2019 Small Group Plan Options
Iowa – HMO

Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%

Benefits	P1901: Platinum $0	P1902: Platinum $500	P1903: Platinum $1,000	P1904: Platinum Maintenance
Deductible (Single / Family)	$0 / $0	$500 / $1,000	$1,000 / $2,000	$0 / $0
Coinsurance	0%	20%	10%	0%
Maximum Out-of-Pocket	$4,500 / $9,000	$1,250 / $2,500	$1,500 / $3,000	$7,900 / $15,800
e-Visits	$30	$15	$10	$10
Office Visit Copay (PCP / Specialist)	$40 / $60	$25 / $50	$20 / $40	$20 / $40
Urgent Care Copay	$60	$50	$40	$40
Emergency Room Copay	$350	$100	$150	$500
Mental Health Outpatient Copay	$40	$25	$20	$20
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$2,500 per diem IP / Ded & Coins
Pharmacy Copay	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No
HSA Eligible?	No	No	No	No
Embedded / Aggregate	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable
SBC	YRC9EDH	E1ILTV1FS	T3ONIV3NX	CQVWOUBUX1

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Offered by Quartz Health Plan Corporation.

QA00699GIA (0519)

2019 Small Group Plan Options
Iowa – HMO

Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	G1901: Gold $1,500	G1902: Gold $2,000	G1903: Gold $3,500	G1904: Gold Maintenance	G1905: Gold HSA $3,000 Embedded
Deductible (Single / Family)	$1,500 / $3,000	$2,000 / $4,000	$3,500 / $7,000	$1,500 / $3,000	$3,000 / $6,000
Coinsurance	30%	30%	0%	0%	0%
Maximum Out-of-Pocket	$5,000 / $10,000	$5,000 / $10,000	$3,500 / $7,000	$7,900 / $15,800	$3,000 / $6,000
e-Visits	$15	$20	Deductible then Coinsurance	$15	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	$25 / $50	$30 / $60	Deductible then Coinsurance	$25 / $50	Deductible then Coinsurance
Urgent Care Copay	$50	$60	Deductible then Coinsurance	$50	Deductible then Coinsurance
Emergency Room Copay	$200	$250	Deductible then Coinsurance	$500	Deductible then Coinsurance
Mental Health Outpatient Copay	$25	$30	Deductible then Coinsurance	$25	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$4,000 per diem IP / Ded & Coins	Deductible then Coinsurance
Pharmacy Copay	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No	No
HSA Eligible?	No	No	No	No	Yes
Embedded / Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable	Creditable
SBC	DY5N6SV1	NQOPQ8JG	BPDXOS2D	YEWY7R	MJFX7I

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QA00699GIA (0519)

2019 Small Group Plan Options
Iowa – HMO

Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	S1901: Silver $2,000	S1902: Silver $4,500	S1903: Silver $5,000	S1904: Silver HSA $4,000 Embedded	Silver HSA $5,000 Embedded
Deductible (Single / Family)	$2,000 / $4,000	$4,500 / $9,000	$5,000 / $10,000	$4,000 / $8,000	$5,000 / $10,000
Coinsurance	40%	30%	50%	0%	0%
Maximum Out-of-Pocket	$7,000 / $14,000	$7,900 / $15,800	$7,900 / $15,800	$4,000 / $8,000	$5,000 / $10,000
e-Visits	Deductible then Coinsurance	Deductible then Coinsurance	$30	Deductible then Coinsurance	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	$40 / $60	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	$60	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	$450	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	$40	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$5 / $10 / $55 / $125 / $225	$5 / $10 / $55 / $125 / $225	$10 / $20 / $70 / $150 / $300	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No	No	No	No
HSA Eligible?	No	No	No	Yes	Yes
Embedded / Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded
Creditable Coverage	Creditable	Creditable	Creditable	Creditable	Not Creditable
SBC	R8PWISST	AUQUFEW97	QLLLWA8	Y1W72CKHMP	VR06SRD3Z

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QA00699GIA (0519)

2019 Small Group Plan Options
Iowa – HMO

Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%

Benefits	B1901: Bronze $6,500	B1902: Bronze HSA $6,750 Embedded
Deductible (Single / Family)	$6,500 / $13,000	$6,750 / $13,500
Coinsurance	50%	0%
Maximum Out-of-Pocket	$7,900 / $15,800	$6,750 / $13,500
e-Visits	$30	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	$85 / $170	Deductible then Coinsurance
Urgent Care Copay	$170	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$85	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$10 / $20 / $80 / $175 / $300	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No	No
HSA Eligible?	No	Yes
Embedded / Aggregate	Embedded	Embedded
Creditable Coverage	Creditable	Not Creditable
SBC	G43BHDZZ41	KT7IXUL7

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QA00699GIA (0519)

2019 Small Group Plan Options
Iowa – POS

Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%

Benefits	P1901: Platinum $0		P1902: Platinum $500	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$0 / $0	$1,000 / $2,000	$500 / $1,000	$1,000 / $2,000
Coinsurance	0%	20%	20%	40%
Maximum Out-of-Pocket	$4,500 / $9,000	$5,000 / $10,000	$1,250 / $2,500	$2,500 / $5,000
e-Visits	$30	N / A	$15	N / A
Office Visit Copay (PCP / Specialist)	$40 / $60	Deductible then Coinsurance	$25 / $50	Deductible then Coinsurance
Urgent Care Copay	$60	Deductible then Coinsurance	$50	Deductible then Coinsurance
Emergency Room Copay	$350	$350	$100	$100
Mental Health Outpatient Copay	$40	Deductible then Coinsurance	$25	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		No	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Creditable	
SBC	M6WE0BJTVZ		R960PF	

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QA00700GIA (0519)

2019 Small Group Plan Options
Iowa – POS

Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%

Benefits	P1903: Platinum $1,000		P1904: Platinum Maintenance	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$1,000 / $2,000	$2,000 / $4,000	$0 / $0	$1,000 / $2,000
Coinsurance	10%	30%	0%	20%
Maximum Out-of-Pocket	$1,500 / $3,000	$3,000 / $6,000	$7,900 / $15,800	$8,000 / $16,000
e-Visits	$10	N / A	$10	N / A
Office Visit Copay (PCP / Specialist)	$20 / $40	Deductible then Coinsurance	$20 / $40	Deductible then Coinsurance
Urgent Care Copay	$40	Deductible then Coinsurance	$40	Deductible then Coinsurance
Emergency Room Copay	$150	$150	$500	$500
Mental Health Outpatient Copay	$20	Deductible then Coinsurance	$20	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	$2,500 per diem IP / Ded & Coins	Deductible then Coinsurance
Pharmacy Copay	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		No	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Creditable	
SBC	YI6135ZD		ASLAAR01OU	

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2019 Small Group Plan Options
Iowa – POS

Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	G1901: Gold $1,500		G1902: Gold $2,000		G1903: Gold $3,500	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$1,500 / $3,000	$3,000 / $6,000	$2,000 / $4,000	$4,000 / $8,000	$3,500 / $7,000	$5,000 / $10,000
Coinsurance	30%	50%	30%	50%	0%	20%
Maximum Out-of-Pocket	$5,000 / $10,000	$8,000 / $16,000	$5,000 / $10,000	$10,000 / $20,000	$3,500 / $7,000	$10,000 / $20,000
e-Visits	$15	N / A	$20	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	$25 / $50	Deductible then Coinsurance	$30 / $60	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	$50	Deductible then Coinsurance	$60	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	$200	$200	$250	$250	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$25	Deductible then Coinsurance	$30	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No		No	
HSA Eligible?	No		No		No	
Embedded / Aggregate	Embedded		Embedded		Embedded	
Creditable Coverage	Creditable		Creditable		Creditable	
SBC	R58F9RSAOI		XO8UHWJB8		RC162E9BME	

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QA00700GIA (0519)

2019 Small Group Plan Options
Iowa – POS

Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	G1904: Gold Maintenance		G1905: Gold HSA $3,000 Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$1,500 / $3,000	$7,000 / $14,000	$3,000 / $6,000	$6,000 / $12,000
Coinsurance	0%	20%	0%	20%
Maximum Out-of-Pocket	$7,900 / $15,800	$14,000 / $28,000	$3,000 / $6,000	$12,000 / $24,000
e-Visits	$15	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	$25 / $50	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	$50	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	$500	$500	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$25	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	$4,000 per diem IP / Ded & Coins	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$5 / $10 / $40 / $80 / $200	$5 / $10 / $40 / $80 / $200	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		Yes	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Creditable	
SBC	NGSV7CB		GO6R1TG	

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QA00700GIA (0519)

2019 Small Group Plan Options
Iowa – POS

Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	S1901: Silver $2,000		S1902: Silver $4,500		S1903: Silver $5,000	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$2,000 / $4,000	$4,000 / $8,000	$4,500 / $9,000	$7,000 / $14,000	$5,000 / $10,000	$7,000 / $14,000
Coinsurance	40%	50%	30%	50%	50%	50%
Maximum Out-of-Pocket	$7,000 / $14,000	$14,000 / $28,000	$7,900 / $15,800	$14,000 / $28,000	$7,900 / $15,800	$14,000 / $28,000
e-Visits	Deductible then Coinsurance	N / A	Deductible then Coinsurance	N / A	$30	N / A
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$40 / $60	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$60	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$450	$450
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$40	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$5/$10/$55/$125/$225	$5/$10/$55/$125/$225	$5/$10/$55/$125/$225	$5/$10/$55/$125/$225	$10/$20/$70/$150/$300	$10/$20/$70/$150/$300
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No		No	
HSA Eligible?	No		No		No	
Embedded / Aggregate	Embedded		Embedded		Embedded	
Creditable Coverage	Creditable		Creditable		Creditable	
SBC	C8IV23		KDWSO20M		DFCG4P	

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2019 Small Group Plan Options
Iowa – POS

Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	S1904: Silver HSA $4,000 Embedded		S1905: Silver HSA $5,000 Embedded	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$4,000 / $8,000	$8,000 / $16,000	$5,000 / $10,000	$10,000 / $20,000
Coinsurance	0%	20%	0%	20%
Maximum Out-of-Pocket	$4,000 / $8,000	$16,000 / $32,000	$5,000 / $10,000	$20,000 / $40,000
e-Visits	Deductible then Coinsurance	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	Yes		Yes	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Not Creditable	
SBC	JDCE5T429		B8438LH	

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QA00700GIA (0519)

2019 Small Group Plan Options
Iowa – POS

Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%

Benefits	B1901: Bronze $6,500		B1902: Bronze HSA $6,750 Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$6,500 / $13,000	$9,000 / $18,000	$6,750 / $13,500	$10,000 / $20,000
Coinsurance	50%	50%	0%	20%
Maximum Out-of-Pocket	$7,900 / $15,800	$12,000 / $24,000	$6,750 / $13,500	$20,000 / $40,000
e-Visits	$30	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	$85 / $170	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	$170	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$85	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$10 / $20 / $80 / $175 / $300	$10 / $20 / $80 / $175 / $300	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		Yes	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Not Creditable	
SBC	Q6KSBPFF		WGWLXCOKPI	

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QA00700GIA (0519)

2019 Small Group Plan Options
Iowa – PPO

Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%

Benefits	P1901: Platinum $0		P1902: Platinum $500	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$0 / $0	$1,000 / $2,000	$500 / $1,000	$1,000 / $2,000
Coinsurance	0%	20%	20%	40%
Maximum Out-of-Pocket	$4,500 / $9,000	$5,000 / $10,000	$1,250 / $2,500	$2,500 / $5,000
e-Visits	$30	N / A	$15	N / A
Office Visit Copay (PCP / Specialist)	$40	Deductible then Coinsurance	$25	Deductible then Coinsurance
Urgent Care Copay	$60	Deductible then Coinsurance	$50	Deductible then Coinsurance
Emergency Room Copay	$350	$350	$100	$100
Mental Health Outpatient Copay	$40	Deductible then Coinsurance	$25	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		No	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Creditable	
SBC	ULWW6RPM		R9P33J896	

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2019 Small Group Plan Options
Iowa – PPO

Platinum Plans

These plans will cover about 90% of your service and you are responsible for the other 10%

Benefits	P1903: Platinum $1,000		P1904: Platinum Maintenance	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$1,000 / $2,000	$2,000 / $4,000	$0 / $0	$1,000 / $2,000
Coinsurance	10%	30%	0%	20%
Maximum Out-of-Pocket	$1,500 / $3,000	$3,000 / $6,000	$7,900 / $15,800	$8,000 / $16,000
e-Visits	$10	N / A	$10	N / A
Office Visit Copay (PCP / Specialist)	$20	Deductible then Coinsurance	$20	Deductible then Coinsurance
Urgent Care Copay	$40	Deductible then Coinsurance	$40	Deductible then Coinsurance
Emergency Room Copay	$150	$150	$500	$500
Mental Health Outpatient Copay	$20	Deductible then Coinsurance	$20	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	$2,500 per diem IP / Ded & Coins	Deductible then Coinsurance
Pharmacy Copay	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		No	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Creditable	
SBC	I9PS7S		WNQE5TPB	

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2019 Small Group Plan Options
Iowa – PPO

Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	G1901: Gold $1,500		G1902: Gold $2,000		G1903: Gold $3,500	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$1,500 / $3,000	$3,000 / $6,000	$2,000 / $4,000	$4,000 / $8,000	$3,500 / $7,000	$5,000 / $10,000
Coinsurance	30%	50%	30%	50%	0%	20%
Maximum Out-of-Pocket	$5,000 / $10,000	$8,000 / $16,000	$5,000 / $10,000	$10,000 / $20,000	$3,500 / $7,000	$10,000 / $20,000
e-Visits	$15	N / A	$20	N / A	Deductible then Coinsurance	Deductible then Coinsurance
Office Visit Copay (PCP / Specialist)	$25	Deductible then Coinsurance	$30	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	$50	Deductible then Coinsurance	$60	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	$200	$200	$250	$250	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$25	Deductible then Coinsurance	$30	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$10/$40/$80/$200	$10/$40/$80/$200	$10/$40/$80/$200	$10/$40/$80/$200	$10/$40/$80/$200	$10/$40/$80/$200
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No		No	
HSA Eligible?	No		No		No	
Embedded / Aggregate	Embedded		Embedded		Embedded	
Creditable Coverage	Creditable		Creditable		Creditable	
SBC	BY5P0959VE		VY11UDIC		UZ1G6E7F	

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2019 Small Group Plan Options
Iowa – PPO

Gold Plans

These plans will cover about 80% of your service and you are responsible for the other 20%

Benefits	G1904: Gold Maintenance		G1905: Gold HSA $3,000 Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$1,500 / $3,000	$7,000 / $14,000	$3,000 / $6,000	$6,000 / $12,000
Coinsurance	0%	20%	0%	20%
Maximum Out-of-Pocket	$7,900 / $15,800	$14,000 / $28,000	$3,000 / $6,000	$12,000 / $24,000
e-Visits	$15	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	$25	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	$50	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	$500	$500	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$25	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	$4,000 per diem IP / Ded & Coins	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$10 / $40 / $80 / $200	$10 / $40 / $80 / $200	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		Yes	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Creditable	
SBC	XEKWLQ4		V1XQ1FR	

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2019 Small Group Plan Options
Iowa – PPO

Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	S1901: Silver $2,000		S1902: Silver $4,500		S1903: Silver $5,000	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$2,000 / $4,000	$4,000 / $8,000	$4,500 / $9,000	$7,000 / $14,000	$5,000 / $10,000	$7,000 / $14,000
Coinsurance	40%	50%	30%	50%	50%	50%
Maximum Out-of-Pocket	$7,000 / $14,000	$14,000 / $28,000	$7,900 / $15,800	$14,000 / $28,000	$7,900 / $15,800	$14,000 / $28,000
e-Visits	Deductible then Coinsurance	N / A	Deductible then Coinsurance	N / A	$30	N / A
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$40	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$60	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$450	$450
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	$40	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$10/$55/$125/$225	$10/$55/$125/$225	$10/$55/$125/$225	$10/$55/$125/$225	$20/$70/$150/$300	$20/$70/$150/$300
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No		No	
HSA Eligible?	No		No		No	
Embedded / Aggregate	Embedded		Embedded		Embedded	
Creditable Coverage	Creditable		Creditable		Creditable	
SBC	BGEWLG6VXL		OBJL77MXQ		TUR8SC3Y	

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2019 Small Group Plan Options
Iowa – PPO

Silver Plans

These plans will cover about 70% of your service and you are responsible for the other 30%

Benefits	S1904: Silver HSA $4,000 Embedded		S1905: Silver HSA $5,000 Embedded	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible (Single / Family)	$4,000 / $8,000	$8,000 / $16,000	$5,000 / $10,000	$10,000 / $20,000
Coinsurance	0%	20%	0%	20%
Maximum Out-of-Pocket	$4,000 / $8,000	$16,000 / $32,000	$5,000 / $10,000	$20,000 / $40,000
e-Visits	Deductible then Coinsurance	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	Yes		Yes	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Not Creditable	
SBC	OHLQZ5SKT		Y1R86AR6O	

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2019 Small Group Plan Options
Iowa – PPO

Bronze Plans

These plans will cover about 60% of your service and you are responsible for the other 40%

Benefits	B1901: Bronze $6,500		B1902: Bronze HSA $6,750 Embedded	
	In Network	**Out-of-Network**	**In Network**	**Out-of-Network**
Deductible (Single / Family)	$6,500 / $13,000	$9,000 / $18,000	$6,750 / $13,500	$10,000 / $20,000
Coinsurance	50%	50%	0%	20%
Maximum Out-of-Pocket	$7,900 / $15,800	$12,000 / $24,000	$6,750 / $13,500	$20,000 / $40,000
e-Visits	$30	N / A	Deductible then Coinsurance	N / A
Office Visit Copay (PCP / Specialist)	$85	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care Copay	$170	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room Copay	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Mental Health Outpatient Copay	$85	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospital Copay (Inpatient / Outpatient)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Copay	$20 / $80 / $175 / $300	$20 / $80 / $175 / $300	Deductible then Coinsurance	Deductible then Coinsurance
Pharmacy Maximum Out-of-Pocket (Single / Family)	Subject to Medical	Subject to Medical	Subject to Medical	Subject to Medical
Dental Coverage Available for an Additional Charge?	No		No	
HSA Eligible?	No		Yes	
Embedded / Aggregate	Embedded		Embedded	
Creditable Coverage	Creditable		Not Creditable	
SBC	VNZNQ5		R5ZC5D02	

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