BENEFITS	Fidelis Care Silver Enhanced*+	Fidelis Care Gold Enhanced*+	Fidelis Care Silver*+	Fidelis Care Gold*+
	Cost Sharing Reduction Options Available		Cost Sharing Reduction Options Available	
Monthly Premium	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region
Deductible per Individual (Family Deductible 2x Individual)	$1,300	$600	$1,300	$600
Max. Out of Pocket per Individual (Family Max. is 2x Individual)	$7,900	$4,000	$7,900	$4,000
Preventive Care**	$0	$0	$0	$0
Primary Care Doctor Visit	$30 Copay after deductible	$25 Copay after deductible	$30 Copay after deductible	$25 Copay after deductible
Specialist Doctor Visit	$50 Copay after deductible	$40 Copay after deductible	$50 Copay after deductible	$40 Copay after deductible
Annual Physical Exam	$0	$0	$0	$0
Clinical/Diagnostic Lab **X-ray/MRI/CT Scan/ PET Scan**	$50 Copay per visit after deductible $50 Copay per visit after deductible	$40 Copay per visit after deductible $40 Copay per visit after deductible	$50 Copay per visit after deductible $50 Copay per visit after deductible	$40 Copay per visit after deductible $40 Copay per visit after deductible
Radiation Therapy	$30 Copay per visit after deductible	$25 Copay per visit after deductible	$30 Copay per visit after deductible	$25 Copay per visit after deductible
Outpatient Facility - Surgery	$150 Copay after deductible	$100 Copay after deductible	$150 Copay after deductible	$100 Copay after deductible
Surgeon	$150 Copay after deductible	$100 Copay after deductible	$150 Copay after deductible	$100 Copay after deductible
Inpatient Hospital – Acute **Inpatient Hospital – Mental Health**	$1,500/admission after deductible $1,500/ admission after deductible	$1,000/admission after deductible $1,000/ admission after deductible	$1,500/admission after deductible $1,500/ admission after deductible	$1,000/admission after deductible $1,000/ admission after deductible
Outpatient Mental Health	$30 Copay after deductible	$25 Copay after deductible	$30 Copay after deductible	$25 Copay after deductible
Skilled Nursing Facility	$1,500/admission after deductible	$1,000/admission after deductible	$1,500/admission after deductible	$1,000/admission after deductible
Emergency Room	$250 Copay after deductible	$150 Copay after deductible	$250 Copay after deductible	$150 Copay after deductible
Urgent Care	$70 Copay after deductible	$60 Copay after deductible	$70 Copay after deductible	$60 Copay after deductible
Ambulance	$150 Copay after deductible	$150 Copay after deductible	$150 Copay after deductible	$150 Copay after deductible
PT/OT/ST	$30 Copay after deductible	$30 Copay after deductible	$30 Copay after deductible	$30 Copay after deductible
Chiropractor	$50 Copay after deductible	$40 Copay after deductible	$50 Copay after deductible	$40 Copay after deductible
Eye Exams	$30 Copay after deductible	$25 Copay after deductible	$30 Copay after deductible (pediatric only)	$25 Copay after deductible (pediatric only)
Dental	$30 Copay	$25 Copay	$30 Copay after deductible (pediatric only)	$25 Copay after deductible (pediatric only)
Durable Medical Equipment(DME)	30% Coinsurance after deductible	20% Cost Sharing after deductible	30% Coinsurance after deductible	20% Cost Sharing after deductible
Diabetic Supplies	$30 Copay, 30 Day Supply after deductible	$25 Copay, 30 Day Supply after deductible	$30 Copay, 30 Day Supply after deductible	$25 Copay, 30 Day Supply after deductible
Hearing Aids	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible
Eyewear	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible (pediatric only)	20% Coinsurance after deductible (pediatric only)
Prescription Drugs: **Generic – Tier 1** **Preferred Brand – Tier 2** **Non Preferred Brand – Tier 3** **Mail Order**	 $10 Copay $35 Copay $70 Copay 90 Day Supply, 2.5x Retail Copay	 $10 Copay $35 Copay $70 Copay 90 Day Supply, 2.5x Retail Copay	 $10 Copay $35 Copay $70 Copay 90 Day Supply, 2.5x Retail Copay	 $10 Copay $35 Copay $70 Copay 90 Day Supply, 2.5x Retail Copay

*Native American Option: A Native American who can show required documentation and earns less than 300% of the federal poverty level can choose a Silver, Gold, Platinum, or Bronze plan with no cost sharing.
+Child Only option available for this plan. Products not available in all areas. Please check with your Fidelis Care representative or visit fideliscare.org for information on products available in your area.
**For some preventive care visits and services, as defined under section 2713 of the Affordable Care Act, there is 100% coverage with no cost sharing.

FIDELIS CARE PRODUCT NOTES

-**Summary Only:** This is a plan summary and is not intended to be comprehensive. Please review the Summary Plan Description and Plan Document to get all of the details for your plan of choice. In the event of differences between this summary and the Summary Plan Description or Plan Document, the Plan Document will govern.

-**Primary Care Doctor Selection Not Required:** Selection of a primary care doctor to enroll in a Health Benefit Exchange product is not required. However, we strongly encourage you to pick a primary care doctor to assist you in managing your health.

-**Network-Only Benefits:** Members enrolled in one of these products must use a doctor or hospital that has a contract with Fidelis Care. These are known as "network providers." There are no benefits paid for medical services delivered by out-of-network providers, except in the case of an emergency.

-**Annual Open Enrollment Period:** Enrollment in the plan is confined to an annual Open Enrollment Period. In 2019-2020, that period is from November 1, 2019 through January 31, 2020. New applicants can enroll as early as November 1, 2019. Applications for coverage after this period are possible with certain qualifying events.

-**Effective Date of Coverage:** Applications prior to the 15th of the month will be effective the first of the following month. Applications after the 15th of the month will be effective the first of the second month after application

-**Telemedicine Program:** Starting January 1, 2020 covered services provided through Fidelis Care's new Telemedicine program will be covered in full with no cost-sharing.

-**Family Dental & Vision:** New Gold & Silver "Enhanced" plans offered beginning in the 2020 plan year will cover dental and vision services for adults and children.

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Qualified Health Plans

New Dental and Vision Coverage Options

Silver Enhanced | Silver | Gold Enhanced | Gold

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