kaiser	KP CO Silver 3000/20%/HSA HMO/Silver	Yes	Multi-disciplinary facility limited to 60 days per condition per year; Outpatient: Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	

CO	Kaiser	KP CO Silver 2500/25 HMO/Silver	Yes	Multi-disciplinary facility limited to 60 days per condition per year; Outpatient: Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	
CO	Kaiser	KP CO Silver 3500/30 RX Copay	Yes	Multi-disciplinary facility limited to 60 days per condition per year; Outpatient: Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	Limited to 20 visits per therapy per year (Autism spectrum disorders are not subject to the visit limit)	
CO	Denver Health Medical	Silver Standard HMO/Silver	Yes	20 per therapy	20 per therapy	
CO	Denver Health Medical	Silver Select HMO/Silver	Yes	20 per therapy	20 per therapy	
CT	Anthem	Silver PPO Pathway X Tiered - (371V)	Yes	40 Rehabilitative PT/ST/OT 20 Chiro per year (unclear if combined w/ hab)	40 habilitative PT/ST/OT 20 Chiro per year (unclear if combined w/ rehab)	
CT	Anthem	Silver PPO Standard Coinsurance Pathway X - (371N)	Yes	40 Rehabilitative PT/ST/OT 20 Chiro per year (unclear if combined w/ hab)	40 habilitative PT/ST/OT 20 Chiro per year (unclear if combined w/ rehab)	
CT	Anthem	Silver PPO Standard Pathway X - (3709)	Yes	40 Rehabilitative PT/ST/OT 20 Chiro per year (unclear if combined w/ hab)	40 habilitative PT/ST/OT 20 Chiro per year (unclear if combined w/ rehab)	
CT	ConnectiCare	Choice Silver Alternative POS	Yes	40 per year	40 per year	Preauthorization is required. If preauthorization is not acquired, the patient may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%. 40 visits/year
CT	ConnectiCare	Choice Silver Standard Coinsurance POS	Yes	40 per year	40 per year	Preauthorization is required. If preauthorization is not acquired, the patient may be responsible for the total cost of

						the service or benefits may be reduced by the lesser of \$500 or 50%. 40 visits/year
CT	ConnectiCare	Choice Silver Standard POS	No	40 per year	40 per year	Preauthorization is required. If preauthorization is not acquired, the patient may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%. 40 visits/year
DC	CareFirst Blue Choice	BluePreferred PPO Standard Silver \$3,500	Rehab: No Hab: Yes	Unspecified	Unspecified	Rehab: If a service is rendered at a hospital facility, the additional facility charge may apply Hab: Prior authorization is required for member age 21 and older; If a service is rendered at a hospital facility, the additional facility charge may apply
DC	CareFirst Blue Choice	BlueChoice HMO Standard Silver \$3,500	Rehab: No Hab: Yes	Unspecified	Unspecified	Rehab: If a service is rendered at a hospital facility, the additional facility charge may apply Hab: Prior authorization is required for member age 21 and older; If a service is rendered at a hospital facility, the additional facility charge may apply
DC	Kaiser	KP DC Silver 2500/30/Dental	No	Inpatient: 35% coinsurance; Outpatient: \$40 / visit, deductible does not apply	\$40 per visit	Inpatient: None Outpatient: Cardiac Rehab limited to 90 consecutive days; Pulmonary Rehab limited to 1 program per lifetime
DC	Kaiser	KP DC Standard Silver 3500/40/Dental	No	Inpatient: 20% coinsurance;	\$50 per visit	Inpatient: None Outpatient: Cardiac Rehab limited to 90 consecutive days;

				Outpatient: \$50 / visit, deductible does not apply		Pulmonary Rehab limited to 1 program per lifetime
DC	Kaiser	KP DC Silver 3200/30%/HSA/Dental		30% coinsurance	30% coinsurance	Inpatient: None Outpatient: Cardiac Rehab limited to 90 consecutive days; Pulmonary Rehab limited to 1 program per lifetime
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1410	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1423	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1431	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1443	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1456	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-

						share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1464	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Health Options, Inc.	BlueCare Silver 1477	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Health Options, Inc.	BlueCare Silver 1490	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Health Options, Inc.	BlueCare Silver 1498	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Health Options, Inc.	myBlue Silver 1603	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your

						benefits/services may be denied.
FL	Health Options, Inc.	myBlue Silver 1604	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1706S	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Health Options, Inc.	myBlue Silver 1710	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Health Options, Inc.	myBlue Silver 1712S	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1736S	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.

FL	Health Options, Inc.	BlueCare Silver 1766S	Yes	35 visits, including 35 manipulations	Nothing specified	Prior Authorization may be required. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver HMO 53	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver POS 54	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO BC 0941	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 0941	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Florida Health Care Plan, Inc.	IND Silver HMO BC 7741	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 7741	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver Standardized HMO 1	Yes	35 PT/ST/OC Visits per Benefit Period	35 PT/ST/OC Visits per Benefit Period	
FL	Molina Healthcare of Florida, Inc	Molina Marketplace Silver	Yes	35 visits combined for PT/ST/OT, Cardiac Rehabilitation, Massage, and Spinal Manipulative Therapy The 35 visits include a 26-visit limit for spinal manipulation	None	Preauthorization may apply
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 100 1668	Yes	30 per year per condition	30 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 100 1676	Yes	30 per year per condition	30 per year per condition	

FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 90 1684	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 80 1696	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 70 1712	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 70 1724	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 80 HSA 1732	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital Silver HMO 80 1762	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital Silver HMO 80 1786	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Florida Hospital Silver HMO 65 1810	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 100 1664	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 100 1672	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 90 1680	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 80 1688	Yes	35 per year per condition	35 per year per condition	

FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 70 1704	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 70 1720	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 80 HSA 1728	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First Silver HMO 80 1754	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First Silver HMO 80 1778	Yes	35 per year per condition	35 per year per condition	
FL	Health First Commercial Plans, Inc.	Health First Silver HMO 65 1806	Yes	35 per year per condition	35 per year per condition	
FL	Celtic Insurance Company	Ambetter Balanced Care 1 (2019)	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 2 (2019)	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 3 (2019)	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 4 (2019)	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 11 (2019)	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 5 (2019)	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	

FL	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 3 (2019) + Vision	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision + Adult Dental	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision + Adult Dental	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Celtic Insurance Company	Ambetter Balanced Care 3 (2019) + Vision + Adult Dental	Yes	35 visits per year, combined limit for all outpatient therapy (PT, OT, ST) plus chiropractic	None specified. Prior authorization may be required	
FL	Oscar Insurance Company of Florida	Oscar Classic Silver	No	35 visits per year, combined therapies	35 visits per year, combined therapies	Preauthorization may be required. If preauthorization is not acquired, payment for care may be denied
FL	Oscar Insurance Company of Florida	Oscar Saver Silver	Yes	35 visits per year, combined therapies	35 visits per year, combined therapies	Preauthorization may be required. If preauthorization is not acquired, payment for care may be denied
HI	Kaiser Foundation Health Plan, Inc.	KP Silver II \$35 - ChiroAcuMassage - Fit	No	No visit limit specified - \$35 a visit	No visit limit specified - \$35 a visit	
HI	Kaiser Foundation Health Plan, Inc.	KP Silver II \$35 - Fit	No	No visit limit specified - \$35 a visit	No visit limit specified - \$35 a visit	
HI	Kaiser Foundation Health Plan, Inc.	KP Silver III \$40 - Fit	No	No visit limit specified - \$40 a visit	No visit limit specified - \$40 a visit	

HI	Hawaii Medical Service Association	HMSA Silver HMO	Yes	\$40 copay per visit	\$40 copay per visit	Excludes cardiac rehab. Preauthorization may be required
HI	Hawaii Medical Service Association	HMSA Silver PPO 2500	Yes	None specified	None specified	Excludes cardiac rehab. Preauthorization may be required
HI	Hawaii Medical Service Association	HMSA Silver PPO 3500	Yes	None specified	None specified	Excludes cardiac rehab. Preauthorization may be required
ID	SelectHealth	SelectHealth Silver 2750	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	SelectHealth	SelectHealth Silver HealthSave 3500 (HSA Qualified)	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	SelectHealth	SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	SelectHealth	SelectHealth Silver 4000 Copay Plan - no deductible for office visits	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver 3500	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver 6000	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver 4000	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver Connect 3500	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver Connect 6000	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver Connect 4000	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver Carepoint 3500	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BlueCross of Idaho	Silver CarePoint 6000	Yes	20 OT/ST/PT	20 OT/ST/PT	

ID	BlueCross of Idaho	Silver CarePoint 4000	yes	20 OT/ST/PT	20 OT/ST/PT	
ID	PacificSource	BrightIdea Silver HSA 3000	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	PacificSource	PSN Silver HSA 3000	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	PacificSource	PSN Silver 3000 (AI)	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	PacificSource	PSN Silver 3000 (73)	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	PacificSource	PSN Silver 3000 (87)	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	PacificSource	PSN Silver 3000 (87)	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	Access Care Silver Option 2-94 PPO	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER 73	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ENGAGE SILVER 94	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2-73	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2-87	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER 94	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ENGAGE SILVER 87	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ENGAGE SILVER OPTION 2	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2	Yes	20 OT/ST/PT	20 OT/ST/PT	

ID	Montana Health CO-OP	ENGAGE SILVER 73	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER 87	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ENGAGE SILVER OPTION 2- 94	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	LINK SILVER 73	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	LINK SILVER 94	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	LINK SILVER OPTION 2-87	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	LINK SILVER	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	LINK SILVER OPTION 2-73	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2- 87	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ENGAGE SILVER 94	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	Montana Health CO-OP	ENGAGE SILVER	Yes	20 OT/ST/PT	20 OT/ST/PT	
ID	BridgeSpan	Silver HDHP 3000 EPO RealValue	Yes	25 PT/OT/ST	25 PT/OT/ST	
ID	BridgeSpan	Silver Essential 4000 EPO RealValue	Yes	25 PT/OT/ST	25 PT/OT/ST	
ID	BridgeSpan	Silver HDHP 3000 EPO RealValue	Yes	25 PT/OT/ST	25 PT/OT/ST	
ID	BlueCross of Idaho	PQA Southeast Silver Connect 3500	Yes	20 visits per year combined	20 visits per year combined	
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2019)	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical	60 visits per year	

				therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)		
IN	Celtic Insurance Company	Ambetter Balanced Care 4 (2019)	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	
IN	Celtic Insurance Company	Ambetter Balanced Care 11 (2019)	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	
IN	Celtic Insurance Company	Ambetter Balanced Care 5 (2019)	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	

IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision + Adult Dental	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision + Adult Dental	Yes	60 outpatient visits per year, 20 outpatient visits per benefit per year. (Including speech, occupational and physical therapy). 60 Inpatient days per year (Including speech, occupational and physical therapy)	60 visits per year	
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Deductible Silver	Yes	PT/OT/ST 20 visits each per year; Cardiac 36; Chiro/MT 12 visits per year	PT/OT/ST 20 visits each per year	
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Deductible Silver Dental and Vision	Yes	PT/OT/ST 20 visits each per year; Cardiac 36; Chiro/MT 12 visits per year	PT/OT/ST 20 visits each per year	
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Premium Silver	Yes	PT/OT/ST 20 visits each per year; Cardiac 36; Chiro/MT 12 visits per year	PT/OT/ST 20 visits each per year	
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Premium Silver Dental and Vision	Yes	PT/OT/ST 20 visits each per year; Cardiac 36; Chiro/MT 12 visits per year	PT/OT/ST 20 visits each per year	
IN	CareSource Indiana, Inc.	CareSource Marketplace Standard Silver	Yes	PT/OT/ST 20 visits each per year; Cardiac 36; Chiro/MT 12 visits per year	PT/OT/ST 20 visits each per year	
IN	CareSource Indiana, Inc.	CareSource Marketplace Standard Silver Dental and Vision	Yes	PT/OT/ST 20 visits each per year; Cardiac 36; Chiro/MT 12 visits per year	PT/OT/ST 20 visits each per year	

KY	CareSource Kentucky Co.	CareSource Marketplace Low Deductible Silver	Yes	PT/OT/ ST 25 visits each per year. Pulmonary rehab 25; Cardiac 36; Chiro/MT 20; Post cochlear implant 30; Cognitive rehab 20 visits per year	PT/OT/ST 25 visits each per year	
KY	CareSource Kentucky Co.	CareSource Marketplace Low Premium Silver	Yes	PT/OT/ ST 25 visits each per year. Pulmonary rehab 25; Cardiac 36; Chiro/MT 20; Post cochlear implant 30; Cognitive rehab 20 visits per year	PT/OT/ST 25 visits each per year	
KY	CareSource Kentucky Co.	CareSource Marketplace Low Premium Silver Dental and Vision	Yes	PT/OT/ ST 25 visits each per year. Pulmonary rehab 25; Cardiac 36; Chiro/MT 20; Post cochlear implant 30; Cognitive rehab 20 visits per year	PT/OT/ST 25 visits each per year	
KY	CareSource Kentucky Co.	CareSource Marketplace Standard Silver	Yes	PT/OT/ ST 25 visits each per year. Pulmonary rehab 25; Cardiac 36; Chiro/MT 20; Post cochlear implant 30; Cognitive rehab 20 visits per year	PT/OT/ST 25 visits each per year	
KY	CareSource Kentucky Co.	CareSource Marketplace Standard Silver Dental and Vision	Yes	PT/OT/ ST 25 visits each per year. Pulmonary rehab 25; Cardiac 36; Chiro/MT 20; Post cochlear implant 30; Cognitive rehab 20 visits per year	PT/OT/ST 25 visits each per year	
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway HMO 3200	Yes	20 ST, 25 Pulmonary rehab, 25 PT, 25 OC, 20 Cog., 30 Post Choc., 20 MT, 36 Cardiac	Combined with rehab except for ST, PT, and OT	
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway X HMO 2700 for HSA	Yes	20 ST, 25 Pulmonary rehab, 25 PT, 25 OC, 20 Cog., 30 Post Choc., 20 MT, 36 Cardiac	Combined with rehab except ST, PT, and OT	
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway X Transition HMO 6700	yes	20 ST, 25 Pulmonary rehab, 25 PT, 25 OC, 20 Cog., 30 Post Choc., 20 MT, 36 Cardiac	Combined with rehab except ST, PT, and OT	

KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway X HMO 6700	yes	20 ST, 25 Pul. Reh., 25 PT, 25 OC, 20 Cog., 30 Post Choc., 20 MT, 36 Cardiac	Combined with rehab except ST, PT, and OT	
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway Transition X HMO 3700 for HSA	Yes	20 ST, 25 Pul. Reh., 25 PT, 25 OC, 20 Cog., 30 Post Choc., 20 MT, 36 Cardiac	Combined with rehab except ST, PT, and OT	
LA	HMO Louisiana, Inc.	Blue POS Copay 60/40 \$3600	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	
LA	HMO Louisiana, Inc.	Blue POS 100/80 \$3500	Yes	In the network no charge, out of network 20% coinsurance	In the network no charge, out of network 20% coinsurance	
LA	HMO Louisiana, Inc.	Blue POS 80/60 \$3400	Yes	In network 20% coinsurance, out of network 40% coinsurance	In network 20% coinsurance, out of network 40% coinsurance	
LA	HMO Louisiana, Inc.	Community Blue copay 70/50 \$2200	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	
LA	HMO Louisiana, Inc.	Blue Connect Copay 70/50 \$2200 (N)	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	
LA	HMO Louisiana, Inc.	Blue Connect 80/60 \$3400 (N)	Yes	In network 20% coinsurance, out of network 40% coinsurance	In network 20% coinsurance, out of network 40% coinsurance	
LA	HMO Louisiana, Inc.	Blue Connect Copay 70/50 \$2200 (L)	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	
LA	HMO Louisiana, Inc.	Blue Connect 80/60 \$3400 (L)	Yes	In network 20% coinsurance, out of network 40% coinsurance	In network 20% coinsurance, out of network 40% coinsurance	
LA	HMO Louisiana, Inc.	Blue Connect Copay 70/50 \$2200 (S)	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	
LA	HMO Louisiana, Inc.	Blue Connect 80/60 \$3400 (S)	Yes	In network 20% coinsurance, out of network 40% coinsurance	In network 20% coinsurance, out of network 40% coinsurance	

LA	HMO Louisiana, Inc.	Signature Blue Copay 70/50 \$2200	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	
LA	HMO Louisiana, Inc.	Signature Blue 80/60 \$3400	Yes	In network 20% coinsurance, out of network 40% coinsurance	In network 20% coinsurance, out of network 40% coinsurance	
LA	Louisiana Health Service & Indemnity Company	Blue Max Copay 70/50 \$3000	Yes	In network 30% coinsurance, out of network 40% coinsurance	In network 30% coinsurance, out of network 40% coinsurance	
LA	Louisiana Health Service & Indemnity Company	Blue Saver 90/70 \$3000	Yes	In network 10% coinsurance, out of network 30% coinsurance	In network 10% coinsurance, out of network 30% coinsurance	
LA	Vantage Health Plan, Inc.	Essential Silver 3500 IND-D2	Yes	In network 30% coinsurance, out of network 50% coinsurance	In network 30% coinsurance, out of network 50% coinsurance	Pre-authorization required
LA	Vantage Health Plan, Inc.	Freedom Silver 3000 IND-D2	Yes	\$40 Copayment in-network, 50% coinsurance out of network	\$40 Copayment in-network, 50% coinsurance out of network	Pre-authorization required
LA	Boston Medical Center HealthNet Plan	BMC HealthNet Plan SILVER A	Yes	Maximum of 60 visits after deductible and copay per visit. No copay for CT. No limits for Autism-related services	"Cost-sharing" for Autism-related services	
MA	Bluecross Blueshield	HMO Blue Basic	Yes	Copay with a deductible; 60 visits per year	Copay with a deductible; 60 visits per year	
MA	Bluecross Blueshield	HMO Blue Saver	Yes	Copay with a deductible; 60 visits per year	Copay with a deductible; 60 visits per year	
MA	Bluecross Blueshield	Preferred Blue® PPO Deductible with Coinsurance	Yes	Coinsurance with a deductible; 60 visits per year	Coinsurance with a deductible; 60 visits per year	
MA	Fallon Health	Direct Care Silver Connector II	Unclear	Copay, 60 combined visits PT/OT/ST/PY/CT	Copay, no limits	
MA	Fallon Health	Select Care Silver Connector II	Unclear	Copay, 60 combined visits PT/OT/ST/PY/CT	Copay, no limits	
MA	Fallon Health	Community Care Silver Connector II	Unclear	Copay, 60 combined visits PT/OT/ST/PY/CT	Copay, no limits	
MA	Health New England	HMO Silver 2000 HDHP Connector	Yes	Copay, 25 combined visits PT/OT/ST/PY/CT	Copay, no limits	

MA	Health New England	HMO Silver A Connector	Yes	Copay, 25 combined visits PT/OT/ST/PY/CT	Copay, no limits	
MA	Health New England	HMO Silver A II Connector	Yes	Copay, 25 combined visits PT/OT/ST/PY/CT	Copay, no limits	
MA	Harvard Pilgrim Health Care	Standard Silver	No	60 PT/OT	60 PT/OT	
MA	Harvard Pilgrim Health Care	Standard Low Silver HSA - Flex	No	60 PT/OT	60 PT/OT	
MA	Tufts	DIRECT SILVER 2000 HSA	Yes	60 PT/OT; no limits for ST	60 PT/OT; no limits for ST	
MA	Tufts	Advantage HMO Saver 1500 Silver	Yes	30 PT/OT; no limits for ST	30 PT/OT; no limits for ST	
MA	Tufts	DIRECT SILVER 2000	Yes	60 PT/OT; no limits for ST	60 PT/OT; no limits for ST	
MA	United Healthcare	UHC Navigate Silver 2000	No	44 PT,OT; 20 PY; unlimited for ST & CT	44 PT, OT; unlimited for speech	
MA	United Healthcare	UHC Navigate HSA Silver 2000	Yes	44 PT,OT; 20 PY; unlimited for ST & CT	44 PT, OT; unlimited for speech	
MA	CareFirst BCBS Blue Choice	BlueChoice HMO Value Silver \$2,250	No	Copay; 30 ST/PT/OT/PT/CT	Copay; 30 ST/PT/OT/PT/CT	
MD	CareFirst BCBS Blue Choice	BluePreferred PPO HSA Silver \$3,000	No	Copay; 30 ST/PT/OT/PT/CT	Copay; 30 ST/PT/OT/PT/CT	
MD	Kaiser Permanente	KP MD Silver 6000 35 Dental	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver Value 2500/35/Dental	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 2200/30/CSR/Dental (2500)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 0/10/CSR/Dental (2500)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	

MD	Kaiser Permanente	KP MD Silver 0 5 CSR Dental 2500	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 100/5%/CSR/HDHP/Dental (3200)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 500/10%/CSR/HDHP/Dental (3200)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 1900/20%/CSR/HDHP/Dental (3200)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 3200/20%/HSA/Dental	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 0/5/CSR/Dental (6000)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	Kaiser Permanente	KP MD Silver 0/15/CSR/Dental (6000)	No	Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1 program lifetime; 20 Chiro per	30 PT/ST/OT age 19 and older	
MD	United Healthcare	Signature Value Advantage HMO Silver 50-75/40%/2250ded	No	Copay, no other limits	Copay, no other limits	
MN	BlueCross BlueShield	Blue Plus Metro MN HSA Silver \$4,200 Plan 253	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Metro MN Silver Tribal Zero Cost Share Reduction Plan 453a	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Metro MN Silver \$4,200 Tribal Limited Cost	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers

		Share Reduction Plan 453b				
MN	BlueCross BlueShield	Blue Plus Metro MN Silver \$2,350 Cost Share Reduction Plan 453c	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Metro MN Silver \$500 Cost Share Reduction Plan 453d	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Metro MN Silver No Deductible Cost Share Reduction Plan 453e	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region HSA Silver \$4,200 Plan 291	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region HSA Silver \$4,200 Plan 491	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Strive - Metro Region Silver Tribal Zero Cost Share Reduction Plan 491a	Unclear	No charges, no limitations	No charges, no limitations	
MN	BlueCross BlueShield	Blue Plus Strive - Metro Region Silver \$4,200 Tribal Limited Cost Share Reduction Plan 491b	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers

MN	BlueCross BlueShield	Blue Plus Strive – Metro Region Silver \$2,350 Cost Share Reduction Plan 491c	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region Silver \$500 Cost Share Reduction Plan 491d	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region Silver No Deductible Cost Share Reduction Plan 491	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Southeast MN HSA Silver \$4,200 Plan 271	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Southeast MN HSA Silver \$4,200 Plan 471	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver Tribal Zero Cost Share Reduction Plan 471a	Unclear	No charges, no limitations	No charges, no limitations	
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 471b	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers

MN	BlueCross BlueShield	Blue Plus Southeast MN Silver \$2,350 Cost Share Reduction Plan 471c	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver \$500 Cost Share Reduction Plan 471d	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver No Deductible Cost Share Reduction Plan 471e	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Northeast MN HSA Silver \$4,200 Plan 281	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver Tribal Zero Cost Share Reduction Plan 481	Unclear	No charges, no limitations	No charges, no limitations	
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 471b	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations.	
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver \$2,350 Cost Share Reduction Plan 481c	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	

MN	BlueCross BlueShield	Blue Plus Northeast MN Silver \$500 Cost Share Reduction Plan 481d	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver No Deductible Cost Share Reduction Plan 481e	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Western MN HSA Silver \$4,200 Plan 250	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Western MN Silver Tribal Zero Cost Share Reduction Plan 450a	Unclear	No charges, no limitations	No charges, no limitations	
MN	BlueCross BlueShield	Blue Plus Western MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 450b	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers
MN	BlueCross BlueShield	Blue Plus Western MN Silver \$2,350 Cost Share Reduction Plan 450c	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Western MN Silver \$500 Cost Share Reduction Plan 450d	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	BlueCross BlueShield	Blue Plus Western MN Silver No Deductible Cost	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	

		Share Reduction Plan 450e				
MN	Bluecross Blueshield	Blue Plus Minnesota Value HSA Silver \$4,200 Plan 201	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Bluecross Blueshield	Blue Plus Minnesota Value HSA Silver \$4,200 Plan 401	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Bluecross Blueshield	Blue Plus Minnesota Value Silver Tribal Zero Cost Share Reduction Plan 401a	Unclear	No charges, no limitations.	No charges, no limitations	
MN	Bluecross Blueshield	Blue Plus Minnesota Value Silver \$4,200 Tribal Limited Cost Share Reduction Plan 401b	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers
MN	Bluecross Blueshield	Blue Plus Minnesota Value Silver \$2,350 Cost Share Reduction Plan 401c	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Bluecross Blueshield	Blue Plus Minnesota Value Silver \$500 Cost Share Reduction Plan 401d	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Bluecross Blueshield	Blue Plus Minnesota Value Silver No Deductible Cost	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	

		Share Reduction Plan 401e				
MN	Medica	MN Applause® Silver Copay	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Medica	MN Applause® Silver HSA	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Medica	MN Applause® Silver Copay 87	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Medica	MN Applause® Silver H 87	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Medica	MN Applause® Silver Copay Limited	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Medica	MN Applause® Silver H Limited	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	Medica	MN Applause® Silver Copay Zer	Unclear	No charges, no limitations	No charges, no limitations	
MN	Medica	MN Applause® Silver H Zero	Unclear	no charges, no limitations	no charges, no limitations.	
MN	Medica	MN Applause® Silver Share	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak \$3000 Plus Silver - Pea	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak \$3000 HSA Silver - Pea	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak \$3000 Plus Silver - Peak	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak Zero Cost Sharing Silver - Peak	Unclear	No charges, no limitations	No charges, no limitations	
MN	HealthPartners	Peak \$3000 Plus Limited Cost Sharing Silver - Peak	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers
MN	HealthPartners	Peak \$100 Plus Cost Share	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	

		Reduction Silver – Peak				
MN	HealthPartners	Peak \$750 Plus Cost Share Reduction Silver - Peak	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak \$2900 Plus Cost Share Reduction Silver - Peak	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak \$3000 Plus Silver - Pea	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	HealthPartners	Peak Zero Cost Sharing Silver - Peak	Unclear	No charges, no limitations	No charges, no limitations	
MN	HealthPartners	Peak \$3000 Plus Limited Cost Sharing Silver - Peak	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	No charges for Indian Healthcare providers
MN	HealthPartners	Peak \$100 Plus Cost Share Reduction Silver - Peak	Yes	Coinsurance with a deductible. No other limitations	Coinsurance with a deductible. No other limitations	
MN	UCare	UCare Fairview Silver	Yes	\$40 copayment first 3 visits before the deductible is met. Then 25% coinsurance after deductible	\$40 copayment first 3 visits before the deductible is met. Then 25% coinsurance after deductible	
MN	UCare	UCare Silver	Yes	\$40 copayment first 3 visits before the deductible is met. Then 25% coinsurance after deductible.	\$40 copayment first 3 visits before the deductible is met. Then 25% coinsurance after deductible	
MI	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver	Yes	coinsurance with a deductible;30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver Extra	Yes	coinsurance with a deductible;30 PT/OT; 30 ST	coinsurance with a deductible;30 PT/OT; 30 ST	

MI	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver Saver	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Extra	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Saver	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver	Yes	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST, 30 CR/PY,	Coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Extra	Yes	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST, 30 CR/PY,	Coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Saver HSA	Yes	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST, 30 CR/PY,	Coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Select HMO Silver	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Extra	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Saver	Yes	coinsurance with a deductible; 30 PT/OT; 30 ST	coinsurance with a deductible; 30 PT/OT; 30 ST	
MI	McLaren Health Plan Community	McLaren Silver Exchange	Yes	deductible applied; 30 PT/OT/ST/MT(limited to 20)	deductible applied; 30 PT/OT/ST/MT(limited to 20)	
MI	Meridian Health Plan of Michigan, Inc.	Meridian Base Silver	Yes	coinsurance with deductible; 30 PT,OT,CT,ST,PY	Coinsurance with deductible	
MI	Meridian Health Plan of Michigan, Inc.	Meridian Healthy Silver	Yes	coinsurance with deductible; 30 PT,OT,CT,ST,PY	Coinsurance with deductible	
MI	Meridian Health Plan of Michigan, Inc.	Meridian HSA Savings Silver	Yes	coinsurance with deductible; 30 PT,OT,CT,ST,PY	Coinsurance with deductible	
MI	Meridian Health Plan of Michigan, Inc.	Meridian Smart Silver	Yes	coinsurance with deductible; 30 PT,OT,CT,ST,PY	Coinsurance with deductible	

MI	Molina Healthcare of Michigan, Inc.	Molina Silver	Yes	Copay with deductible; 30 PT/OT/MT; 30 ST; 30 CR/PY	Copay with a deductible; 30 PT/OT/MT	
MI	Priority Health	MyPriority HMO Silver 3200	Yes, but not mental health or substance abuse services	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST; 30 PY/CT	Coinsurance with a deductible; 30 PT/OT; 30 ST	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 30 visits per contract year.
MI	Priority Health	MyPriority HMO Silver 3200 - Beaumont Health Network	Yes, but not mental health or substance abuse services	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST; 30 PY/CT	Coinsurance with a deductible; 30 PT/OT; 30 ST	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 30 visits per contract year.
MI	Priority Health	MyPriority HMO Silver 3200 - Bronson Healthcare Partners	Yes, but not mental health or substance abuse services	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST; 30 PY/CT	Coinsurance with a deductible; 30 PT/OT; 30 ST	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 30 visits per contract year.
MI	Priority Health	MyPriority HMO Silver 3200 -	Yes, but not mental health	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST; 30 PY/CT	Coinsurance with a deductible; 30 PT/OT; 30 ST	Physical and occupational therapy (Including osteopathic and chiropractic manipulation)

		Spectrum Health Partners	or substance abuse services			limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 30 visits per contract year.
MI	Priority Health	MyPriority HMO Silver 3200 - St. John Providence Network	Yes, but not mental health or substance abuse services	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST; 30 PY/CT	Coinsurance with a deductible; 30 PT/OT; 30 ST	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 30 visits per contract year.
MI	Priority Health	MyPriority HMO Silver 3200 - St. Joseph Mercy Health System Network	Yes, but not mental health or substance abuse services	Coinsurance with a deductible; 30 PT/OT/MT; 30 ST; 30 PY/CT	Coinsurance with a deductible; 30 PT/OT; 30 ST	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 30 visits per contract year. Speech therapy limited to 30 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 30 visits per contract year.
MI	Oscar Insurance Company	Oscar Classic Silver	No	Copay without deductible; 30 PT/OT/MT; 30 CT/PY; 30 ST	Copay without deductible; 30 PT/OT/MT; 30 CT/PY; 30 ST	30 combined visits per year for PT, OT and Chiro. 30 visits per year for ST. 30 cardiac/pulmonary visits per year. Preauthorization may be required. If

						you don't get preauthorization, payment for care may be denied
MI	Oscar Insurance Company	Oscar Saver Silver HSA	Yes	Coinsurance with a deductible; 30 PT/OT/MT; 30 CT/PY; 30 ST	Coinsurance with a deductible; 30 PT/OT/MT; 30 CT/PY; 30 ST	30 combined visits per year for PT, OT and Chiro. 30 visits per year for ST. 30 cardiac/pulmonary visits per year. Preauthorization may be required. If you don't get preauthorization, payment for care may be denied.
MI	Oscar Insurance Company	Oscar Simple Silver	No	Copay without deductible; 30 PT/OT/MT; 30 CT/PY; 30 ST	Copay without deductible; 30 PT/OT/MT; 30 CT/PY; 30 ST	30 combined visits per year for PT, OT and Chiro. 30 visits per year for ST. 30 cardiac/pulmonary visits per year. Preauthorization may be required. If you don't get preauthorization, payment for care may be denied.
MI	Physicians Health Plan	Sparrow PHP Silver 2000 Exclusive	Yes	Copay with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Copay with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	The calendar year maximums: outpatient speech therapy – 30 visits; outpatient physical therapy and occupational therapy – 30 visits; pulmonary and cardiac rehabilitation therapy – 30 visits. Prior approval required for coverage of outpatient speech therapy, physical therapy, and occupational therapy.

MI	Physicians Health Plan	Sparrow PHP Silver 2500 Basic Exclusive	Yes	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	The calendar year maximums: outpatient speech therapy – 30 visits; outpatient physical therapy and occupational therapy – 30 visits; pulmonary and cardiac rehabilitation therapy – 30 visits. Prior approval required for coverage of outpatient speech therapy, physical therapy, and occupational therapy.
MI	Physicians Health Plan	Sparrow PHP Silver 3200 H.S.A. Exclusive	Yes	30 PT/OT; 30 PY/CT; 30 ST	30 PT/OT; 30 PY/CT; 30 ST	The calendar year maximums: outpatient speech therapy – 30 visits; outpatient physical therapy and occupational therapy – 30 visits; pulmonary and cardiac rehabilitation therapy – 30 visits. Prior approval required for coverage of outpatient speech therapy, physical therapy, and occupational therapy.
MI	Physicians Health Plan	Sparrow PHP Silver 4000 Exclusive	Yes	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	The calendar year maximums: outpatient speech therapy – 30 visits; outpatient physical therapy and occupational therapy – 30 visits; pulmonary and cardiac rehabilitation therapy – 30 visits. Prior approval required for coverage of outpatient speech therapy, physical therapy, and occupational therapy.
MI	Physicians Health Plan	Sparrow PHP Silver 4000 HMO	Yes	Copay with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Copay with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	The calendar year maximums: outpatient speech therapy – 30 visits; outpatient physical therapy and occupational therapy – 30 visits; pulmonary

						and cardiac rehabilitation therapy – 30 visits. Prior approval required for coverage of outpatient speech therapy, physical therapy, and occupational therapy.
MI	Physicians Health Plan	Sparrow PHP Silver 7000 Exclusive	Yes	Copay with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Copay with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	The calendar year maximums: outpatient speech therapy – 30 visits; outpatient physical therapy and occupational therapy – 30 visits; pulmonary and cardiac rehabilitation therapy – 30 visits. Prior approval required for coverage of outpatient speech therapy, physical therapy, and occupational therapy.
MI	Total Health Care USA, Inc.	Totally You	Yes	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Coinsurance with deductible	Prior approval required. Physical & Occupational Therapy (including Osteopathic and Chiropractic Manipulation) limited to a combined 30 visits/year. Speech Therapy limited to 30 visits/year. Cardiac & Pulmonary Rehab limited to a combined 30 visits/year.
MI	Total Health Care USA, Inc.	Totally You - Complete	Yes	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Coinsurance with deductible	Prior approval required. Physical & Occupational Therapy (including Osteopathic and Chiropractic Manipulation) limited to a combined 30 visits/year. Speech Therapy limited to 30 visits/year. Cardiac & Pulmonary Rehab limited to a combined 30 visits/year.

MI	Total Health Care USA, Inc.	Totally You - Simple Choice	Yes	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Coinsurance with deductible	Prior approval required. Physical & Occupational Therapy (including Osteopathic and Chiropractic Manipulation) limited to a combined 30 visits/year. Speech Therapy limited to 30 visits/year. Cardiac & Pulmonary Rehab limited to a combined 30 visits/year.
MI	Total Health Care USA, Inc.	Totally You - Value	Yes	Coinsurance with a deductible; 30 PT/OT; 30 PY/CT; 30 ST	Coinsurance with deductible	Prior approval required. Physical & Occupational Therapy (including Osteopathic and Chiropractic Manipulation) limited to a combined 30 visits/year. Speech Therapy limited to 30 visits/year. Cardiac & Pulmonary Rehab limited to a combined 30 visits/year.
NY	BlueShield of Northeastern New York	Silver Standard	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	BlueShield of Northeastern New York	Silver Destination 65	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	BlueCross BlueShield of Western New York	Silver Standard Ind (2020)	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	BlueCross BlueShield of Western New York: WNY Silver Ind align (2020)	: WNY Silver Ind align (2020)	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	BlueCross BlueShield of Western New York: WNY Silver Ind align (2020)	WNY Silver Ind focus (2020)	Yes	60 PT/OT/ST	60 PT/OT/ST	

NY	BlueCross BlueShield of Western New York: WNY Silver Ind align (2020)	WNY Silver IND Destination 65 (2020)	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	CDPHP	MO Copayment 30, Silver, ST, INN, Dep25	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	CDPHP	HDHMO Qualified 33, Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	CDPHP	HDHMO Qualified 35 Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	CDPHP	Smart Deductible EPC HMO Coinsurance 34, Silver, NS, INN, Dep25, Adult Vision, Lasik, Wellness	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	EmblemHealth	EmblemHealth Silver Bold D	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	EmblemHealth	EmblemHealth Silver Value	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	EmblemHealth	Emblem Silver D ST	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	EmblemHealth	EmblemHealth Silver Bold	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Empire BlueCross BlueShield	HealthPlus Gatekeeper X, Silver, ST, INN, Pediatric Dental, Dep 25	Unclear	Copay per visit	Copay per visit	

NY	Empire BlueCross BlueShield	Empire Gatekeeper X, Silver, ST, INN, Pediatric Dental, Dep 2	Unclear	Copay per visit	Copay per visit	
NY	Excellus	Excellus Silver Select NS	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Excellus	Excellus Silver Standard ST	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Excellus	Silver Standard	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver Enhanced	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver 73% Actuarial Value	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver 73% Actuarial Value Enhanced	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver 87% Actuarial Value	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver 87% Actuarial Value Enhanced	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Fidelis Care	Silver 94% Actuarial Value	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Healthfirst	Silver Leaf	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Healthfirst	Silver Leaf CSR 200-250	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Healthfirst	Silver Leaf CSR 150-200	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Healthfirst	Silver Leaf CSR 100-150	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Independent health	iDirect Silver Copay HSAQ	Yes	60 PT/OT/ST	No limits	
NY	Independent health	Standard Silver	Yes	60 PT/OT/ST	No limits	
NY	MVP healthcare	MVP Silver 2 NS	Yes	54 ST/OT/PT/PY/	54 ST/OT/PT/PY/	
NY	MVP healthcare	MVP Silver 1 ST	Yes	60 PT/OT/ST	60 PT/OT/ST	

NY	MVP healthcare	Excellus Silver Standard Plus 3	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	MVP healthcare	MVP Silver 3 HDHP	Yes	54 ST/OT/PT/PY/	54 ST/OT/PT/PY/	
NY	MVP healthcare	MVP Silver 11 NS	Yes	54 ST/OT/PT/PY/	54 ST/OT/PT/PY/	
NY	Oscar	Saver Silver Plan	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Oscar	Simple Silver Plan	No	60 PT/OT/ST	60 PT/OT/ST	
NY	Oscar	Classic Silver Plan	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 25	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UnitedHealthcare UHC Compass Silver ST INN Pediatric Dental Dep 29	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 25 A	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 29 A	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 25 B	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 29 B	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 25 C	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	

NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 29 C	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 25 D	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 29 D	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 25 E	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Dep 29 E	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Child Only	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Child Only A	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Child Only B	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Child Only C	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	

NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Child Only D	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	UnitedHealthcare	UHC Compass Silver ST INN Pediatric Dental Child Only E	Yes	60 PT/OT/ST; unlimited PY,CT	60 PT/OT/ST	
NY	Univera	Silver Select	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Univera	Silver Standard Plus 3	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	Univera	Silver Standard	Yes	60 PT/OT/ST	60 PT/OT/ST	
NY	MetroPlus	SilverPlus S1 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$30 per visit
NY	MetroPlus	SilverPlus S1-2 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$15 per visit
NY	MetroPlus	SilverPlus S1-3 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$25 per visit
NY	MetroPlus	SilverPlus S2 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$30 per visit
NY	MetroPlus	SilverPlus S2-1 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$15 per visit
NY	MetroPlus	SilverPlus S2-2 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$25 per visit
NY	MetroPlus	SilverPlus S2-3 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$30 per visit
NY	MetroPlus	SilverPlus S3 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$30 per visit
NY	MetroPlus	SilverPlus S3-1 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$15 per visit
NY	MetroPlus	SilverPlus S3-2 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$25 per visit
NY	MetroPlus	SilverPlus S3-3 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	\$30 per visit
NY	MetroPlus	SilverPlus S3-4 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	

NY	MetroPlus	SilverPlus S5 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	
NY	MetroPlus	Silver Plus S6 2020	Unclear	60 visits per condition, per plan year, combined	60 visits per condition, per plan year, combined	
NY	Emblem	EmblemHealth Silver	Yes	Inpatient: \$1,500 per admission Outpatient: \$30 co-pay per visit	Inpatient: \$1,500 per admission Outpatient: \$30 co-pay per visit	
NY	Emblem	EmblemHealth Silver Value (with Adult Dental and Vision)	Yes	Inpatient: Sixty (60) days per plan year. Combined therapies. Outpatient: Sixty (60) visits per condition per plan year. Combined therapies. Speech and physical therapies are only covered following a hospital stay or surgery.	Inpatient: Sixty (60) days per plan year. Combined therapies. Outpatient: Sixty (60) visits per condition per plan year. Combined therapies. Speech and physical therapies are only covered following a hospital stay or surgery.	Prior Approval required. Failure to obtain Prior Approval will result in denial of payment or reduced payment
Ohio	AultCare Insurance Company	AultCare Silver 5000 No Pediatric Dental	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	AultCare Insurance Company	AultCare Silver 5000 Select	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	AultCare Insurance Company	AultCare Silver 5000	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	AultCare Insurance Company	AultCare Silver 5000 Select No Pediatric Dental	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA;	Rehab must be illness/injury-related

					Mental/Behavioral Outpatient services benefit not specified	
OH	AultCare Insurance Company	AultCare Silver 6850	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	AultCare Insurance Company	AultCare Silver 6850 Select	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	AultCare Insurance Company	AultCare Silver 6850 No Pediatric Dental	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	AultCare Insurance Company	AultCare Silver 6850 Select No Pediatric Dental	Yes	Outpatient: 20 ST; 40 OT/PT; 36 CR; 20 MT	20 PT/OT/ST; 20 hours per week Clinical Therapy Intervention incl. ABA; Mental/Behavioral Outpatient services benefit not specified	Rehab must be illness/injury-related
OH	Molina Healthcare of Ohio, Inc.	Molina Silver	Yes	20 PT, 20 OT, 20 ST, 20 PR, 36 CR, 12 Chiro	Combined with rehab	Precertification required or services not covered
OH	Oscar Buckeye State Insurance Corp.	Classic Silver	No	Copay, no deductible; 20 visits for each service	Copay, no deductible; 20 visits for each service	
OH	Oscar Buckeye State Insurance Corp.	Saver Silver	Yes	Coinsurance with a deductible; 20 visits for each service	Coinsurance with a deductible; 20 visits for each service	
OH	Oscar Buckeye State Insurance Corp.	Simple Silver	No	Copay, no deductible; 20 visits for each service	Copay, no deductible; 20 visits for each service	
OH	Oscar Insurance Corporation of Ohio	Classic Silver	No	Copay, no deductible; 20 visits for each service	Copay, no deductible; 20 visits for each service	
OH	Oscar Insurance Corporation of Ohio	Saver Silver	Yes	Coinsurance with a deductible; 20 visits for each service	Coinsurance with a deductible; 20 visits for each service	
OH	Oscar Insurance Corporation of Ohio	Simple Silver	No	Copay, no deductible; 20 visits for each service	Copay, no deductible; 20 visits for each service	

OH	Paramount Insurance Company	Paramount Silver 1	Yes	Outpatient: 20 PT/OT/ST/PR, 36 CR, 12 Chiro; Inpatient: 60 days	Outpatient: 20 PT/OT/ST Inpatient: 60 days	
OH	Paramount Insurance Company	Paramount Silver 2	Yes	Outpatient: 20 PT/OT/ST/PR, 36 CR, 12 Chiro; Inpatient: 60 days	Outpatient: 20 PT/OT/ST Inpatient: 60 days	
OH	Paramount Insurance Company	Paramount Silver 5	Yes	Outpatient: 20 PT/OT/ST/PR, 36 CR, 12 Chiro; Inpatient: 60 days	Outpatient: 20 PT/OT/ST Inpatient: 60 days	
OH	Paramount Insurance Company	Paramount Silver 6	Yes	Outpatient: 20 PT/OT/ST/PR. 36 CR, 12 Chiro; Inpatient: 60 days	Outpatient: 20 PT/OT/ST Inpatient: 60 days	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2019)	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2019)	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 11 (2019)	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 5 (2019)	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2019) + Vision	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2019) + Vision	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2019) + Vision + Adult Dental	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2019) + Vision + Adult Dental	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	
OH	Buckeye Community Health Plan	Ambetter Balanced Care 5 (2019)	Yes	20 PT, ST, OT; 36 CR; 20 PY unless considered PT	Autism: 20 Outpatient OT/ST, 20 hours per week outpatient Clinical Therapy. Intervention	

OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 0 for HSA	Unclear	0% coinsurance	0% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 10 for HSA	Unclear	10% coinsurance	10% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 2100	Unclear	20% coinsurance	20% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 3000	Unclear	10% coinsurance	10% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 3500	Unclear	25% coinsurance	25% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 4000 Online Plus	Unclear	30% coinsurance	30% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 4500	Unclear	25% coinsurance	25% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 5000	Unclear	35% coinsurance	35% coinsurance	
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 6000 25	Unclear	25% coinsurance	25% coinsurance	
OH	Summa Insurance Company, Inc.	SummaCare Silver 3500 with SCConnect Network and 3 Free PCP Visits	No	Copay, no deductible; 20 PT,ST,OT,PY; 36 CT	Copay, no deductible; 20 PT,ST,OT	
OH	Summa Insurance Company, Inc.	SummaCare Silver 5000 40 with SCConnect Network	Yes	Coinsurance; 20 PT,ST,OT,PY; 36 CT	Coinsurance, no deductible; 20 PT,ST,OT	

OH	Summa Insurance Company, Inc.	SummaCare Silver 5000 with SCConnect Network and 3 Free PCP Visits	No	Copay, no deductible; 20 PT,ST,OT,PY; 36 CT	Copay, no deductible; 20 PT,ST,OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - Mercy	Yes	Coinsurance after deductible ; 40 PT/OT	Coinsurance after deductible: 40 PT; 20 for Autism related services; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - Dayton	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible: 40 PT; 20 for Autism-related services; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - NE Ohio	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - OhioHealth	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - ProMedica	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - Dayton	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - Mercy	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - NE Ohio	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - OhioHealth	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - ProMedica	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Dayton	Yes	no charge after deductible; 40 PT/OT	no charge after deductible; 40 PT/OT; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Mercy	Yes	no charge after deductible; 40 PT/OT	40 PT; 20 OT for Autism-related services, 20 ST for Autism-related services	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - NE Ohio	Yes	no charge after deductible; 40 PT/OT	40 PT; 20 OT for Autism-related services, 20 ST for Autism-related services	

OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - OhioHealth	Yes	no charge after deductible; 40 PT/OT	40 PT; 20 OT for Autism-related services, 20 ST for Autism-related services	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - ProMedica	Yes	no charge after deductible; 40 PT/OT	40 PT; 20 OT for Autism-related services, 20 ST for Autism-related services	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - Dayton	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - Mercy	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - NE Ohio	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - OhioHealth	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT; 20 ST	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - ProMedica	Yes	Coinsurance after deductible; 40 PT/OT	Coinsurance after deductible; 40 PT/OT; 20 ST	
OH	CareSource	CareSource Marketplace Low Deductible Silver	Yes	20 PT, OT ,ST; 36 CT; 12 MT	20 PT, OT ,ST	
OH	CareSource	CareSource Marketplace Low Deductible Silver Dental and Vision	Yes	20 PT, OT ,ST; 36 CT; 12 MT	20 PT, OT ,ST	
OH	CareSource	CareSource Marketplace Low Premium Silver	Yes	20 PT, OT ,ST; 36 CT; 12 MT	20 PT, OT ,ST	
OH	CareSource	CareSource Marketplace Low Premium Silver Dental and Vision	Yes	20 PT, OT ,ST; 36 CT; 12 MT	20 PT, OT ,ST	
OH	CareSource	CareSource Marketplace Standard Silver	Yes	20 PT, OT ,ST; 36 CT; 12 MT	20 PT, OT ,ST	
OH	CareSource	CareSource Marketplace Standard Silver Dental and Vision	Yes	20 PT, OT ,ST; 36 CT; 12 MT	20 PT, OT ,ST	

OR	BridgeSpan Health Company	BridgeSpan Standard Silver Plan EPO OHSU Plus	No	30% coinsurance/inpatient services; \$40copay/outpatient visit, deductible does not apply. 30 OT, ST, PT	30% coinsurance/inpatient services; \$40copay/outpatient visit, deductible does not apply. 30 OT, ST, PT	
OR	BridgeSpan Health Company	Silver Essential 4000 EPO OHSU Plus	No	30% coinsurance/inpatient services; \$40copay/outpatient visit, deductible does not apply. 30 OT, ST, PT	30% coinsurance/inpatient services; \$40copay/outpatient visit, deductible does not apply. 30 OT, ST, PT	
OR	BridgeSpan Health Company	Silver HDHP 3000 EPO OHSU Plus	No	Coinsurance for in-network providers, no coverage out of network. 30 PT, OT, ST	Coinsurance for in-network providers, no coverage out of network. 30 PT, OT, ST	
OR	Kaiser Foundation Healthplan of the NW	KP OR Silver 2500/30	No	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	Kaiser Foundation Healthplan of the NW	KP Oregon Standard Silver Plan	No	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	Moda Health Plan, Inc.	Moda Health Beacon Silver 3000	Unclear	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	Moda Health Plan, Inc.	Moda Health Beacon Silver 3500	Unclear	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	Moda Health Plan, Inc.	Moda Health Cornerstone Silver 3000	Unclear	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	Moda Health Plan, Inc.	Moda Health Oregon Standard Silver (Affinity)	Unclear	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	

OR	Moda Health Plan, Inc.	Moda Health Oregon Standard Silver (Beacon)	Unclear	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	PacificSource Health Plans	PacificSource Oregon Standard Silver Plan LHN	Unclear	No deductible. Coinsurance for inpatient, the copay for outpatient 30 OT/ST/PT	No deductible for outpatient only. Coinsurance for inpatient, copay for outpatient 30 OT/ST/PT	
OR	Providence Health Plan	Connect 2500 Silver	Yes	Coinsurance for 30 ST/OT/PT; no limit for mental health services	Coinsurance for 30 ST/OT/PT; no limit for mental health services	
OR	Providence Health Plan	Providence Oregon Standard Silver Plan - Choice Network	No	No deductible for outpatient; copay; 30 ST/OT/PT	No deductible for outpatient; copay; 30 ST/OT/PT	
OR	Providence Health Plan	Providence Oregon Standard Silver Plan - Signature Network	No	No deductible for outpatient; copay; 30 ST/OT/PT	No deductible for outpatient; copay; 30 ST/OT/PT	
PA	Pennsylvania Health & Wellness, Inc.	Ambetter Balanced Care 11 (2019)	Yes	Coinsurance, 30 ST; 30 PT/OT; 36 CR/PY/RV	Coinsurance, 30 ST; 30 PT/OT; 36 CR/PY/RV	Limits do not apply for mental health/substance abuse
PA	Pennsylvania Health & Wellness, Inc.	Ambetter Balanced Care 3 (2019)	Yes	Coinsurance, 30 ST; 30 PT/OT; 36 CR/PY/RV	Coinsurance, 30 ST; 30 PT/OT; 36 CR/PY/RV	Limits do not apply for mental health/substance abuse
PA	Pennsylvania Health & Wellness, Inc.	Ambetter Balanced Care 5 (2019)	Yes	30 ST; 30 PT/OT; 36 CR/PY/RV	30 ST; 30 PT/OT; 36 CR/PY/RV	Limits do not apply for mental health/substance abuse
PA	Geisinger Health Plan	Geisinger Marketplace Extra HMO 10/50/4500	Yes	Copayment for participating providers, no deductible	Copayment for participating providers, no deductible	No coverage for nonparticipating providers
PA	Geisinger Health Plan	Geisinger Marketplace HMO 30/60/4650	Yes	Copayment for participating providers, no deductible	Copayment for participating providers, no deductible	No coverage for nonparticipating providers
PA	Geisinger Health Plan	Geisinger Marketplace PPO 30/60/4650	Yes	Copayment for participating providers/ coinsurance for nonparticipating providers	Copayment for participating providers/ coinsurance for nonparticipating providers	
PA	Keystone Health Plan East, Inc	Keystone HMO Silver Proactive	No	\$80 per visit, no deductible up to 30 PT/OT	\$80 per visit, no deductible up to 30 PT/OT but not for mental health services	

PA	Highmark Inc.	my Direct Blue Conemaugh EPO Silver 0	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Inc.	my Direct Blue Conemaugh EPO Silver 2400 - 2 Free PCP Visits	yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Inc.	my Direct Blue Conemaugh EPO Silver 4450 HSA	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Inc.	my Direct Blue EPO Silver 0	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Inc.	my Direct Blue EPO Silver 2400 - 2 Free PCP Visits	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Inc.	my Direct Blue EPO Silver 4450 HSA	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Choice Company	my Direct Blue Erie HMO Silver 0	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	

PA	Highmark Choice Company	my Direct Blue Erie HMO Silver 2400 - 2 Free PCP Visits	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Choice Company	my Direct Blue Erie HMO Silver 4450 HSA	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Choice Company	my Direct Blue HMO Silver 0	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Choice Company	my Direct Blue HMO Silver 2400 - 2 Free PCP Visits	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Choice Company	my Direct Blue HMO Silver 4450 HSA	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Health Insurance Company	my Direct Blue Lehigh Valley EPO Silver 0	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Highmark Health Insurance Company	my Direct Blue Lehigh Valley EPO Silver 2400 - 2 Free PCP Visits	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	

PA	Highmark Health Insurance Company	my Direct Blue Lehigh Valley EPO Silver 4450 HSA	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	First Priority Health	my Lehigh Valley Flex Blue HMO Silver 1900 - 2 Free PCP Visits	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	First Priority Health	my Priority Blue Flex HMO Silver 0	yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	First Priority Health	my Priority Blue Flex HMO Silver 2100 - 2 Free PCP Visits	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	First Priority Health	my Priority Blue Flex HMO Silver 4550 HSA	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Independence Blue Cross (QCC Ins. Co.)	Personal Choice EPO Silver Reserve	Yes	The copay for 30 PT/OT, 30 ST., deductible must be paid	Copay for 30 PT/OT, 30 ST. No limit for mental health services and substance abuse diagnosis, the deductible must be paid	
PA	Independence Blue Cross (QCC Ins. Co.)	Personal Choice PPO Silver	No	Copay and Coinsurance, no deductible. coinsurance for 30 PT/OT, 30 ST.	Copay and Coinsurance, no deductible. coinsurance for 30 PT/OT, 30 ST.	
PA	Capital Advantage Assurance Company	Silver PPO 5000/10/30	Yes	The copay for in-network and Coinsurance for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and Coinsurance for out-of-network; 30 PT/OT, 30 ST. no	

					limit for mental health/substance services	
PA	UPMC Health Options, Inc.	Tower UPMC Advantage Silver \$3,500/\$25 - Premium Network	Yes	The copay for in-network and coinsurance for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and coinsurance for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	Tower UPMC Advantage Silver \$3,500/\$25 - Tower Network	Yes	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50 - Partner Network	Yes	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$50 - Partner Network	Yes	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$50 - Premium Network	Yes	The copay for in-network and coinsurance for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and coinsurance for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$50 - Select Network	Yes	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,500/\$25 - Partner Network	Yes	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,500/\$25 - Premium Network	Yes	The copay for in-network and coinsurance for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and coinsurance for out-of-network; 30 PT/OT, 30 ST.	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,500/\$25 - Select Network	Yes	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	The copay for in-network and no coverage for out-of-network; 30 PT/OT, 30 ST.	
RI	Blue Cross Blue Shield	BasicBlue Direct	Yes	10% coinsurance with a deductible	10% coinsurance with a deductible	
RI	Blue Cross Blue Shield	BlueCHIP Direct 4800/9600	Yes	10% coinsurance with a deductible	10% coinsurance with a deductible	

RI	Blue Cross Blue Shield	BlueSolutions for HSA Direct 4100/8200	Yes	20% coinsurance with a deductible	20% coinsurance with a deductible	
RI	Blue Cross Blue Shield	VantageBlue Direct 5700/11400	Yes	30% coinsurance with a deductible	30% coinsurance with a deductible	
RI	Neighborhood Health Plan of RI	Value	Yes	Copay with deductible	Copay with deductible	
RI	Neighborhood Health Plan of RI	COMMUNITY	Yes	Coinsurance with deductible	Coinsurance with deductible	
SD	Avera Health Plans, Inc.	Avera 2750	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with rehab	Preauthorization required after 30 visits for PT, OT, ST.
SD	Avera Health Plans, Inc.	Avera 3500	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with rehab	Preauthorization required after 30 visits for PT, OT, ST.
SD	Avera Health Plans, Inc.	Avera 4000	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with rehab	Preauthorization required after 30 visits for PT, OT, ST.
SD	Avera Health Plans, Inc.	Avera Preferred 2750	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with rehab	Preauthorization required after 30 visits for PT, OT, ST.
SD	Avera Health Plans, Inc.	Avera Preferred 3500	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with rehab	Preauthorization required after 30 visits for PT, OT, ST.
SD	Sanford Health Plan	Sanford Simplicity \$2,800	No	No limits	No limits	Copay
SD	Sanford Health Plan	Sanford Simplicity \$3,500	No	No limits	No limits	Copay
SD	Sanford Health Plan	Sanford Simplicity \$4,750	No	No limits	No limits	Copay
SD	Sanford Health Plan	Sanford TRUE \$2,800	No	No limits	No limits	Copay
SD	Sanford Health Plan	Sanford TRUE \$3,500	No	No limits	No limits	Copay
SD	Sanford Health Plan	Sanford TRUE \$4,750	No	No limits	No limits	Copay
VT	Blue Cross Blue Shield	Silver Plan	Yes	50% co-insurance* inpatient; cardiac / pulmonary services 50% co-insurance*	50% co-insurance* for inpatient services	
VT	Blue Cross Blue Shield	Silver CDHP Plan	Yes	30% co-insurance* inpatient; cardiac / pulmonary services 30% co-insurance*	30% co-insurance* for inpatient services	

VT	Blue Cross Blue Shield	Blue Rewards Silver Plan	Yes	Unclear	30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue Rewards Silver CDHP Plan	Yes	Unclear	30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver 94 (94% AV)	Yes	Coinsurance with deductible	Coinsurance with deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver 87 (87% AV)	Yes	Coinsurance with deductible	Coinsurance with deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver 77 (77% AV)	Yes	Coinsurance with deductible	Coinsurance with deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver 73 (73% AV)	Yes	Coinsurance with deductible	Coinsurance with deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver HDHP 94 (94% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver HDHP 87 (87% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver HDHP 77 (77% AV)	Yes	Coinsurance with deductible	Coinsurance with deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Silver HDHP 73 (73% AV)	Yes	Coinsurance with deductible	Coinsurance with deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue rewards Silver 94 (94% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue rewards Silver 87 (87% AV)	Yes	Copayment with deductible	Copayment with a deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue rewards Silver 77 (77% AV)	Yes	Copayment with deductible	Copayment with a deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue rewards Silver 73 (73% AV)	Yes	Copayment with deductible	Copayment with a deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue rewards Silver HDHP 94 (94% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue rewards Silver HDHP 87 (87% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue Rewards silver 77 (77% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	
VT	Blue Cross Blue Shield	Blue Rewards Silver HDHP 73 (73% AV)	Yes	No charge after a deductible	No charge after deductible; 30 OT/PT/ST	

VT	MVP healthcare	Silver 3	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver CDHP (HDHP)	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 1	Yes	Copay with a deductible; 30 PT/OT/ST	Copay with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 2 HDHP	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 3 94	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 3 87	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 3 77	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 3 73	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 4 94	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 4 87	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 4 HDHP 77	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Silver 4 HDHP 73	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 1 94	Yes	Copay with deductible; 30 PT/OT/ST	Copay with deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 1 87	Yes	Copay with deductible; 30 PT/OT/ST	Copay with deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 1 77	Unclear	Copay with deductible; 30 PT/OT/ST	Copay with deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 1 73	Unclear	Copay with deductible; 30 PT/OT/ST	Copay with deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 2 94	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 2 87	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	

VT	MVP healthcare	Plus Silver 2 HDHP 77	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
VT	MVP healthcare	Plus Silver 2 HDHP 73	Yes	Coinsurance with a deductible; 30 PT/OT/ST	Coinsurance with a deductible; 30 PT/OT/ST	
WA	Molina Healthcare of Washington, Inc	Molina Silver 250 Plan	Yes	25 PT/OT/ST; 10 MT; 12 acupuncture services	25 PT/OT/ST; 10 MT; 12 acupuncture services	
WA	Kaiser Permanente	KP WA Silver 3500/30	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Kaiser Permanente	Flex Silver - 19	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Kaiser Permanente	VisitsPlus Silver HD - 20	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Kaiser Permanente	KP WA Silver 2500/30	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	LifeWise Essential	LifeWise Essential Silver EPO 4000	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	LifeWise Essential	LifeWise Essential Silver High Deductible	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	LifeWise Essential	LifeWise Essential Silver Low Deductible	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	LifeWise Essential	LifeWise Essential Silver EPO HSA 3000	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Premiera	Premiera Blue Cross Preferred Silver EPO 4500	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Providence	Columbia 4500 Silver	Yes	30 PT/OT/ST	30 PT/OT/ST	
WA	Ambetter	Ambetter Balanced Care 4 (2019)	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Ambetter	Ambetter Balanced Care 2 (2019)	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Ambetter	Ambetter Balanced Care 1 (2019)	Yes	25 PT/OT/ST	25 PT/OT/ST	

WA	Ambetter	Ambetter Balanced Care 2 (2019) + Vision	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Ambetter	Ambetter Balanced Care 1 (2019) + Vision	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Ambetter	Ambetter Balanced Care 3 (2019)	Yes	25 PT/OT/ST	25 PT/OT/ST	
WA	Ambetter	Ambetter Balanced Care 3 (2019) + Vision	Yes	25 PT/OT/ST	25 PT/OT/ST	
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver Balance	Yes	Outpatient: 20 all services combined except Chiro, 15 Chiro; Inpatient: 45 days	Outpatient: 20 all services combined Inpatient: 45 days	
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver Classic	Yes	Outpatient: 20 all services combined except Chiro, 15 Chiro; Inpatient: 45 days	Outpatient: 20 all services combined Inpatient: 45 days	
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver HealthPlus	Yes	Outpatient: 20 all services combined except Chiro, 15 Chiro; Inpatient: 45 days	Outpatient: 20 all services combined Inpatient: 45 days	

Appendix 3: SBC URLs

State	Issuer or Association [Entity], i.e. BCBS [Highmark]	Plan Name	2019 SBC Link
AR	Celtic Insurance Co.	Ambetter Balanced Care 7 (2019)	https://api.centene.com/SBC/2019/62141AR0080007-01.pdf
AR	Celtic Insurance Co.	Ambetter Balanced Care 6 (2019)	https://api.centene.com/SBC/2019/62141AR0080008-01.pdf
AR	Celtic Insurance Co.	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/62141AR0080009-01.pdf
AR	Celtic Insurance Co.	Ambetter Balanced Care 4 (2019)	https://api.centene.com/SBC/2019/62141AR0080101-01.pdf
AR	Celtic Insurance Co.	Ambetter Balanced Care 7 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/62141AR0100007-01.pdf
AR	Celtic Insurance Co.	Ambetter Balanced Care 6 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/62141AR0100008-01.pdf
AR	USABLE Mutual Insurance Company	Silver Plan AW1	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32007&year=2019
AR	USABLE Mutual Insurance Company	Silver Plan 1	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32019&year=2019
AR	USABLE Mutual Insurance Company	Silver Plan HSA1	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32023&year=2019
AR	USABLE Mutual Insurance Company	Silver Plan AWM1	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32027&year=2019
AR	USABLE Mutual Insurance Company	Silver Plan 2	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=34018&year=2019
AR	USABLE Mutual Insurance Company	Silver Plan 4	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=34041&year=2019
AR	QualChoice Life & Health Insurance Company, Inc.	Silver 6500	https://www.qualchoice.com/userfiles/pdf/filings/2019/Silver-6500-SBC.pdf
AR	QCA Health Plan, Inc.	Silver Classic 6500	https://www.qualchoice.com/userfiles/pdf/filings/2019/Silver-Classic-6500-SBC.pdf
AR	QCA Health Plan, Inc.	Silver Classic Saver 4000	https://www.qualchoice.com/userfiles/pdf/filings/2019/Silver-Classic-Saver-4000-SBC.pdf
AR	QualChoice Life & Health Insurance Company, Inc.	Silver Saver 4000	https://www.qualchoice.com/userfiles/pdf/filings/2019/Silver-Saver-4000-SBC.pdf
AZ	Blue Cross and Blue Shield of Arizona, Inc.	EverydayHealth HMO 4000 - Neighborhood Network	http://www.azblue.com/2019plans/EverydayHealth4000Neighborhood

AZ	Blue Cross and Blue Shield of Arizona, Inc.	EverydayHealth HMO 4000 - PimaFocus Network	http://www.azblue.com/2019plans/EverydayHealth4000PimaFocus
AZ	Blue Cross and Blue Shield of Arizona, Inc.	TrueHealth HMO 6000 - Neighborhood Network	http://www.azblue.com/2019plans/TrueHealth6000Neighborhood
AZ	Blue Cross and Blue Shield of Arizona, Inc.	TrueHealth HMO 6000 - PimaFocus Network	http://www.azblue.com/2019plans/TrueHealth6000PimaFocus
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 9 (2019)	https://api.centene.com/SBC/2019/91450AZ0080030-01.pdf
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 9 (2019)	https://api.centene.com/SBC/2019/91450AZ0080034-01.pdf
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 4 (2019)	https://api.centene.com/SBC/2019/91450AZ0080035-01.pdf
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 4 (2019)	https://api.centene.com/SBC/2019/91450AZ0080043-01.pdf
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/91450AZ0080044-01.pdf
AZ	Health Net of Arizona, Inc.	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/91450AZ0080045-01.pdf
AZ	Bright Health Company of Arizona	Silver	https://cdn1.brighthealthplan.com/docs/2019-SBCs/SBC_87247AZ0010002_01_20190101.pdf
AZ	Bright Health Company of Arizona	Silver Perks	https://cdn1.brighthealthplan.com/docs/2019-SBCs/SBC_87247AZ0010003_01_20190101.pdf
AZ	Bright Health Company of Arizona	Silver	https://cdn1.brighthealthplan.com/docs/2019-SBCs/SBC_87247AZ0010022_01_20190101.pdf
AZ	Bright Health Company of Arizona	Silver Perks	https://cdn1.brighthealthplan.com/docs/2019-SBCs/SBC_87247AZ0010023_01_20190101.pdf
AZ	Cigna HealthCare of Arizona, Inc	Cigna Connect 5000	https://www.cigna.com/2019/sbc/cigna-connect-5000-pho-az
AZ	Cigna HealthCare of Arizona, Inc	Cigna Connect 6400	https://www.cigna.com/2019/sbc/cigna-connect-6400-pho-az
AZ	Oscar Health Plan, Inc.	Oscar Classic Silver	https://www.hioscar.com/hx/sbc/?state=AZ&year=2019&hios=13877AZ0030001-01
AZ	Oscar Health Plan, Inc.	Oscar Saver Silver	https://www.hioscar.com/hx/sbc/?state=AZ&year=2019&hios=13877AZ0060001-01
AZ	Oscar Health Plan, Inc.	Oscar Simple Silver	https://www.hioscar.com/hx/sbc/?state=AZ&year=2019&hios=13877AZ0090001-01
CA	Anthem	Anthem Silver 70 EPO AI-AN	PDF Attached
CA	Blue of California	Silver 70 Off-Exchange Trio HMO	https://www.blueshieldca.com/bsca/bsc/public/employer/DisplayDocument/!ut/p/z1/jZBP8JAEMU_Sw_bm874h1IKQUJBUI9iE06lzIJ02Rhk12TjZp--hpy6UFt5_Yev5nHGyBlgCo-6py9thWbi_6gp0-crHE9W2GE0XyOYbTE1-3uDRGnEA_AjQkR6F_7twG6fz4G-gvZA0XGpkObsEpnzzlQLV9SSz1u64tdeO-aF4UK0yZj50w3zmy0BVnhZz1v1B4aK2Xnfh3Nq00i8EOdKW9ZqO_5dFxlSuJShs

			Kb24IfYxkPyOwZcuU9wRGI3Ch9-AB8JwJkI/dz/d5/L2dBISEvZ0FBIS9nQSEh/?fileName=MC014322_SBC.pdf
CA	Blue of California	Silver 2600 HDHP PPO	https://www.blueshieldca.com/bsca/bsc/public/employer/DisplayDocument!/ut/p/z1/jZBP8JAEMU_Sw_bm874h1IKQUJBUI9iE06lziJ02Rhk12TjZp--hpy6UFt5_Yev5nHGyBlgCo-6py9thWbi_6gp0-crHE9W2GE0XyOYbTE1-3uDRGnEA_AjQkR6F_7twG6fz4G-gvZAOXGpkObsEpnzzlQLV9SSz1u64tdeO-aF4UK0yZj50w3zmyy0BVnhZz1v1B4aK2Xnfh3Nq00i8EOdKW9ZqO_5dFxlIsuJShsKb24IfYxkPyOwZcuU9wRGI3Ch9-AB8JwJkI/dz/d5/L2dBISEvZ0FBIS9nQSEh/?fileName=M0019901_SBC.pdf
CA	Blue of California	Silver 1950 PPO	https://www.blueshieldca.com/bsca/bsc/public/employer/DisplayDocument!/ut/p/z1/jZBP8JAEMU_Sw_bm874h1IKQUJBUI9iE06lziJ02Rhk12TjZp--hpy6UFt5_Yev5nHGyBlgCo-6py9thWbi_6gp0-crHE9W2GE0XyOYbTE1-3uDRGnEA_AjQkR6F_7twG6fz4G-gvZAOXGpkObsEpnzzlQLV9SSz1u64tdeO-aF4UK0yZj50w3zmyy0BVnhZz1v1B4aK2Xnfh3Nq00i8EOdKW9ZqO_5dFxlIsuJShsKb24IfYxkPyOwZcuU9wRGI3Ch9-AB8JwJkI/dz/d5/L2dBISEvZ0FBIS9nQSEh/?fileName=MD008534_SBC.pdf
CA	Blue of California	Silver 70 Off-Exchange PPO	https://www.blueshieldca.com/bsca/bsc/public/employer/DisplayDocument!/ut/p/z1/jZBP8JAEMU_Sw_bm874h1IKQUJBUI9iE06lziJ02Rhk12TjZp--hpy6UFt5_Yev5nHGyBlgCo-6py9thWbi_6gp0-crHE9W2GE0XyOYbTE1-3uDRGnEA_AjQkR6F_7twG6fz4G-gvZAOXGpkObsEpnzzlQLV9SSz1u64tdeO-aF4UK0yZj50w3zmyy0BVnhZz1v1B4aK2Xnfh3Nq00i8EOdKW9ZqO_5dFxlIsuJShsKb24IfYxkPyOwZcuU9wRGI3Ch9-AB8JwJkI/dz/d5/L2dBISEvZ0FBIS9nQSEh/?fileName=MC014321_SBC.pdf
CA	Chinese Community Health Plan	ActiveChoice PPO Silver (In-Network)	https://assets.ctfassets.net/ykg55i5qpwt5/7xSGEpaKxVRq1QhWOdLDmT/7ae33b9a094b63de0a708350ff93d75c/SummaryBenefits-19-IFP-OFF-AC.pdf
CA	Anthem	Anthem Silver 87 EPO	PDF Attached
CA	Anthem	Anthem Silver 73 EPO	PDF Attached
CA	Chinese Community Health Plan	Amber 50 HMO Silver	https://assets.ctfassets.net/ykg55i5qpwt5/4fBMTZXv6NBnYe2uMFhJf/b86d394e6f9e0c89c8334e971ec9375d/SummaryBenefits-19-IFP-OFF-A50.pdf
CA	Chinese Community Health Plan	Silver 70* HMO	https://assets.ctfassets.net/ykg55i5qpwt5/2tWleJIEoPebWkXQfXGTbn/Of21706fd4e29fcf62a20a80067da65b/SummaryBenefits-19-IFP-ON-S70.pdf
CA	Health Net	Silver 94 PureCare One EPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-94-pco-epo-sbc.pdf
CA	Health Net	Silver 87 PureCare One EPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-87-pco-epo-sbc.pdf
CA	Health Net	Silver 73 PureCare One EPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-73-pco-epo-sbc.pdf

CA	Health Net	Silver 70 PureCare One EPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-70-pco-epo-sbc.pdf
CA	Anthem	Anthem Silver 94 EPO	PDF Attached
CA	Health Net	Silver 94 EnhancedCare PPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-94-ec-ppo-sbc.pdf
AZ	Oscar Health Plan, Inc.	Oscar Simple Silver	https://www.hioscar.com/hx/sbc/?state=AZ&year=2019&hios=13877AZ0090001-01
CA	Anthem	Anthem Silver 70 EPO	PDF Attached
CA	Health Net	Silver 87 EnhancedCare PPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-87-ec-ppo-sbc.pdf
CA	Health Net	Silver 73 EnhancedCare PPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-73-ec-ppo-sbc.pdf
CA	Health Net	Silver 70 EnhancedCare PPO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-70-ec-ppo-sbc.pdf
CA	Health Net	Silver 94 CommunityCare HMO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-94-ec-ppo-sbc.pdf
CA	Health Net	Silver 87 CommunityCare HMO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-87-cc-hmo-sbc.pdf
CA	Health Net	Silver 73 CommunityCare HMO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-73-cc-hmo-sbc.pdf
CA	Health Net	Silver 70 CommunityCare HMO	https://ifp.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/general/ca/ifp/sbc/2019-ca-iex-silver-70-cc-hmo-sbc.pdf
CA	Molina	Molina Silver 94 HMO	https://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/summary-of-benefits-silver-94-2019.pdf
CA	Molina	Molina Silver 87 HMO	https://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/summary-of-benefits-silver-87-2019.pdf
CA	Molina	Molina Silver 73 HMO	https://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/summary-of-benefits-silver-73-2019.pdf
CA	Molina	Molina Silver 70 HMO	https://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/summary-of-benefits-silver-70-2019.pdf
CA	Oscar	Oscar Saver Silver HSA HDHP EPO	https://d3ul0st9g52g6o.cloudfront.net/2019/CA/sbc/2019_10544CA016000100.pdf
CA	Oscar	Oscar Simple Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2019/CA/sbc/2019_10544CA006000100.pdf
CA	Sharp	Sharp Performance Silver 70 HMO 2000/45 + Child Dental INF	https://www.coveredca.com/forsmallbusiness/plans/PDFs/2019-sharp/Performance Silver 70 HMO 2000-45 Child Dental INF.pdf

CA	Sharp	Sharp Performance Silver 70 HMO 2000/45 + Child Dental	https://www.coveredca.com/forsmallbusiness/plans/PDFs/2019-sharp/Performance_Silver_70_HMO_2000-45_Child_Dental.pdf
CA	Sharp	Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental INF	https://www.coveredca.com/forsmallbusiness/plans/PDFs/2019-sharp/Premier_Silver_70_HDHP_HMO_2500-20_Child_Dental_INF.pdf
CA	Sharp	Premier Silver 70 HDHP HMO 2500-20% Child Dental	https://www.coveredca.com/forsmallbusiness/plans/PDFs/2019-sharp/Premier_Silver_70_HDHP_HMO_2500-20_Child_Dental.pdf
CA	Sharp	Premier Silver 70 HMO 2000-45 Child Dental INF	https://www.coveredca.com/forsmallbusiness/plans/PDFs/2019-sharp/Premier_Silver_70_HMO_2000-45_Child_Dental_INF.pdf
CA	Sharp	Sharp Premier Silver 70 HMO 2000/45 + Child Dental	https://www.coveredca.com/forsmallbusiness/plans/PDFs/2019-sharp/Premier_Silver_70_HMO_2000-45_Child_Dental.pdf
CA	Valley Health	VHP Silver 94 HMO	https://www.valleyhealthplan.org/sites/m/shop/Documents/SBC/2019%20English/SBCs%20-%20Fixed%20Pharm%20Benefits%20Link/SBC%20Silver%2094%20HMO.pdf
CA	Valley Health	VHP Silver 87 HMO	https://www.valleyhealthplan.org/sites/m/shop/Documents/SBC/2019%20English/SBCs%20-%20Fixed%20Pharm%20Benefits%20Link/SBC%20Silver%2087%20HMO.pdf
CA	Valley Health	VHP Silver 73 HMO	https://www.valleyhealthplan.org/sites/m/shop/Documents/SBC/2019%20English/SBCs%20-%20Fixed%20Pharm%20Benefits%20Link/SBC%20Silver%2073%20HMO.pdf
CA	Valley Health	VHP Silver 70 HMO	https://www.valleyhealthplan.org/sites/m/shop/Documents/SBC/2019%20English/SBCs%20-%20Fixed%20Pharm%20Benefits%20Link/SBC%20Silver%2070%20HMO.pdf
CA	LA Care Covered	SILVER 70 HMO	http://www.lacare.org/sites/default/files/LA0922b_2019_LACC_SBC_Silver_70_1018.pdf
CA	LA Care Covered	SILVER 73 HMO	http://www.lacare.org/sites/default/files/LA0923b_2019_LACC_SBC_Silver_73_1018.pdf
CA	LA Care Covered	SILVER 87 HMO	http://www.lacare.org/sites/default/files/LA0924b_2019_LACC_SBC_Silver_87_1018.pdf
CA	LA Care Covered	SILVER 94 HMO	http://www.lacare.org/sites/default/files/LA0925b_2019_LACC_SBC_Silver_94_1018.pdf
CO	Anthem	Anthem Silver Pathway X HMO 5500	file:///C:/Users/research/Downloads/76680CO0220039-01%20SBC.pdf
CO	Anthem	Anthem Silver Pathway X HMO 5150	file:///C:/Users/research/Downloads/76680CO0220041-01%20SBC.pdf
CO	Anthem	Anthem Silver Pathway X HMO 4500 Rx Copay	file:///C:/Users/research/Downloads/76680CO0220055-01%20SBC.pdf
CO	Anthem	Anthem Silver Pathway X HMO 2000	file:///C:/Users/research/Downloads/76680CO0220025-01%20SBC%20(3).pdf

CO	Anthem	Anthem Silver Pathway X HMO 3000 Rx Copay	file:///C:/Users/research/Downloads/76680CO0220027-01%20SBC.pdf
CO	Cigna	Cigna Connect Flex Silver 5000	file:///C:/Users/research/Downloads/49375CO0060019-01%20SBC.pdf
CO	Cigna	Cigna Connect Flex Silver 3500	file:///C:/Users/research/Downloads/49375CO0060017-01%20SBC.pdf
CO	Cigna	Cigna Connect Flex Silver 2750 RX	file:///C:/Users/research/Downloads/49375CO0060015-01%20SBC.pdf
CO	Bright	Silver 1 EPO/Silver	file:///C:/Users/research/Downloads/31070CO0010023-01%20SBC.pdf
CO	Bright	Silver 2 EPO/Silver	file:///C:/Users/research/Downloads/31070CO0010024-01%20SBC.pdf
CO	Bright	Silver 5 Rx Copay EPO/Silver	file:///C:/Users/research/Downloads/31070CO0010002-01%20SBC.pdf
CO	Bright	Silver 4 Rx Copay EPO/Silver	file:///C:/Users/research/Downloads/31070CO0010017-01%20SBC.pdf
CO	Bright	Silver 3 HSA EPO/Silver	file:///C:/Users/research/Downloads/31070CO0010006-01%20SBC.pdf
CO	Friday	Friday Silver X HMO/Silver	file:///C:/Users/research/Downloads/63312CO0600053-01%20SBC.pdf
CO	Friday	Friday Silver Rx Copay X HMO/Silver	file:///C:/Users/research/Downloads/63312CO0600056-01%20SBC.pdf
CO	Oscar	Oscar Classic Silver Next EPO/Silver	file:///C:/Users/research/Downloads/44559CO0010009-01%20SBC.pdf
CO	Oscar	Oscar Classic Silver EPO/Silver	file:///C:/Users/research/Downloads/44559CO0010006-01%20SBC.pdf
CO	Oscar	Oscar Saver Silver EPO/Silver	file:///C:/Users/research/Downloads/44559CO0010008-01%20SBC.pdf
CO	Oscar	Oscar Simple Silver RX Copay	file:///C:/Users/research/Downloads/44559CO0010007-01%20SBC.pdf
CO	Kaiser	KP CO Silver 4500/20 HMO/Silver	file:///C:/Users/research/Downloads/21032CO0410055-01%20SBC.pdf
CO	Kaiser	KP CO Silver 3000/20%/HSA HMO/Silver	file:///C:/Users/research/Downloads/21032CO0410005-01%20SBC.pdf
CO	Kaiser	KP CO Silver 2500/25 HMO/Silver	file:///C:/Users/research/Downloads/21032CO0410003-01%20SBC%20(1).pdf
CO	Kaiser	KP CO Silver 3500/30 RX Copay	file:///C:/Users/research/Downloads/21032CO0410004-01%20SBC%20(2).pdf
CO	Denver Health Medical	Silver Standard HMO/Silver	file:///C:/Users/research/Downloads/66699CO0030006-01%20SBC.pdf

CO	Denver Health Medical	Silver Select HMO/Silver	file:///C:/Users/research/Downloads/66699CO0030001-01%20SBC.pdf
CT	Anthem	Silver PPO Pathway X Tiered - (371V)	https://www.sbc.anthem.com/dps/deepLink.xhtml
CT	Anthem	Silver PPO Standard Coinsurance Pathway X - (371N)	https://www.sbc.anthem.com/dps/deepLink.xhtml
CT	Anthem	Silver PPO Standard Pathway X - (3709)	https://www.sbc.anthem.com/dps/deepLink.xhtml
CT	ConnectiCare	Choice Silver Alternative POS	https://www.connecticare.com/globalfiles/sbc/2019/en-us/ChoiceSilverAltPOSSBC.pdf
CT	ConnectiCare	Choice Silver Standard Coinsurance POS	https://www.connecticare.com/globalfiles/sbc/2019/en-us/ChoiceSilverStandardCoinsPOSSBC.pdf
CT	ConnectiCare	Choice Silver Standard POS	https://www.connecticare.com/globalfiles/sbc/2019/en-us/ChoiceSilverStandardPOSSBC.pdf
DC	CareFirst Blue Choice	BluePreferred PPO Standard Silver \$3,500	https://dchealthlink.com/sites/default/files/v2/download/health-plans/2019/carefirst/BluePreferred_PPOStandardSilver3500_IVL.pdf
DC	CareFirst Blue Choice	BlueChoice HMO Standard Silver \$3,500	https://dchealthlink.com/sites/default/files/v2/download/health-plans/2019/carefirst/BlueChoice_HMOStandardSilver3500_IVL.pdf
DC	Kaiser	KP DC Silver 2500/30/Dental	https://dchealthlink.com/sites/default/files/v2/download/health-plans/2019/kaiser/KP_DC_Silver_2500_30_Dental_IVL.pdf
DC	Kaiser	KP DC Standard Silver 3500/40/Dental	https://dchealthlink.com/sites/default/files/v2/download/health-plans/2019/kaiser/KP_DC_Standard_Silver_3500_40_Dental_IVL.pdf
DC	Kaiser	KP DC Silver 3200/30%/HSA/Dental	https://dchealthlink.com/sites/default/files/v2/download/health-plans/2019/kaiser/KP_DC_Silver_3200_30pct_HSA_Dental_IVL.pdf
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1410	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1410.pdf
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1423	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1423.pdf
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1431	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1431.pdf
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1443	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1443.pdf
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1456	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1456.pdf
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1464	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1464.pdf
FL	Health Options, Inc.	BlueCare Silver 1477	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1477.pdf
FL	Health Options, Inc.	BlueCare Silver 1490	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1490.pdf
FL	Health Options, Inc.	BlueCare Silver 1498	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1498.pdf
FL	Health Options, Inc.	myBlue Silver 1603	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1603.pdf

FL	Health Options, Inc.	myBlue Silver 1604	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1604.pdf
FL	Blue Cross and Blue Shield of Florida	BlueOptions Silver 1706S	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1706S.pdf
FL	Health Options, Inc.	myBlue Silver 1710	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1710.pdf
FL	Health Options, Inc.	myBlue Silver 1712S	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1712S.pdf
FL	Blue Cross and Blue Shield of Florida	BlueSelect Silver 1736S	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1736S.pdf
FL	Health Options, Inc.	BlueCare Silver 1766S	http://www.bcbsfl.com/DocumentLibrary/SBC/2019/1766S.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver HMO 53	http://www.fhcp.com/ISBC/2019/56503FL1330001-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver POS 54	http://www.fhcp.com/ISBC/2019/56503FL1410001-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO BC 0941	http://www.fhcp.com/ISBC/2019/56503FL2550002-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 0941	http://www.fhcp.com/ISBC/2019/56503FL2560002-01.pdf
FL	Florida Health Care Plan, Inc.	IND Silver HMO BC 7741	http://www.fhcp.com/ISBC/2019/56503FL2570001-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 7741	http://www.fhcp.com/ISBC/2019/56503FL2580002-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver Standardized HMO 1	http://www.fhcp.com/ISBC/2019/56503FL2680001-01.pdf
FL	Molina Healthcare of Florida, Inc	Molina Marketplace Silver	http://www.molinahealthcare.com/members/fl/en-US/PDF/Marketplace/summary-of-benefits-silver-250-2019.pdf
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 100 1668	http://www.myFHCA.org/2019_sbc_1668
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 100 1676	http://www.myFHCA.org/2019_sbc_1676
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 90 1684	http://www.myFHCA.org/2019_sbc_1684
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 80 1696	http://www.myFHCA.org/2019_sbc_1696
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 70 1712	http://www.myFHCA.org/2019_sbc_1712
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 70 1724	http://www.myFHCA.org/2019_sbc_1724
FL	Health First Commercial Plans, Inc.	Florida Hospital GYM ACCESS Silver HMO 80 HSA 1732	http://www.myFHCA.org/2019_sbc_1732
FL	Health First Commercial Plans, Inc.	Florida Hospital Silver HMO 80 1762	http://www.myFHCA.org/2019_sbc_1762

FL	Health First Commercial Plans, Inc.	Florida Hospital Silver HMO 80 1786	http://www.myFHCA.org/2019_sbc_1786
FL	Health First Commercial Plans, Inc.	Florida Hospital Silver HMO 65 1810	http://www.myFHCA.org/2019_sbc_1810
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 100 1664	http://www.myHFHP.org/2019_sbc_1664
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 100 1672	http://www.myHFHP.org/2019_sbc_1672
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 90 1680	http://www.myHFHP.org/2019_sbc_1680
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 80 1688	http://www.myHFHP.org/2019_sbc_1688
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 70 1704	http://www.myHFHP.org/2019_sbc_1704
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 70 1720	http://www.myHFHP.org/2019_sbc_1720
FL	Health First Commercial Plans, Inc.	Health First GYM ACCESS Silver HMO 80 HSA 1728	http://www.myHFHP.org/2019_sbc_1728
FL	Health First Commercial Plans, Inc.	Health First Silver HMO 80 1754	http://www.myHFHP.org/2019_sbc_1754
FL	Health First Commercial Plans, Inc.	Health First Silver HMO 80 1778	http://www.myHFHP.org/2019_sbc_1778
FL	Health First Commercial Plans, Inc.	Health First Silver HMO 65 1806	http://www.myHFHP.org/2019_sbc_1806
FL	Celtic Insurance Company	Ambetter Balanced Care 1 (2019)	https://api.centene.com/SBC/2019/21663FL0130002-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 2 (2019)	https://api.centene.com/SBC/2019/21663FL0130003-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 3 (2019)	https://api.centene.com/SBC/2019/21663FL0130008-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 4 (2019)	https://api.centene.com/SBC/2019/21663FL0130009-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/21663FL0130019-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 5 (2019)	https://api.centene.com/SBC/2019/21663FL0130070-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision	https://api.centene.com/SBC/2019/21663FL0140001-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision	https://api.centene.com/SBC/2019/21663FL0140002-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 3 (2019) + Vision	https://api.centene.com/SBC/2019/21663FL0140006-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/21663FL0150001-01.pdf

FL	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/21663FL0150002-01.pdf
FL	Celtic Insurance Company	Ambetter Balanced Care 3 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/21663FL0150006-01.pdf
FL	Oscar Insurance Company of Florida	Oscar Classic Silver	https://www.hioscar.com/hx/sbc/?state=FL&year=2019&hios=40572FL0030001-01
FL	Oscar Insurance Company of Florida	Oscar Saver Silver	https://www.hioscar.com/hx/sbc/?state=FL&year=2019&hios=40572FL0060001-01
HI	Kaiser Foundation Health Plan, Inc.	KP Silver II \$35 - ChiroAcuMassage - Fit	http://info.kaiserpermanente.org/healthplans/hawaii/individual/pdfs/2019-ON-Exchange/KP_Silver_II_35_ChiroAcuMassage_Fit.pdf
HI	Kaiser Foundation Health Plan, Inc.	KP Silver II \$35 - Fit	http://info.kaiserpermanente.org/healthplans/hawaii/individual/pdfs/2019-ON-Exchange/KP_Silver_II_35_Fit.pdf
HI	Kaiser Foundation Health Plan, Inc.	KP Silver III \$40 - Fit	http://info.kaiserpermanente.org/healthplans/hawaii/individual/pdfs/2019-ON-Exchange/KP_Silver_III_40_Fit.pdf
HI	Hawaii Medical Service Association	HMSA Silver HMO	http://www.hmsa.com/sbc/2019/silver-hmo.pdf
HI	Hawaii Medical Service Association	HMSA Silver PPO 2500	http://www.hmsa.com/sbc/2019/silver-ppo-2500.pdf
HI	Hawaii Medical Service Association	HMSA Silver PPO 3500	http://www.hmsa.com/sbc/2019/silver-ppo-3500.pdf
ID	SelectHealth	SelectHealth Silver 2750	https://selecthealth.org/files/sbc/I70C0605_20190101_GGGGGGGG_GGGG_SSS_S.pdf
ID	SelectHealth	SelectHealth Silver HealthSave 3500 (HSA Qualified)	https://selecthealth.org/files/sbc/I70C0647_20190101_GGGGGGGG_GGGG_SSS_S.pdf
ID	SelectHealth	SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits	https://selecthealth.org/files/sbc/I70C0616_20190101_GGGGGGGG_GGGG_SSS_S.pdf
ID	SelectHealth	SelectHealth Silver 4000 Copay Plan - no deductible for office visits	https://selecthealth.org/files/sbc/I70C0627_20190101_GGGGGGGG_GGGG_SSS_S.pdf
ID	BlueCross of Idaho	Silver 3500	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver 6000	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver 4000	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver Connect 3500	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver Connect 6000	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver Connect 4000	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver Carepoint 3500	https://members.bcidaho.com/public-sbc.page
ID	BlueCross of Idaho	Silver CarePoint 6000	https://members.bcidaho.com/public-sbc.page

ID	BlueCross of Idaho	Silver CarePoint 4000	https://members.bcidaho.com/public-sbc.page
ID	PacificSource	BrightIdea Silver HSA 3000	https://www.pacificsource.com/idaho/individual-plan-details-2019/
ID	PacificSource	PSN Silver HSA 3000	https://www.pacificsource.com/idaho/individual-plan-details-2019/
ID	PacificSource	PSN Silver 3000 (AI)	https://www.pacificsource.com/idaho/individual-plan-details-2019/
ID	PacificSource	PSN Silver 3000 (73)	https://www.pacificsource.com/idaho/individual-plan-details-2019/
ID	PacificSource	PSN Silver 3000 (87)	https://www.pacificsource.com/idaho/individual-plan-details-2019/
ID	PacificSource	PSN Silver 3000 (87)	https://www.pacificsource.com/idaho/individual-plan-details-2019/
ID	Montana Health CO-OP	Access Care Silver Option 2-94 PPO	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/d504af_202b5a5632ba41258861191cc2d5caaf.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER 73	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_6a31380beedf457d8752820348242adf.pdf
ID	Montana Health CO-OP	ENGAGE SILVER 94	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_86206a739e184c779f6878e8ade9e81d.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2-73	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_3d7ce8f16df347d695990687ba80ecd2.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2-87	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_baa13c5c930840698238b7645cd632ce.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER 94	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_05f98bc2bc264e1f9252ad66531363c7.pdf
ID	Montana Health CO-OP	ENGAGE SILVER 87	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_d8404f1b9df14888867ccb8063cbac98.pdf
ID	Montana Health CO-OP	ENGAGE SILVER OPTION 2	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_6214393f74e54b9ab752a7c0ade5a440.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/adc8f4_096c8e1f10414d67808760e5dcd259f.pdf

ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_8e97db7f543248aa8dc5841c7b414303.pdf
ID	Montana Health CO-OP	ENGAGE SILVER 73	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_a1ab0c2eb4a141f6882bbf01d0dfdb46.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER 87	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_ab3560a2ff7849b2ade9ff98d4bfaa15.pdf
ID	Montana Health CO-OP	ENGAGE SILVER OPTION 2- 94	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_3a8c9474c43741009d20b4e03a103138.pdf
ID	Montana Health CO-OP	LINK SILVER 73	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_6a5b2a5141834ebb857089518db4fff4.pdf
ID	Montana Health CO-OP	LINK SILVER 94	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_0cff18ef850e4bbc986891ac87b4b2e2.pdf
ID	Montana Health CO-OP	LINK SILVER OPTION 2-87	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_8530b37652e141d58fe7d78ca1e579fe.pdf
ID	Montana Health CO-OP	LINK SILVER	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_a954a4d80d5d4ee8895224ae92829dd6.pdf
ID	Montana Health CO-OP	LINK SILVER OPTION 2-73	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/ad8f4_b0ebe475078d40ceb0ab5eaaa16f2fc3.pdf
ID	Montana Health CO-OP	ACCESS CARE SILVER OPTION 2-87	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/30cbbd_a80e7c20bb0347a4a7ede7df7f06210d.pdf
ID	Montana Health CO-OP	ENGAGE SILVER 94	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/30cbbd_37d15dc02b594b4bb332f2958527544e.pdf
ID	Montana Health CO-OP	ENGAGE SILVER	https://0cb29ab7-59f9-4095-8e95-e1acc02c20ca.filesusr.com/ugd/30cbbd_ed965f9e7529454f9cbab08f5545c59f.pdf

ID	BridgeSpan	Silver HDHP 3000 EPO RealValue	https://static1.squarespace.com/static/54f78b30e4b099ba628e879b/t/5bf34b0e2b6a2895405106d9/1542671120640/2019+Silver+HDHP+3000+EPO.pdf
ID	BridgeSpan	Silver Essential 4000 EPO RealValue	https://static1.squarespace.com/static/54f78b30e4b099ba628e879b/t/5bf34b172b6a28954051072e/1542671130300/2019+Silver+Essential+4000+EPO.pdf
ID	BridgeSpan	Silver HDHP 3000 EPO RealValue	https://static1.squarespace.com/static/54f78b30e4b099ba628e879b/t/5bf34b0e2b6a2895405106d9/1542671120640/2019+Silver+HDHP+3000+EPO.pdf
ID	BlueCross of Idaho	PQA Southeast Silver Connect 3500	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2360095-00_01&name=PQA_Southeast_Silver_Connect_3500&EffDate=1/1/2019
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2019)	https://api.centene.com/SBC/2019/76179IN0110003-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 4 (2019)	https://api.centene.com/SBC/2019/76179IN0110008-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/76179IN0110011-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 5 (2019)	https://api.centene.com/SBC/2019/76179IN0110067-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision	https://api.centene.com/SBC/2019/76179IN0120001-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision	https://api.centene.com/SBC/2019/76179IN0120002-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/76179IN0130001-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/76179IN0130002-01.pdf
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Deductible Silver	https://www.caresource.com/document/mp-2019-IN-l-ded-silverbase-bsc-sum
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Deductible Silver Dental and Vision	https://www.caresource.com/document/mp-2019-IN-l-ded-silverbase-dv-sum
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Premium Silver	https://www.caresource.com/document/mp-2019-IN-l-prem-silverbase-bsc-sum
IN	CareSource Indiana, Inc.	CareSource Marketplace Low Premium Silver Dental and Vision	https://www.caresource.com/document/mp-2019-IN-l-prem-silverbase-dv-sum
IN	CareSource Indiana, Inc.	CareSource Marketplace Standard Silver	https://www.caresource.com/document/mp-2019-IN-std-silverbase-bsc-sum
IN	CareSource Indiana, Inc.	CareSource Marketplace Standard Silver Dental and Vision	https://www.caresource.com/document/mp-2019-IN-std-silverbase-dv-sum
KY	CareSource Kentucky Co.	CareSource Marketplace Low Deductible Silver	https://www.caresource.com/document/mp-2019-KY-l-ded-silverbase-bsc-sum
KY	CareSource Kentucky Co.	CareSource Marketplace Low Premium Silver	https://www.caresource.com/document/mp-2019-KY-l-prem-silverbase-bsc-sum

KY	CareSource Kentucky Co.	CareSource Marketplace Low Premium Silver Dental and Vision	https://www.caresource.com/document/mp-2019-KY-lprem-silverbase-dv-sum
KY	CareSource Kentucky Co.	CareSource Marketplace Standard Silver	https://www.caresource.com/document/mp-2019-KY-std-silverbase-bsc-sum
KY	CareSource Kentucky Co.	CareSource Marketplace Standard Silver Dental and Vision	https://www.caresource.com/document/mp-2019-KY-std-silverbase-dv-sum
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway HMO 3200	https://www.sbc.anthem.com/dps/ccd36XT
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway X HMO 2700 for HSA	https://www.sbc.anthem.com/dps/ccd36Y8
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway X Transition HMO 6700	https://www.sbc.anthem.com/dps/ccd36YD
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway X HMO 6700	https://www.sbc.anthem.com/dps/ccd36YZ
KY	Anthem Health Plans of KY(Anthem BCBS)	Anthem Silver Pathway Transition X HMO 3700 for HSA	https://www.sbc.anthem.com/dps/ccd378C
LA	HMO Louisiana, Inc.	Blue POS Copay 60/40 \$3600	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220007-01&Year=2019
LA	HMO Louisiana, Inc.	Blue POS 100/80 \$3500	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220010-01&Year=2019
LA	HMO Louisiana, Inc.	Blue POS 80/60 \$3400	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220014-01&Year=2019
LA	HMO Louisiana, Inc.	Community Blue copay 70/50 \$2200	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0230003-01&Year=2019
LA	HMO Louisiana, Inc.	Blue Connect Copay 70/50 \$2200 (N)	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240003-01&Year=2019
LA	HMO Louisiana, Inc.	Blue Connect 80/60 \$3400 (N)	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240007-01&Year=2019
LA	HMO Louisiana, Inc.	Blue Connect Copay 70/50 \$2200 (L)	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240009-01&Year=2019
LA	HMO Louisiana, Inc.	Blue Connect 80/60 \$3400 (L)	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240010-01&Year=2019
LA	HMO Louisiana, Inc.	Blue Connect Copay 70/50 \$2200 (S)	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240012-01&Year=2019
LA	HMO Louisiana, Inc.	Blue Connect 80/60 \$3400 (S)	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240013-01&Year=2019

LA	HMO Louisiana, Inc.	Signature Blue Copay 70/50 \$2200	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0590002-01&Year=2019
LA	HMO Louisiana, Inc.	Signature Blue 80/60 \$3400	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0590003-01&Year=2019
LA	Louisiana Health Service & Indemnity Company	Blue Max Copay 70/50 \$3000	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0340010-01&Year=2019
LA	Louisiana Health Service & Indemnity Company	Blue Saver 90/70 \$3000	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0350003-01&Year=2019
LA	Vantage Health Plan, Inc.	Essential Silver 3500 IND-D2	https://www.vantagehealthplan.com/documents/Marketplace/2019INDEssentialSilver3500SummaryOfBenefitsAndCoverage.pdf
LA	Vantage Health Plan, Inc.	Freedom Silver 3000 IND-D2	https://www.vantagehealthplan.com/documents/Marketplace/2019INDFreedomSilver3000SummaryOfBenefitsAndCoverage.pdf
LA	Boston Medical Center HealthNet Plan	BMC HealthNet Plan SILVER A	https://www.bmchp.org/~media/1a5efa0704e34aef918c992bae808050.pdf?#
MA	Bluecross Blueshield	HMO Blue Basic	https://home.bluecrossma.com/collateral/sites/g/files/csphws1571/files/acquia-dam-assets/HMO_Blue_Basic_80-0292CON1-1-20.pdf
MA	Bluecross Blueshield	HMO Blue Saver	https://home.bluecrossma.com/collateral/sites/g/files/csphws1571/files/acquia-dam-assets/HMO_Blue_Saver_80-0301CON1-1-20.pdf
MA	Bluecross Blueshield	Preferred Blue® PPO Deductible with Coinsurance	https://home.bluecrossma.com/collateral/sites/g/files/csphws1571/files/acquia-dam-assets/Preferred_Blue_Ded_Coins_80-0302CON1-1-20.pdf
MA	Fallon Health	Direct Care Silver Connector II	http://www.fchp.org/brokers/general-plan-information/~media/Files/SBC/1Jan2019/DCSilverConnectorII2019SBC.aspx
MA	Fallon Health	Select Care Silver Connector II	http://www.fchp.org/brokers/general-plan-information/~media/Files/SBC/1Jan2019/SCSilverConnectorII012019SBC.aspx
MA	Fallon Health	Community Care Silver Connector II	http://www.fchp.org/brokers/general-plan-information/~media/Files/SBC/1Jan2019/CCSilverConnectorII012019SBC.aspx
MA	Health New England	HMO Silver 2000 HDHP Connector	http://www.healthnewengland.org/Portals/_default/Shared%20Documents/plans/2019_HNE_Connector_HMO_Silver_2000_HDHP_SBC.pdf
MA	Health New England	HMO Silver A Connector	http://www.healthnewengland.org/Portals/_default/Shared%20Documents/plans/2019_HNE_Connector_HMO_Silver_A_SBC.pdf
MA	Health New England	HMO Silver A II Connector	http://www.healthnewengland.org/Portals/_default/Shared%20Documents/plans/2019_HNE_Connector_HMO_Silver_A_II_SBC.pdf
MA	Harvard Pilgrim Health Care	Standard Silver	https://www.harvardpilgrim.org/portal/page?_pageid=213,13020053&_dad=portal&_schema=PORTAL
MA	Harvard Pilgrim Health Care	Standard Low Silver HSA - Flex	https://www.harvardpilgrim.org/portal/page?_pageid=213,13020053&_dad=portal&_schema=PORTAL
MA	Tufts	DIRECT SILVER 2000 HSA	https://tuftshealthplan.com/documents/members/plans/2019-thpp-direct-sbcs/2019-direct-silver-2000-hsa-sbc

MA	Tufts	Advantage HMO Saver 1500 Silver	https://tuftshealthplan.com/documents/brokers/sbcs/2019/hmo/advantage-hmo-saver-1500-silver
MA	Tufts	DIRECT SILVER 2000	https://tuftshealthplan.com/documents/members/plans/2019-thpp-direct-sbcs/2019-direct-silver-2000-sbc
MA	United Healthcare	UHC Navigate Silver 2000	https://www.uhc.com/content/dam/uhcdotcom/en/shop/ma/UHC-Navigate-Silver-2000.pdf
MA	United Healthcare	UHC Navigate HSA Silver 2000	https://www.uhc.com/content/dam/uhcdotcom/en/shop/ma/UHC-Navigate-HSA-Silver-2000.pdf
MA	CareFirst BCBS Blue Choice	BlueChoice HMO Value Silver \$2,250	http://carefirst.inshealth.com/ehi/resources/plan-sbc?carrierId=2102&planId=100144&productLine=IFP
MD	CareFirst BCBS Blue Choice	BluePreferred PPO HSA Silver \$3,000	http://carefirst.inshealth.com/ehi/resources/plan-sbc?carrierId=2102&planId=100151&productLine=IFP
MD	Kaiser Permanente	KP MD Silver 6000 35 Dental	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2019-ON-Exchange/KP_MD_Silver_6000_35_Dental.pdf
MD	Kaiser Permanente	KP MD Silver Value 2500/35/Dental	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_Value_2500_35_Dental.pdf
MD	Kaiser Permanente	KP MD Silver 2200/30/CSR/Dental (2500)	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_2200_30_CSR_Dental_2500.pdf
MD	Kaiser Permanente	KP MD Silver 0/10/CSR/Dental (2500)	http://info.kaiserpermanente.org/healthplans/maryland/individual/summary-benefits-coverage/index.html
MD	Kaiser Permanente	KP MD Silver 0 5 CSR Dental 2500	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_0_5_CSR_Dental_2500.pdf
MD	Kaiser Permanente	KP MD Silver 100/5%/CSR/HDHP/Dental (3200)	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_100_5_CSR_HDHP_Dental_3200.pdf
MD	Kaiser Permanente	KP MD Silver 500/10%/CSR/HDHP/Dental (3200)	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_500_10_CSR_HDHP_Dental_3200.pdf
MD	Kaiser Permanente	KP MD Silver 1900/20%/CSR/HDHP/Dental (3200)	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_1900_20_CSR_HDHP_Dental_3200.pdf
MD	Kaiser Permanente	KP MD Silver 3200/20%/HSA/Dental	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_3200_20_HSA_Dental.pdf
MD	Kaiser Permanente	KP MD Silver 0/5/CSR/Dental (6000)	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_0_5_CSR_Dental_6000.pdf
MD	Kaiser Permanente	KP MD Silver 0/15/CSR/Dental (6000)	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2020-ON-Exchange/KP_MD_Silver_0_15_CSR_Dental_6000.pdf
MD	United Healthcare	SignatureValue Advantage HMO Silver 50-75/40%/2250ded	http://www.uhctogether.com/casb/assets/pdf/33899.pdf

MN	BlueCross BlueShield	Blue Plus Metro MN HSA Silver \$4,200 Plan 253	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_21981269
MN	BlueCross BlueShield	Blue Plus Metro MN Silver Tribal Zero Cost Share Reduction Plan 453a	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_21985039
MN	BlueCross BlueShield	Blue Plus Metro MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 453b	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_21985582
MN	BlueCross BlueShield	Blue Plus Metro MN Silver \$2,350 Cost Share Reduction Plan 453c	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_21985766
MN	BlueCross BlueShield	Blue Plus Metro MN Silver \$500 Cost Share Reduction Plan 453d	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_21986027
MN	BlueCross BlueShield	Blue Plus Metro MN Silver No Deductible Cost Share Reduction Plan 453e	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_21986464
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region HSA Silver \$4,200 Plan 291	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_16992982
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region HSA Silver \$4,200 Plan 491	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032718
MN	BlueCross BlueShield	Blue Plus Strive - Metro Region Silver Tribal Zero Cost Share Reduction Plan 491a	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032722
MN	BlueCross BlueShield	Blue Plus Strive - Metro Region Silver \$4,200 Tribal Limited Cost Share Reduction Plan 491b	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032723
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region Silver \$2,350 Cost Share Reduction Plan 491c	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032724
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region Silver \$500 Cost Share Reduction Plan 491d	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032725
MN	BlueCross BlueShield	Blue Plus Strive – Metro Region Silver No Deductible Cost Share Reduction Plan 491	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032726
MN	BlueCross BlueShield	Blue Plus Southeast MN HSA Silver \$4,200 Plan 271	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032762
MN	BlueCross BlueShield	Blue Plus Southeast MN HSA Silver \$4,200 Plan 471	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032766

MN	BlueCross BlueShield	Blue Plus Southeast MN Silver Tribal Zero Cost Share Reduction Plan 471a	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032777
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 471b	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032778
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver \$2,350 Cost Share Reduction Plan 471c	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032779
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver \$500 Cost Share Reduction Plan 471d	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032780
MN	BlueCross BlueShield	Blue Plus Southeast MN Silver No Deductible Cost Share Reduction Plan 471e	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032781
MN	BlueCross BlueShield	Blue Plus Northeast MN HSA Silver \$4,200 Plan 281	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22112580
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver Tribal Zero Cost Share Reduction Plan 481	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22112590
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 471b	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22112589
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver \$2,350 Cost Share Reduction Plan 481c	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22112584
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver \$500 Cost Share Reduction Plan 481d	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22112583
MN	BlueCross BlueShield	Blue Plus Northeast MN Silver No Deductible Cost Share Reduction Plan 481e	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22112582
MN	BlueCross BlueShield	Blue Plus Western MN HSA Silver \$4,200 Plan 250	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032816
MN	BlueCross BlueShield	Blue Plus Western MN Silver Tribal Zero Cost Share Reduction Plan 450a	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032824
MN	BlueCross BlueShield	Blue Plus Western MN Silver \$4,200 Tribal Limited Cost Share Reduction Plan 450b	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032825
MN	BlueCross BlueShield	Blue Plus Western MN Silver \$2,350 Cost Share Reduction Plan 450c	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032826
MN	BlueCross BlueShield	Blue Plus Western MN Silver \$500 Cost Share Reduction Plan 450d	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032827

MN	BlueCross BlueShield	Blue Plus Western MN Silver No Deductible Cost Share Reduction Plan 450e	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_25032828
MN	BlueCross BlueShield	Blue Plus Minnesota Value HSA Silver \$4,200 Plan 201	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22001599
MN	BlueCross BlueShield	Blue Plus Minnesota Value HSA Silver \$4,200 Plan 401	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22002568
MN	BlueCross BlueShield	Blue Plus Minnesota Value Silver Tribal Zero Cost Share Reduction Plan 401a	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22004101
MN	BlueCross BlueShield	Blue Plus Minnesota Value Silver \$4,200 Tribal Limited Cost Share Reduction Plan 401b	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22004410
MN	BlueCross BlueShield	Blue Plus Minnesota Value Silver \$2,350 Cost Share Reduction Plan 401c	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22004761
MN	BlueCross BlueShield	Blue Plus Minnesota Value Silver \$500 Cost Share Reduction Plan 401d	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22005101
MN	BlueCross BlueShield	Blue Plus Minnesota Value Silver No Deductible Cost Share Reduction Plan 401e	https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_22005250
MN	Medica	MN Applause® Silver Copay	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141326-2019091811191657388-final.pdf
MN	Medica	MN Applause® Silver HSA	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141316-2019083016312262679-final.pdf
MN	Medica	MN Applause® Silver Copay 87	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141324-2019091811191657388-final.pdf
MN	Medica	MN Applause® Silver H 87	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141313-2019091714504147493-final.pdf
MN	Medica	MN Applause® Silver Copay Limited	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141201-20190918105246895-final.pdf
MN	Medica	MN Applause® Silver H Limited	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141190-20190918105246895-final.pdf
MN	Medica	MN Applause® Silver Copay Zero	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141299-2019091811053615331-final.pdf
MN	Medica	MN Applause® Silver H Zero	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-141302-2019091811053615331-final.pdf

MN	Medica	MN Applause® Silver Share	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-140906-2019091714164616647-final.pdf
MN	HealthPartners	Peak \$3000 Plus Silver - Pea	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209464.pdf
MN	HealthPartners	Peak \$3000 HSA Silver - Pea	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209467.pdf
MN	HealthPartners	Peak \$3000 Plus Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209472.pdf
MN	HealthPartners	Peak Zero Cost Sharing Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209473.pdf
MN	HealthPartners	Peak \$3000 Plus Limited Cost Sharing Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209474.pdf
MN	HealthPartners	Peak \$100 Plus Cost Share Reduction Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209475.pdf
MN	HealthPartners	Peak \$750 Plus Cost Share Reduction Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209476.pdf
MN	HealthPartners	Peak \$2900 Plus Cost Share Reduction Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209477.pdf
MN	HealthPartners	Peak \$3000 Plus Silver - Pea	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209472.pdf
MN	HealthPartners	Peak Zero Cost Sharing Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209473.pdf
MN	HealthPartners	Peak \$3000 Plus Limited Cost Sharing Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209474.pdf
MN	HealthPartners	Peak \$100 Plus Cost Share Reduction Silver - Peak	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_209475.pdf
MN	UCare	UCare Fairview Silver	https://docs.ucare.org/filer_public/files/u5383_ifp-fv-silver_sbc_2019.pdf
MN	UCare	UCare Silver	https://docs.ucare.org/filer_public/files/u5371_ifp-silver_sbc_2019.pdf
MI	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/metro-detroit-hmo-silver-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver Extra	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/metro-detroit-hmo-silver-extra-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver Saver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/metro-detroit-hmo-silver-saver-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/preferred-silver-sbc.pdf

MI	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Extra	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/preferred-silver-extra-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Saver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/preferred-silver-saver-sbc.pdf
MI	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/premier-silver-sbc.pdf
MI	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Extra	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/premier-silver-extra-sbc.pdf
MI	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Saver HSA	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/premier-silver-saver-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Select HMO Silver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/select-silver-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Extra	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/select-silver-extra-sbc.pdf
MI	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Saver	https://www.bcbsm.com/content/dam/public/marketplace/2019-individual/sbc/select-silver-saver-sbc.pdf
MI	McLaren Health Plan Community	McLaren Silver Exchange	https://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/Exchange/2019/2019_Silver_Exchange_SBC.pdf
MI	Meridian Health Plan of Michigan, Inc.	Meridian Base Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=9WZBmNZwPjyIDfaO+7B5iP61wDhg0VHnsvvDEZLydNQGvVvRtFweNMkiVbSdTEYtQf7tOgsjGvnkQe5ERGT/VA==
MI	Meridian Health Plan of Michigan, Inc.	Meridian Healthy Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=ZGDpIYQ3EHRNMVaeyoayk2mqdAVeUg/mBD4orokwO5Eyrz8dbdq5qfySDUGkgYJIU7M+UQQ9KGKU/gjkz9bsQ==
MI	Meridian Health Plan of Michigan, Inc.	Meridian HSA Savings Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=35xWodKPl1mQ9uriAlf+Eg5plyC1zl50M0FydVMzGCJyvkZg+mLdzxrhQK3+n7J58x8bfX+udJZsRAhjpOnoTQ==
MI	Meridian Health Plan of Michigan, Inc.	Meridian Smart Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=yaGOQg63LGLXynKcZ6NU3LtQnnZ0GPXNREvsi+XRyVuOnGW6KNI959f540RPGzyFtvmSLW+jf+zRear9IZZDKA==
MI	Molina Healthcare of Michigan, Inc.	Molina Silver	http://www.molinahealthcare.com/members/mi/en-US/PDF/Marketplace/summary-of-benefits-silver-250-2019.pdf
MI	Priority Health	MyPriority HMO Silver 3200	https://www.priorityhealth.com/-/media/510ABD1FDBAB4A8DB6C2CC7EB6AFBD77.pdf
MI	Priority Health	MyPriority HMO Silver 3200 - Beaumont Health Network	https://www.priorityhealth.com/-/media/9F5315D0DF9D4A6E889E575E00F79369.pdf

MI	Priority Health	MyPriority HMO Silver 3200 - Bronson Healthcare Partners	https://www.priorityhealth.com/-/media/4FF85EC33CD648A190C54E0FFD7C5B99.pdf
MI	Priority Health	MyPriority HMO Silver 3200 - Spectrum Health Partners	https://www.priorityhealth.com/-/media/6C81CC97B11C49DDA82F64CA785D2D9D.pdf
MI	Priority Health	MyPriority HMO Silver 3200 - St. John Providence Network	https://www.priorityhealth.com/-/media/26824B882AC04F5F8268D0C9FA33382C.pdf
MI	Priority Health	MyPriority HMO Silver 3200 - St. Joseph Mercy Health System Network	https://www.priorityhealth.com/-/media/170033AF26114FF9A14EF9DEE7E25E23.pdf
MI	Oscar Insurance Company	Oscar Classic Silver	https://www.hioscar.com/hx/sbc/?state=MI&year=2019&hios=77739MI0040001-01
MI	Oscar Insurance Company	Oscar Saver Silver HSA	https://www.hioscar.com/hx/sbc/?state=MI&year=2019&hios=77739MI0060001-01
MI	Oscar Insurance Company	Oscar Simple Silver	https://www.hioscar.com/hx/sbc/?state=MI&year=2019&hios=77739MI0090001-01
MI	Physicians Health Plan	Sparrow PHP Silver 2000 Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/2019Plans/60829MI0190002_Ind2019S_Silver2000Exc_OnBase_SNN02600RX08E473.pdf
MI	Physicians Health Plan	Sparrow PHP Silver 2500 Basic Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/2019Plans/60829MI0190020_Ind2019S_Silver2500Exc_OnBase_SNN06200RX09E563.pdf
MI	Physicians Health Plan	Sparrow PHP Silver 3200 H.S.A. Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/2019Plans/60829MI0220007_Ind2019S_Silver3200HSAExc_OnBase_SNR01300RX09E561.pdf
MI	Physicians Health Plan	Sparrow PHP Silver 4000 Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/2019Plans/60829MI0190005_Ind2019S_Silver4000Exc_OnBase_SNN04400RX08E429.pdf
MI	Physicians Health Plan	Sparrow PHP Silver 4000 HMO	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/2019Plans/60829MI0200017_Ind2019S_Silver4000HMO_OnBase_SNA06800RX08E429.pdf
MI	Physicians Health Plan	Sparrow PHP Silver 7000 Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/2019Plans/60829MI0190017_Ind2019S_Silver7000Exc_OnBase_SNN05600RX08E473.pdf
MI	Total Health Care USA, Inc.	Totally You	https://thcml.com/PDF/members/PDF/SBC/2019/67183MI0030002-01.pdf
MI	Total Health Care USA, Inc.	Totally You - Complete	https://thcml.com/PDF/members/PDF/SBC/2019/67183MI0030003-01.pdf
MI	Total Health Care USA, Inc.	Totally You - Simple Choice	https://thcml.com/PDF/members/PDF/SBC/2019/67183MI0030003-01.pdf
MI	Total Health Care USA, Inc.	Totally You - Value	https://thcml.com/PDF/members/PDF/SBC/2019/67183MI0030007-01.pdf
NY	BlueShield of Northeastern New York	Silver Standard	https://www.bsny.com/content/dam/bsny/member/public/individual/2020/silver/silver-standard-ind-2020.pdf
NY	BlueShield of Northeastern New York	Silver Destination 65	https://www.bsny.com/content/dam/bsny/member/public/individual/2020/silver/ny-silver-ind-destination-65-2020.pdf

NY	BlueCross BlueShield of Western New York	Silver Standard Ind (2020)	https://www.bcbswny.com/content/dam/BCBSWNY/member/public/individual/2020/silver/silver-standard-ind.pdf
NY	BlueCross BlueShield of Western New York: WNY Silver Ind align (2020)	: WNY Silver Ind align (2020)	https://www.bcbswny.com/content/dam/BCBSWNY/member/public/individual/2020/silver/wny-silver-ind-align.pdf
NY	BlueCross BlueShield of Western New York: WNY Silver Ind align (2020)	WNY Silver Ind focus (2020)	https://www.bcbswny.com/content/dam/BCBSWNY/member/public/individual/2020/silver/wny-silver-ind-focus.pdf
NY	BlueCross BlueShield of Western New York: WNY Silver Ind align (2020)	WNY Silver IND Destination 65 (2020)	https://www.bcbswny.com/content/dam/BCBSWNY/member/public/individual/2020/silver/wny-silver-ind-focus.pdf
NY	CDPHP	MO Copayment 30, Silver, ST, INN, Dep25	https://www.cdphp.com/-/media/files/exchange/sbc/2020-individual/silver/ihsx3198.pdf?la=en
NY	CDPHP	HDHMO Qualified 33, Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness	https://www.cdphp.com/-/media/files/exchange/sbc/2020-individual/silver/ihsx3280.pdf?la=en
NY	CDPHP	HDHMO Qualified 35 Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness	https://www.cdphp.com/-/media/files/exchange/sbc/2020-individual/silver/ihsx5101.pdf?la=en
NY	CDPHP	Smart Deductible EPC HMO Coinsurance 34, Silver, NS, INN, Dep25, Adult Vision, Lasik, Wellness	https://www.cdphp.com/-/media/files/exchange/sbc/2020-individual/silver/ihsx3288.pdf?la=en
NY	EmblemHealth	EmblemHealth Silver Bold D	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3577
NY	EmblemHealth	EmblemHealth Silver Value	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3578
NY	EmblemHealth	Emblem Silver D ST	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3576
NY	EmblemHealth	EmblemHealth Silver Bold	https://www.emblemhealth.com/plans/individuals-and-families/2020-silver-bold
NY	Empire BlueCross BlueShield	HealthPlus Gatekeeper X, Silver, ST, INN, Pediatric Dental, Dep 25	https://www.sbc.anthem.com/dps/displayPDF
NY	Empire BlueCross BlueShield	Empire Gatekeeper X, Silver, ST, INN, Pediatric Dental, Dep 2	https://www.sbc.anthem.com/dps/deepLink.xhtml
NY	Excellus	Excellus Silver Select NS	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3529
NY	Excellus	Excellus Silver Standard ST	https://www.nyhealthinsurer.com/insurance/quote/result/? af=-wABXF9SBAAECFoh
NY	Excellus	Silver Standard	https://www.excellusbcbs.com/o/benefit-document-portlet/DisplayDocument/Subscriber-Benefits-NY0890010-01-4a32fc3.pdf
NY	Fidelis Care	Silver	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver-English.pdf

NY	Fidelis Care	Silver Enhanced	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver-Enhanced-English.pdf
NY	Fidelis Care	Silver 73% Actuarial Value	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver250-English.pdf
NY	Fidelis Care	Silver 73% Actuarial Value Enhanced	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver250-Enhanced-English.pdf
NY	Fidelis Care	Silver 87% Actuarial Value	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver200-English.pdf
NY	Fidelis Care	Silver 87% Actuarial Value Enhanced	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver200-Enhanced-English.pdf
NY	Fidelis Care	Silver 94% Actuarial Value	https://www.fideliscare.org/Portals/0/Members/SummaryofBenefits/2020-FidelisCare-BenefitSummary-QHP-Silver150-English.pdf
NY	Healthfirst	Silver Leaf	https://assets.healthfirst.org/pdf_b45f1b8e8e521db2d18585e3a8a7f343?v=1113150511
NY	Healthfirst	Silver Leaf CSR 200-250	https://assets.healthfirst.org/pdf_7be099f7fe6d53892a89779d5d68efd9?v=1113150827
NY	Healthfirst	Silver Leaf CSR 150-200	https://assets.healthfirst.org/pdf_315236326048caf70fd872744ef4158a?v=1113120925
NY	Healthfirst	Silver Leaf CSR 100-150	https://assets.healthfirst.org/pdf_52f227ba99b81703dedd43d4bae5352a?v=1113151113
NY	Independent health	iDirect Silver Copay HSAQ	https://www.independenthealth.com/Portals/0/PDFs/Exchange/2019/iDirect_Silver_Copay_HSAQ_18029NY1260012-01.pdf
NY	Independent health	Standard Silver	https://www.independenthealth.com/Portals/0/PDFs/Exchange/2019/Standard_Silver_18029NY1260001-01.pdf
NY	MVP healthcare	MVP Silver 2 NS	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3563
NY	MVP healthcare	MVP Silver 1 ST	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3564
NY	MVP healthcare	Excellus Silver Standard Plus 3	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3531
NY	MVP healthcare	MVP Silver 3 HDHP	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3562
NY	MVP healthcare	MVP Silver 11 NS	https://www.nyhealthinsurer.com/insurance/pdfs/plans/3565
NY	Oscar	Saver Silver Plan	https://d3ul0st9g52g6o.cloudfront.net/2020/NY/sbc/2020_74289NY277002201.pdf
NY	Oscar	Simple Silver Plan	https://d3ul0st9g52g6o.cloudfront.net/2020/NY/sbc/2020_74289NY277001601.pdf
NY	Oscar	Classic Silver Plan	https://d3ul0st9g52g6o.cloudfront.net/2020/NY/sbc/2020_74289NY277000701.pdf

NY	Univera	Silver Select	https://www.univerahealthcare.com/o/benefit-document-portlet/DisplayDocument/Subscriber-Benefits-NY0950010-01-b67d67c.pdf
NY	Univera	Silver Standard Plus 3	https://www.univerahealthcare.com/o/benefit-document-portlet/DisplayDocument/Subscriber-Benefits-NY0940026-01-abe655d.pdf
NY	Univera	Silver Standard	https://www.univerahealthcare.com/o/benefit-document-portlet/DisplayDocument/Subscriber-Benefits-NY0940010-01-870bf78.pdf
NY	MetroPlus	SilverPlus S1 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s1_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S1-2 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s1_1_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S1-3 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s1_2_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S2 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s2_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S2-1 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s2_1_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S2-2 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s2_2_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S2-3 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s2_3_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S3 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s3_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S3-1 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s3_1_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S3-2 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s3_2_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S3-3 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s3_3_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S3-4 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s3_4_2020_certificate_of_coverage.pdf
NY	MetroPlus	SilverPlus S5 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s5_2020_certificate_of_coverage.pdf
NY	MetroPlus	Silver Plus S6 2020	https://eastmainsiteprodsa.blob.core.windows.net/cms/media/silver_s6_2020_certificate_of_coverage.pdf
NY	Emblem	EmblemHealth Silver	https://www.emblemhealth.com/plans/individuals-and-families/2020-silver-bold

NY	Emblem	EmblemHealth Silver Value (with Adult Dental and Vision)	https://www.emblemhealth.com/plans/individuals-and-families/silver-value
Ohio	AultCare Insurance Company	AultCare Silver 5000 No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6112019.pdf
OH	AultCare Insurance Company	AultCare Silver 5000 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6262019.pdf
OH	AultCare Insurance Company	AultCare Silver 5000	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6412019.pdf
OH	AultCare Insurance Company	AultCare Silver 5000 Select No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6612019.pdf
OH	AultCare Insurance Company	AultCare Silver 6850	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6682019.pdf
OH	AultCare Insurance Company	AultCare Silver 6850 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6702019.pdf
OH	AultCare Insurance Company	AultCare Silver 6850 No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6722019.pdf
OH	AultCare Insurance Company	AultCare Silver 6850 Select No Pediatric Dental	www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6742019.pdf
OH	Molina Healthcare of Ohio, Inc.	Molina Silver	http://www.molinahealthcare.com/members/oh/en-US/PDF/Marketplace/summary-of-benefits-silver-250-2019.pdf
OH	Oscar Buckeye State Insurance Corp.	Classic Silver	https://www.hioscar.com/hx/sbc/?state=oh&year=2019&hios=29341OH0030001-01
OH	Oscar Buckeye State Insurance Corp.	Saver Silver	https://www.hioscar.com/hx/sbc/?state=oh&year=2019&hios=29341OH0080001-01
OH	Oscar Buckeye State Insurance Corp.	Simple Silver	https://d3ul0st9g52g6o.cloudfront.net/2019/OH/sbc/2019_29341OH006000101.pdf
OH	Oscar Insurance Corporation of Ohio	Classic Silver	https://d3ul0st9g52g6o.cloudfront.net/2019/OH/sbc/2019_45845OH003000101.pdf
OH	Oscar Insurance Corporation of Ohio	Saver Silver	https://d3ul0st9g52g6o.cloudfront.net/2019/OH/sbc/2019_45845OH008000101.pdf
OH	Oscar Insurance Corporation of Ohio	Simple Silver	https://d3ul0st9g52g6o.cloudfront.net/2019/OH/sbc/2019_45845OH006000101.pdf
OH	Paramount Insurance Company	Paramount Silver 1	https://www.paramounthealthcare.com/assets/documents/marketplace/SBC2019-Silver1.pdf
OH	Paramount Insurance Company	Paramount Silver 2	http://www.paramounthealthcare.com/documents/marketplace/SBC2019-Silver2.pdf
OH	Paramount Insurance Company	Paramount Silver 5	http://www.paramounthealthcare.com/documents/marketplace/SBC2019-Silver5.pdf
OH	Paramount Insurance Company	Paramount Silver 6	http://www.paramounthealthcare.com/documents/marketplace/SBC2019-Silver6.pdf

OH	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2019)	https://api.centene.com/SBC/2019/41047OH0010018-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2019)	https://api.centene.com/SBC/2019/41047OH0010019-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/41047OH0010025-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 5 (2019)	https://api.centene.com/SBC/2019/41047OH0010051-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2019) + Vision	https://api.centene.com/SBC/2019/41047OH0020018-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2019) + Vision	https://api.centene.com/SBC/2019/41047OH0020019-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/41047OH0030018-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2019) + Vision + Adult Dental	https://api.centene.com/SBC/2019/41047OH0030019-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 5 (2019)	https://api.centene.com/SBC/2019/41047OH0010051-01.pdf
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 0 for HSA	https://www.sbc.anthem.com/dps/ccd37A9
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 10 for HSA	https://www.sbc.anthem.com/dps/ccd379U
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 2100	https://www.sbc.anthem.com/dps/ccd37B3
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 3000	https://www.sbc.anthem.com/dps/ccd37AM
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 3500	https://www.sbc.anthem.com/dps/ccd37A0
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 4000 Online Plus	https://www.sbc.anthem.com/dps/ccd379G
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 4500	https://www.sbc.anthem.com/dps/ccd37AF
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 5000	https://www.sbc.anthem.com/dps/ccd37AT
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 6000 25	https://www.sbc.anthem.com/dps/ccd37B9
OH	Summa Insurance Company, Inc.	SummaCare Silver 3500 with SCConnect Network and 3 Free PCP Visits	https://www.summacare.com/Libraries/SBCs/2019SummaCareSilver3500.pdf
OH	Summa Insurance Company, Inc.	SummaCare Silver 5000 40 with SCConnect Network	https://www.summacare.com/Libraries/SBCs/2019SummaCareSilver500040.pdf

OH	Summa Insurance Company, Inc.	SummaCare Silver 5000 with SCConnect Network and 3 Free PCP Visits	https://www.summacare.com/Libraries/SBCs/2019SummaCareSilver5000.pdf
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - Mercy	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635200000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - Dayton	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635200000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - NE Ohio	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635200000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - OhioHealth	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635200000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 2200 - ProMedica	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635200000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - Dayton	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635800000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - Mercy	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635800000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - NE Ohio	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635800000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - OhioHealth	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635800000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 3500 - ProMedica	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500635800000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Dayton	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500636600000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Mercy	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500636600000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - NE Ohio	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500636600000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - OhioHealth	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500636600000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - ProMedica	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500636600000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - Dayton	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500637300000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - Mercy	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=00500637300000&groupNumber=INDHMO

OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - NE Ohio	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=005006373000000000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - OhioHealth	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=005006373000000000&groupNumber=INDHMO
OH	Medical Health Insuring Corp. of Ohio	Market HMO 6500 - ProMedica	https://mybrokerlink.com/api/sitecore/Content/GetSbc?mmi=005006373000000000&groupNumber=INDHMO
OH	CareSource	CareSource Marketplace Low Deductible Silver	https://www.caresource.com/document/mp-2019-OH-lded-silverbase-bsc-sum
OH	CareSource	CareSource Marketplace Low Deductible Silver Dental and Vision	https://www.caresource.com/document/mp-2019-OH-lded-silverbase-dv-sum
OH	CareSource	CareSource Marketplace Low Premium Silver	https://www.caresource.com/document/mp-2019-OH-lprem-silverbase-bsc-sum
OH	CareSource	CareSource Marketplace Low Premium Silver Dental and Vision	https://www.caresource.com/document/mp-2019-OH-lprem-silverbase-dv-sum
OH	CareSource	CareSource Marketplace Standard Silver	https://www.caresource.com/document/mp-2019-OH-std-silverbase-bsc-sum
OH	CareSource	CareSource Marketplace Standard Silver Dental and Vision	https://www.caresource.com/document/mp-2019-OH-std-silverbase-dv-sum
OR	BridgeSpan Health Company	BridgeSpan Standard Silver Plan EPO OHSU Plus	https://bridgespanhealth.com/go/2019/SBC/OR/StandardSilverPlanEPOEx
OR	BridgeSpan Health Company	Silver Essential 4000 EPO OHSU Plus	https://apis.bridgespanhealth.com/v1/publicdocuments/sales/individual/productId/OMB00301/docType/SM/pdf/SilverEssential4000EPOEx-SBC?brand=bsh
OR	BridgeSpan Health Company	Silver HDHP 3000 EPO OHSU Plus	https://apis.bridgespanhealth.com/v1/publicdocuments/sales/individual/productId/OMB00289/docType/SM/pdf/SilverHDHP3000EPOEx-SBC?brand=bsh
OR	Kaiser Foundation Healthplan of the NW	KP OR Silver 2500/30	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2019-ON-Exchange/KP_OR_Silver_2500_30.pdf
OR	Kaiser Foundation Healthplan of the NW	KP Oregon Standard Silver Plan	1-800-801-1271
OR	Moda Health Plan, Inc.	Moda Health Beacon Silver 3000	https://www.modahealth.com/pdfs/plans/individual/Moda_BeaconSilver_3000_SBC_2019_OR.pdf
OR	Moda Health Plan, Inc.	Moda Health Beacon Silver 3500	https://www.modahealth.com/pdfs/plans/individual/Moda_BeaconSilver_3500_SBC_2019_OR.pdf
OR	Moda Health Plan, Inc.	Moda Health Cornerstone Silver 3000	https://www.modahealth.com/pdfs/plans/individual/Moda_CornerstoneSilver_3000_SBC_2019_OR.pdf
OR	Moda Health Plan, Inc.	Moda Health Oregon Standard Silver (Affinity)	https://www.modahealth.com/pdfs/plans/individual/Moda_Affinity_OregonStandardSilver_SBC_2019_OR.pdf

OR	Moda Health Plan, Inc.	Moda Health Oregon Standard Silver (Beacon)	https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_OregonStandardSilver_SBC_2019_OR.pdf
OR	PacificSource Health Plans	PacificSource Oregon Standard Silver Plan LHN	https://pacificsource.com/2019/SBC/10091OR0680007-01.pdf
OR	Providence Health Plan	Connect 2500 Silver	https://healthplans.providence.org/~media/Files/Providence%20HP/pdfs/individualplans/2019/sbc/2019_OR_IND_Connect_2500_Silver01_SBC.pdf
OR	Providence Health Plan	Providence Oregon Standard Silver Plan - Choice Network	https://healthplans.providence.org/~media/Files/Providence%20HP/pdfs/individualplans/2019/sbc/Choice/2019_OR_IND_Providence_Oregon_Standard_Silver_Plan_Choice_Network01_SBC.pdf
OR	Providence Health Plan	Providence Oregon Standard Silver Plan - Signature Network	https://healthplans.providence.org/~media/Files/Providence%20HP/pdfs/individualplans/2019/sbc/Signature/2019_OR_IND_Providence_Oregon_Standard_Silver_Plan_Signature_Network01_SBC.pdf
PA	Pennsylvania Health & Wellness, Inc.	Ambetter Balanced Care 11 (2019)	https://api.centene.com/SBC/2019/86199PA0010004-01.pdf
PA	Pennsylvania Health & Wellness, Inc.	Ambetter Balanced Care 3 (2019)	https://api.centene.com/SBC/2019/86199PA0010003-01.pdf
PA	Pennsylvania Health & Wellness, Inc.	Ambetter Balanced Care 5 (2019)	https://api.centene.com/SBC/2019/86199PA0010005-01.pdf
PA	Geisinger Health Plan	Geisinger Marketplace Extra HMO 10/50/4500	https://www.geisinger.org/-/media/Member-Portal/PDFs/2019-SBCs/22444PA0010073-01.pdf?la=en
PA	Geisinger Health Plan	Geisinger Marketplace HMO 30/60/4650	https://www.geisinger.org/-/media/Member-Portal/PDFs/2019-SBCs/22444PA0010041-01.pdf?la=en
PA	Geisinger Health Plan	Geisinger Marketplace PPO 30/60/4650	https://www.geisinger.org/-/media/Member-Portal/PDFs/2019-SBCs/75729PA0012671-01.pdf?la=en
PA	Keystone Health Plan East, Inc	Keystone HMO Silver Proactive	https://www.ibx4you.com/pdfs/ffm/2019/hmosilverproactive_indiv_2019.pdf
PA	Highmark Inc.	my Direct Blue Conemaugh EPO Silver 0	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_33709PA0860009-01_20190101_SBC.pdf
PA	Highmark Inc.	my Direct Blue Conemaugh EPO Silver 2400 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_33709PA0860002-01_20190101_SBC.pdf
PA	Highmark Inc.	my Direct Blue Conemaugh EPO Silver 4450 HSA	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_33709PA0880001-01_20190101_SBC.pdf
PA	Highmark Inc.	my Direct Blue EPO Silver 0	https://shop.highmark.com/content/sbcs/2019/CPA/Individual/I_70194PA0530009-01_20190101_SBC.pdf
PA	Highmark Inc.	my Direct Blue EPO Silver 2400 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/CPA/Individual/I_70194PA0530002-01_20190101_SBC.pdf
PA	Highmark Inc.	my Direct Blue EPO Silver 4450 HSA	https://shop.highmark.com/content/sbcs/2019/CPA/Individual/I_70194PA0570001-01_20190101_SBC.pdf
PA	Highmark Choice Company	my Direct Blue Erie HMO Silver 0	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_38949PA010004-01_20190101_SBC.pdf

PA	Highmark Choice Company	my Direct Blue Erie HMO Silver 2400 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_38949PA0100003-01_20190101_SBC.pdf
PA	Highmark Choice Company	my Direct Blue Erie HMO Silver 4450 HSA	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_38949PA0110001-01_20190101_SBC.pdf
PA	Highmark Choice Company	my Direct Blue HMO Silver 0	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_38949PA0080009-01_20190101_SBC.pdf
PA	Highmark Choice Company	my Direct Blue HMO Silver 2400 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_38949PA0080002-01_20190101_SBC.pdf
PA	Highmark Choice Company	my Direct Blue HMO Silver 4450 HSA	https://shop.highmark.com/content/sbcs/2019/WPA/Individual/I_38949PA0090001-01_20190101_SBC.pdf
PA	Highmark Health Insurance Company	my Direct Blue Lehigh Valley EPO Silver 0	https://shop.highmark.com/content/sbcs/2019/CPA/Individual/I_70194PA0540009-01_20190101_SBC.pdf
PA	Highmark Health Insurance Company	my Direct Blue Lehigh Valley EPO Silver 2400 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/CPA/Individual/I_70194PA0540002-01_20190101_SBC.pdf
PA	Highmark Health Insurance Company	my Direct Blue Lehigh Valley EPO Silver 4450 HSA	https://shop.highmark.com/content/sbcs/2019/CPA/Individual/I_70194PA0540002-01_20190101_SBC.pdf
PA	First Priority Health	my Lehigh Valley Flex Blue HMO Silver 1900 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/NEPA/Individual/I_83731PA0070001-01_20190101_SBC.pdf
PA	First Priority Health	my Priority Blue Flex HMO Silver 0	https://shop.highmark.com/content/sbcs/2019/NEPA/Individual/I_83731PA0060012-01_20190101_SBC.pdf
PA	First Priority Health	my Priority Blue Flex HMO Silver 2100 - 2 Free PCP Visits	https://shop.highmark.com/content/sbcs/2019/NEPA/Individual/I_83731PA0060002-01_20190101_SBC.pdf
PA	First Priority Health	my Priority Blue Flex HMO Silver 4550 HSA	https://shop.highmark.com/content/sbcs/2019/NEPA/Individual/I_83731PA0090001-01_20190101_SBC.pdf
PA	Independence Blue Cross (QCC Ins. Co.)	Personal Choice EPO Silver Reserve	https://www.ibx4you.com/pdfs/ffm/2019/eosilverreserve2019.pdf
PA	Independence Blue Cross (QCC Ins. Co.)	Personal Choice PPO Silver	https://www.ibx4you.com/pdfs/ffm/2019/pposilver2019.pdf
PA	Capital Advantage Assurance Company	Silver PPO 5000/10/30	https://www.capbluecross.com/pdf/benefits-summary/ia/2019/sbc-silver-ppo-std-19.pdf
PA	UPMC Health Options, Inc.	Tower UPMC Advantage Silver \$3,500/\$25 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAPA3_PPO_RX1J25_D_OVC_2019_16322PA004004401.pdf
PA	UPMC Health Options, Inc.	Tower UPMC Advantage Silver \$3,500/\$25 - Tower Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAEK8_EPO_RX1J25_D_OVC_2019_16322PA005011701.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50 - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/details.aspx?plan=XAEJ4_EPO_RX1J20_DOVC_2019_16322PA005010201.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$50 - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/details.aspx?plan=XAEJ6_EPO_RX1J20_DOVC_2019_16322PA005010301.pdf

PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$50 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/details.aspx?plan=XAPB3_PPO_RX1J20_DOVC_2019_16322PA004000701.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$50 - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/details.aspx?plan=XAEH8_EPO_RX1J20_DOVC_2019_16322PA005003001.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,500/\$25 - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAEK3_EPO_RX1J20_DOVC_2019_16322PA005010401.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,500/\$25 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAPB8_PPO_RX1J20_DOVC_2019_16322PA004004001.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,500/\$25 - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/details.aspx?plan=XAEI4_EPO_RX1J20_DOVC_2019_16322PA005003101.pdf
RI	Blue Cross Blue Shield	BasicBlue Direct	https://www.bcbsri.com/sitefiles/sites/sitefiles/files/2019/10/MHD00180_R5000817_VP000033_D0000562_PBB_D_C-Off-Exch-Silver-Plan-15-w-Acu_01_V.pdf
RI	Blue Cross Blue Shield	BlueCHiP Direct 4800/9600	https://www.bcbsri.com/sitefiles/sites/sitefiles/files/2019/10/MBD00029_R5000823_VP000033_D0000566_PBCD_C-Off-Exch-Silver-Plan-16-w-Acu_01_V.pdf
RI	Blue Cross Blue Shield	BlueSolutions for HSA Direct 4100/8200	https://www.bcbsri.com/sitefiles/sites/sitefiles/files/2019/10/MHD00169_R5000829_VP000034_D0000555_PHSAD_C-Off-Exch-Silver-Plan-14-W-Acu_01_V.pdf
RI	Blue Cross Blue Shield	VantageBlue Direct 5700/11400	https://www.bcbsri.com/sitefiles/sites/sitefiles/files/2019/10/MHD00160_R5000836_VP000030_D0000551_PVBD_C-Off-Exch-Silver-Plan-13-W-Acu_01_V.pdf
RI	Neighborhood Health Plan of RI	Value	https://www.nhpri.org/wp-content/uploads/2019/10/2020_SBC_VALUE_Individual_Market_Silver_FINAL.pdf
RI	Neighborhood Health Plan of RI	COMMUNITY	https://www.nhpri.org/wp-content/uploads/2019/10/2020_SBC_COMMUNITY_Individual_Market_Silver_FINAL.pdf
SD	Avera Health Plans, Inc.	Avera 2750	https://www.avera.org/app/files/public/72981/2019-avera-2750.pdf
SD	Avera Health Plans, Inc.	Avera 3500	https://www.avera.org/app/files/public/72987/2019-avera-3500.pdf
SD	Avera Health Plans, Inc.	Avera 4000	https://www.avera.org/app/files/public/72990/2019-avera-4000.pdf
SD	Avera Health Plans, Inc.	Avera Preferred 2750	https://www.avera.org/app/files/public/73033/2019-avera-preferred-2750.pdf
SD	Avera Health Plans, Inc.	Avera Preferred 3500	https://www.avera.org/app/files/public/73037/2019-avera-preferred-3500.pdf
SD	Sanford Health Plan	Sanford Simplicity \$2,800	https://www.sanfordhealthplan.com/-/media/plan-documents/2019/HP2320_i_sd_simplicity_2800.pdf
SD	Sanford Health Plan	Sanford Simplicity \$3,500	https://www.sanfordhealthplan.org/-/media/plan-documents/2019/hp2319_i_sd_simplicity_3500.pdf
SD	Sanford Health Plan	Sanford Simplicity \$4,750	https://www.sanfordhealthplan.com/-/media/plan-documents/2019/HP2317_i_sd_simplicity_4750.pdf

SD	Sanford Health Plan	Sanford TRUE \$2,800	https://www.sanfordhealthplan.com/-/media/plan-documents/2019/HP2329_i_sd_true_2800.pdf
SD	Sanford Health Plan	Sanford TRUE \$3,500	https://www.sanfordhealthplan.com/-/media/plan-documents/2019/HP2328_i_sd_true_3500.pdf
SD	Sanford Health Plan	Sanford TRUE \$4,750	https://www.sanfordhealthplan.com/-/media/plan-documents/2019/HP2326_i_sd_true_4750.pdf
VT	Blue Cross Blue Shield	Silver Plan	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard.pdf
VT	Blue Cross Blue Shield	Silver CDHP Plan	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%20CDHP.pdf
VT	Blue Cross Blue Shield	Blue Rewards Silver Plan	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards.pdf
VT	Blue Cross Blue Shield	Blue Rewards Silver CDHP Plan	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%20CDHP.pdf
VT	Blue Cross Blue Shield	Silver 94 (94% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%2094%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver 87 (87% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%2087%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver 77 (77% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%2077%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver 73 (73% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%2073%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver HDHP 94 (94% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%20CDHP%2094%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver HDHP 87 (87% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%20CDHP%2094%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver HDHP 77 (77% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%20CDHP%2077%25%20AV.pdf
VT	Blue Cross Blue Shield	Silver HDHP 73 (73% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Standard%20CDHP%2077%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue rewards Silver 94 (94% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%2094%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue rewards Silver 87 (87% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%2087%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue rewards Silver 77 (77% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%2077%25%20AV.pdf

VT	Blue Cross Blue Shield	Blue rewards Silver 73 (73% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%2073%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue rewards Silver HDHP 94 (94% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%20CDHP%2094%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue rewards Silver HDHP 87 (87% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%20CDHP%2087%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue Rewards silver 77 (77% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%20CDHP%2087%25%20AV.pdf
VT	Blue Cross Blue Shield	Blue Rewards Silver HDHP 73 (73% AV)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/BCB SVT/Silver%20Blue%20Rewards%20CDHP%2077%25%20AV.pdf
VT	MVP healthcare	Silver 3	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%203.pdf
VT	MVP healthcare	Silver CDHP (HDHP)	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%204%20HDHP.pdf
VT	MVP healthcare	Plus Silver 1	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%201.pdf
VT	MVP healthcare	Plus Silver 2 HDHP	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%202%20HDHP.pdf
VT	MVP healthcare	Silver 3 94	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%203%2094%20.pdf
VT	MVP healthcare	Silver 3 87	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%203%2087%20.pdf
VT	MVP healthcare	Silver 3 77	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%203%2077%20.pdf
VT	MVP healthcare	Silver 3 73	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%203%2073%20.pdf
VT	MVP healthcare	Silver 4 94	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%204%2094%20.pdf
VT	MVP healthcare	Silver 4 87	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%204%20%2087%20.pdf
VT	MVP healthcare	Silver 4 HDHP 77	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%204%20HDHP%2077.pdf
VT	MVP healthcare	Silver 4 HDHP 73	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Silver%204%20HDHP%2073%20.pdf
VT	MVP healthcare	Plus Silver 1 94	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%201%2094.pdf

VT	MVP healthcare	Plus Silver 1 87	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%201%2087.pdf
VT	MVP healthcare	Plus Silver 1 77	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%201%2077.pdf
VT	MVP healthcare	Plus Silver 1 73	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%201%2073.pdf
VT	MVP healthcare	Plus Silver 2 94	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%202%2094.pdf
VT	MVP healthcare	Plus Silver 2 87	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%202%2087.pdf
VT	MVP healthcare	Plus Silver 2 HDHP 77	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%202%20HDHP%2077.pdf
VT	MVP healthcare	Plus Silver 2 HDHP 73	https://info.healthconnect.vermont.gov/sites/hcexchange/files/2020_SBCs/MVP/MVP%20VT%20Plus%20Silver%202%20HDHP%2073.pdf
WA	Molina Healthcare of Washington, Inc	Molina Silver 250 Plan	https://www.molinahealthcare.com/members/wa/en-us/pdf/marketplace/summary-of-benefits-silver-250-2019.pdf
WA	Kaiser Permanente	KP WA Silver 3500/30	https://www.wahbexchange.org/wp-content/uploads/2018/10/PLNSBC_KNW_20002_003_20190101_20120501_en.pdf
WA	Kaiser Permanente	Flex Silver - 19	http://info.kaiserpermanente.org/healthplans/washington/individual/pdfs/2019-KPWA/Flex_Silver.pdf
WA	Kaiser Permanente	VisitsPlus Silver HD - 20	http://info.kaiserpermanente.org/healthplans/washington/individual/pdfs/2020-KPWA-ON-Exchange/VisitsPlus_Silver_HD.pdf
WA	Kaiser Permanente	KP WA Silver 2500/30	https://www.wahbexchange.org/wp-content/uploads/2018/10/PLNSBC_KNW_20002_002_20190101_20120501_en.pdf
WA	LifeWise Essential	LifeWise Essential Silver EPO 4000	https://www.lifewisewa.com/documents/045701_2019.pdf
WA	LifeWise Essential	LifeWise Essential Silver High Deductible	https://www.lifewisewa.com/documents/048988_2020.pdf
WA	LifeWise Essential	LifeWise Essential Silver Low Deductible	https://www.lifewisewa.com/documents/048982_2020.pdf
WA	LifeWise Essential	LifeWise Essential Silver EPO HSA 3000	https://www.lifewisewa.com/documents/045712_2019.pdf
WA	Premiera	Premiera Blue Cross Preferred Silver EPO 4500	https://www.premiera.com/documents/045683_2019.pdf
WA	Providence	Columbia 4500 Silver	https://healthplans.providence.org/~media/Files/PHP_SBC/2020/IND/WA/2020_WA_IND_Columbia_4500_Silver01_SBC.pdf

WA	Ambetter	Ambetter Balanced Care 4 (2019)	https://api.centene.com/SBC/2019/61836WA0050007-01.pdf
WA	Ambetter	Ambetter Balanced Care 2 (2019)	https://api.centene.com/SBC/2019/61836WA0050003-01.pdf
WA	Ambetter	Ambetter Balanced Care 1 (2019)	https://api.centene.com/SBC/2019/61836WA0050002-01.pdf
WA	Ambetter	Ambetter Balanced Care 2 (2019) + Vision	https://api.centene.com/SBC/2019/61836WA0090003-01.pdf
WA	Ambetter	Ambetter Balanced Care 1 (2019) + Vision	https://api.centene.com/SBC/2019/61836WA0090002-01.pdf
WA	Ambetter	Ambetter Balanced Care 3 (2019)	https://api.centene.com/SBC/2019/61836WA0050006-01.pdf
WA	Ambetter	Ambetter Balanced Care 3 (2019) + Vision	https://api.centene.com/SBC/2019/61836WA0090005-01.pdf
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver Balance	https://shop.yourwyoblue.com/content/sbcs/2019/WY/Individual/BlueSelectSilverBalanceIXD.pdf
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver Classic	https://shop.yourwyoblue.com/content/sbcs/2019/WY/Individual/BlueSelectSilverClassicIXD.pdf
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver HealthPlus	https://shop.yourwyoblue.com/content/sbcs/2019/WY/Individual/BlueSelectSilverHealthPlusIXD.pdf
WY	Blue Cross Blue Shield of Wyoming	BlueSelect Silver Value	https://shop.yourwyoblue.com/content/sbcs/2019/WY/Individual/BlueSelectSilverValueIXD.pdf

Appendix 4: Abbreviations Key

ABA: Applied Behavior Analysis	RY: Respiratory
Acu: Acupuncture	SC: Specialty Care
AR: Acute Rehab	SNF: Skilled Nursing Facility
C&PR: Cardiac and Pulmonary Rehabilitation	ST: Speech Therapy
C&R: Cardiac & Respiratory	TI: Therapeutic Intervention
CogT: Cognitive Therapy	VT: Vision Therapy
CP: Cardiac/Pulmonary	
CPRT: Cardiopulmonary Rehabilitation Therapy	
CR: Cardiac Rehab	
CT: Cardiac Therapy	
CTI: Clinical Therapeutic Intervention	
EAR: Extended Active Rehabilitation Facility	
EI: Early Intervention	
HS: Habilitation Services	
HT: Hearing Therapy	
IN: In-Network	
IP: In-Patient	
LT: Line Therapy (applies to ABA)	
MBH: Mental/Behavioral Health	
MT: Manipulation Therapy	
NA: Not Applicable	
NDT: Neurodevelopmental therapy	
NPP: Non-Participating Provider	
NPref: Not Preferred	
NPart: Not Participating	
OMT: Osteopathic Manipulative Therapy	
OON: Out-of-Network	
OP: Out-Patient	
PC: Primary Care	
PCIAT: Post-Cochlear Implant Aural Therapy	
PhysioT: Physiotherapy	
PhysR: Physical Rehab	
PM: Physical Medicine	
PR: Pulmonary Rehab	
PS: Physical Speech	
PY: Pulmonary	
RSF: Unclear but seems to mean a more preferred IN provider	