Analysis of Rehabilitation and Habilitation Benefits in Qualified Health Plans

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

2016

Table of Contents

Introduction	4
Methodology Overview	5
Summary	6
Key Findings	6
Appendix 1: Detailed Methodology	22
Appendix 2: QHP Raw Data Summary Chart	24
Appendix 3: SBC URLs	110
Appendix 4: Abbreviations' Key	188

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 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 non-profit 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.

Copyright © 2016 American Occupational Therapy Association. This material may be copied and distributed for educational purposes without written consent. For all other uses, contact copyright@aota.org.

Introduction

In the fall of 2014, the American Occupational Therapy Association (AOTA) released a report 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. The findings of the report 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.

The 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 has to be meet before the rehabilitation and/or habilitation coverage would take effect; and whether the core therapies² were covered.

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.

A final rule was completed³ in June 2015. However, the agencies delayed issuing the revised template until they received further input from NAIC.⁴ The agencies released a proposed SBC template and a proposed uniform glossary for comment in February 2016, and in April 2016

http://webapps.dol.gov/FederalRegister/PdfDisplay.aspx?DocId=28304

¹ The American Occupation 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 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 2014 analysis, psychiatric rehabilitation was not considered as a core rehabilitation therapy.

³ United States Department of Labor, 45 CFR Part 147; Summary of Benefits and Coverage and Uniform Glossary (2016). Retrieved from

⁴ 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_fags24.html

CMS posted the final SBC template and sample completed SBC, along with instructions for completing the SBC and an updated uniform glossary of health coverage and medical terms. The revised SBC and related materials will 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 will also have new features that make it clearer when the deductible applies to therapy and other covered services.

The SBC is to be used by all health plans, including small and large group plans, as well as self-funded and fully insured plans and grandfathered plans. Currently, state benchmark plans are based on 2012 plans with the benchmark adjusted to include all 10 EHBs. These plans will continue to be in place through 2016; and the new SBC template and associated documents will go into effect on the first day of the first open enrollment period that begins on or after April 1, 2017. ⁵

In advance of this period we have updated our report to obtain a more comprehensive review of plan compliance for the 2016 plan year.

Methodology Overview

After a review of the 2014 data, 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 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 all 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 724 plans and five data points were identified as the core information sought by the project. 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 the 2014 report, in order to provide an

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-06.html

_

⁵ Centers for Medicare & Medicaid Services, Departments Finalize New Version of the Summary of Benefits and Coverage (2016). Retrieved from

⁶ 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.

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 a similar landscape to the findings of 2 years ago. Consumers still lack adequate and critical information regarding rehabilitation benefits and to a bigger degree habilitation benefits to make informed decisions while shopping for coverage in the marketplaces. In many instances QHPs are not complying with the EHB benchmark standards for rehabilitation and habilitation coverage. While a minority of plans reviewed were in fact discriminatory (i.e., the benefit was tied to age or health status), the majority of plans reviewed still were not covering rehabilitation and habilitation adequately due to the fact that the habilitation benefit was combined with the rehabilitation benefit. Beginning in January 2017, insurers are prohibited from imposing combined limits on both rehabilitation and rehabilitative services and will have to treat the benefits separately.

Key Findings

> SBCs still lack critical information regarding rehabilitation and habilitation services for consumers to make informed decisions.

One of the key findings in the 2014 report 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 current research led to the same conclusion, it is to be noted that clarity regarding the applicability of the deductible for rehabilitation and habilitation has had a marked improvement from the 2014 findings. Most SBCs (\approx 78%) included clear language regarding whether or not a beneficiary would need to meet their deductible before rehabilitation or habilitation coverage would take effect. Fewer plans (\approx 51%) made the visit limit clear for both rehabilitation and habilitation. This percentage is dramatically increased to \approx 87% (Figure 4) if only considering the visit limits for the rehabilitation benefit alone. Even fewer plans (\approx 20%) listed the core therapies identified in the NAIC's definitions of rehabilitation and habilitation as being covered. Again, this percentage dramatically increases to \approx 50% (Figure 3) if only considering the rehabilitation benefit. Finally, of the 724 plans reviewed, only \approx 19% contained all these characteristics. (See Figure 1 below).

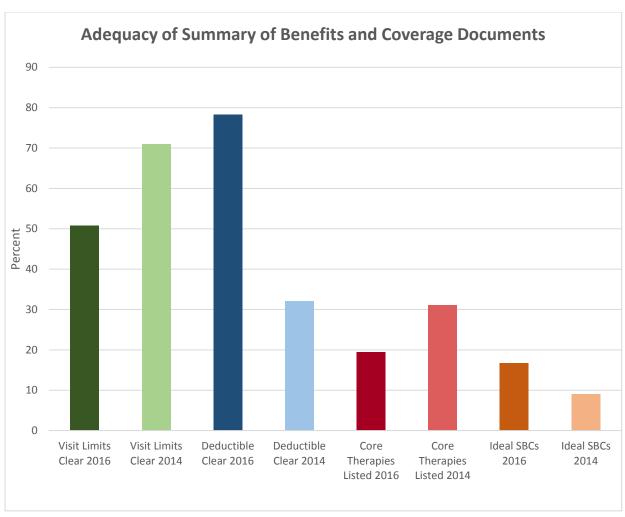


Figure 1

While there has been a slight improvement from the original report, the majority of SBCs are still 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.

Clarity as to whether a deductible must be met for rehabilitation or habitation coverage is the biggest improvement from the original report. A majority of QHPs (\approx 71%) 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.

Few QHPs were unclear (≈12%) in regards to clearly stating whether a deductible probably needed to be met or probably did not apply. Compared with the findings from the 2014 report, this number decreased roughly 53%.

Several plans (\approx 6%) did make 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. Fewer plans reviewed (\approx 1%) made this information totally obscure (unclear or outlier) for the consumer to understand. 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.⁷

⁷

⁷ Gary Claxton and Nirmita Panchal, the Henry J. Kaiser Family Foundation, Cost-Sharing Subsidies in Federal Marketplace Plans (2015). Retrieved from http://kff.org/health-costs/issue-brief/cost-sharing-subsidies-in-federal-marketplace-plans/

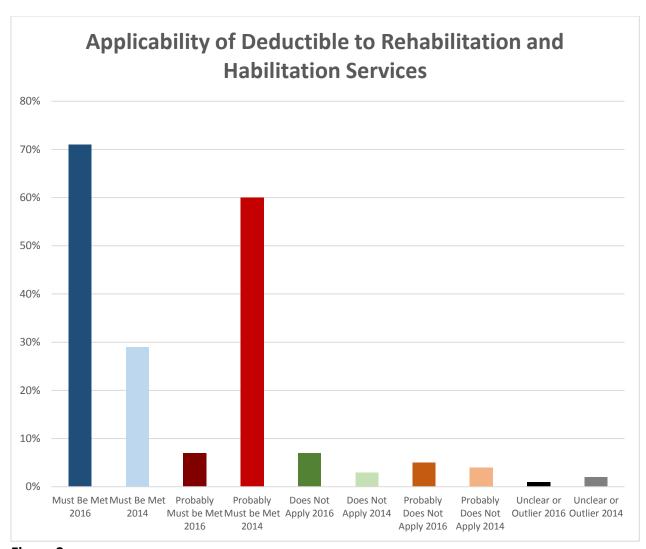


Figure 2

Basic information about rehabilitation and habilitation benefits are often absent or unclear.

While progress has been made in regards to 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 50% of plans reviewed clearly listed the therapies covered under their rehabilitation benefit. Even more disconcerting was that fewer than 30% of plans reviewed listed their therapies under their habilitation benefit (see Figure 3 below).

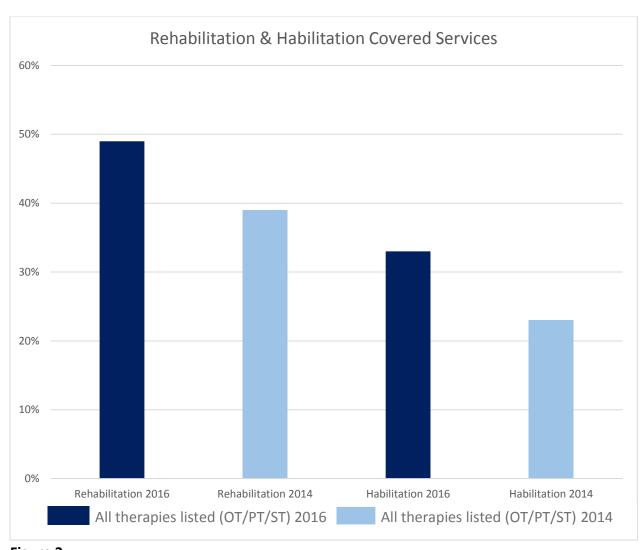


Figure 3

QHPs were overall better in presenting information regarding quantitative limits (e.g., number of days, hours, visits) (see Figure 4 below). However, there still remains a disparity in clarity regarding the limits for rehabilitation and habilitation. Quantitative limits were 37% more likely to be presented for rehabilitation than for habilitation. Additionally, many QHPs (≈32%) combined the habilitation and the rehabilitation benefit. However, beginning January 2017, insurers are prohibited from imposing combined limits on both rehabilitation and rehabilitative services and will have to treat the benefits separately. ⁸

Roughly 3% 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

-

⁸ 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

approximatively 14% of QHPs reviewed contained these references, this is a marked improvement. These references appear to be in conflict with the non-discrimination provision of the Patient Protection and Affordable Care Act. ⁹

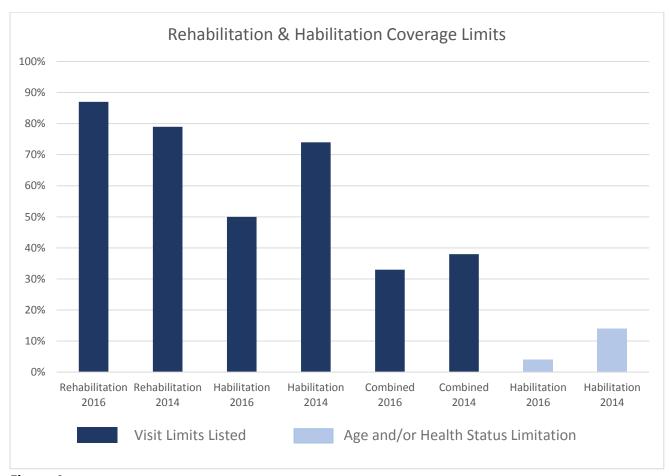


Figure 4

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

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. The data this time 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. Additionally, since roughly 33% of plans (Figure 4) combined their habilitation benefit with the rehabilitation benefit, a reasonable inference is unable to be made regarding whether these QHPs are in compliance with EHB regulations.

_

⁹ Department of Health and Human Services, 45 CFR Part 92; Nondiscrimination in Health Programs and Activities; Final Rule (2016). Retrieved from https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf

Example 1: Florida (FL)

Florida's EHB benchmark plan sets a limit of 35 outpatient rehabilitation visits per year or benefit period. Habilitation services are *not* covered. The benchmark plan goes on to explain that:

"Speech Therapy is covered for child cleft lip and cleft palate; Outpatient therapies include Cardiac, Occupational, Physical, Speech, Massage therapies in the Home Health Care, Hospital and Skilled Nursing Facility setting." 11

Florida Benchmark Requirements

Rehabilitation	Habilitation
35 visits per year/benefit period	Not covered

Florida QHP 1¹²

While a number of Florida's QHPs meet the benchmark standards regarding visits, others do not. Habilitation limits, which are not covered under the state benchmark, are often combined with rehabilitation services for coverage. For example, the following plan places an hourly limit on rehabilitation 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	30% coinsurance after deductible	Not covered	20 hours per year, per condition, for either rehabilitative or habilitative purposes
Habilitation services	30% coinsurance after deductible	Not covered	20 hours per year, per condition, for either rehabilitative or habilitative purposes

Florida QHP 2¹³

¹⁰ Florida EHB Benchmark Plan (CCIIO Summary). Retrieved from https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-Florida-Benchmark-Summary.pdf

¹¹ Ibid

¹² Health First Health Plans, Inc.: Florida Hospital Silver HMO 70 1546. Retrieved from http://www.myFHCA.org/2016 sbc 1546

By comparison, QHP 2 is in line with the benchmarks regarding visits, and the core therapies are clearly listed in the Limits & Exceptions column. Under both plans, enrollees would not be covered by services by an out-of-network provider.

Services You May Need	Your Cost if You Use an	Your Cost if You Use a	Limitations &
	In-Network Provider	Non-Network Provider	Exceptions
Rehabilitation services	40% coinsurance	Not covered	Coverage is limited to
			35 visits for Physical
			Therapy, Occupational
			Therapy, Speech
			Therapy & Chiropractic
			care combined
Habilitation services	40% coinsurance	Not covered	Coverage is limited to
			35 visits for Physical
			Therapy, Occupational
			Therapy, Speech
			Therapy & Chiropractic
			care combined

Example 2: New York (NY)

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 states that "New York intends to require [habilitation] services to be covered at parity with rehabilitative services." ¹⁵

New York Benchmark Requirements

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

New York QHP 1¹⁶

¹³ Aetna Health Inc.: Aetna Silver \$10 Copay 2750 Savings Plus HMO. Retrieved from http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/FL/FL_SBC_708713.pdf

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

A number of New York QHPs do not specify limits. The following 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 is that many of these plans will not cover services provided by an out-of-network provider.

Services You May Need	Your Cost if You Use an	Your Cost if You Use a	Limitations &
	In-Network Provider	Non-Network Provider	Exceptions
Rehabilitation services	30% copay per visit	Not covered	none
	then 0% coinsurance		
Habilitation services	30% copay per visit	Not covered	none
	then 0% coinsurance		

New York QHP 2¹⁷

While most QHPs in New York either meet the state benchmark limits or do not specify a limit, some plans fall short. Below is an example of plans that cap visits for rehabilitation and habilitation services at 54 visits per condition per lifetime combined. Again, out-of-network services are not covered.

Services You May Need	Your Cost if You Use an	Your Cost if You Use a	Limitations &
	In-Network Provider	Non-Network Provider	Exceptions
Rehabilitation services	\$50 copay	Not covered	Deductible applies, 54
			visits per condition per
			lifetime combined
Habilitation services	\$50 copay	Not covered	Deductible applies, 54
			visits per condition per
			lifetime combined

NY QHP 3¹⁸

In contrast, the following is an example of a plan that is in line with the New York State benchmark plan and lists out the core therapies. Once again, out-of-network services are not covered, but the plan description is much more user friendly.

Services You May Need	Your Cost if You Use an	Your Cost if You Use a	Limitations &
	In-Network Provider	Non-Network Provider	Exceptions
Rehabilitation services	\$30 copay	Not covered	Deductible applies, 60 combined PT/OT/ST visits per year
Habilitation services	\$30 copay	Not covered	Deductible applies, 60

¹⁷ MVP Health Care: NY MVP Premier Plus HDHP Silver 3. Retrieved from http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS-003-N%20(2016)-356285.pdf

¹⁸ MVP Health Plan, Inc.: NY MVP Premier Silver. Retrieved from http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-001-S%20(2016)-356288.pdf

	combined PT/OT/ST
	visits per year

Example 3: Maryland (MD)

Maryland's EHB benchmark plan requires 30 annual visits for *each* of occupational therapy (OT), physical therapy (PT), and speech therapy (ST) for rehabilitative and habilitative purposes. The benchmark plan also defines the coverage for those 19 years of age and older for OT, PT, and ST, with mention of coverage for those age 19 and below. In addition, Maryland defined coverage requirements for habilitative services as follows:

"Habilitative benefits in the State's EHB benchmark require plans to cover habilitative services benefits for members age 19 and above in parity with benefits covered for rehabilitative services." 19

Since 2002, Maryland has had a law mandating insurance coverage of habilitative services for children aged 19 and under with congenital and genetic birth defects. Legislation enacted in 2016 (SB 297) repealed the requirement that a child have a congenital or genetic birth defect to qualify for services.

Therefore, Maryland's EHB coverage requirements for rehabilitative and habilitative services may be summarized as follows (numbers below represent annual visits):

Maryland's Benchmark Requirements

Rehabilitation	Habilitation
30 OT, 30 PT, 30 ST	30 OT, 30 PT, 30 ST for age 19 and above

Maryland QHP 1

Of the 18 QHPs in Maryland, just 50% meet the state's benchmark standards. An example of a compliant MD QHP appears in the figure below. ²⁰ The QHP does not list the covered therapies, but it does suggest that it covers more than one type of therapy at the rate of 30 visits per year, in line with the state's benchmark standards. Although not combined, the plan provides coverage of therapy for up to 90 sessions per year. While the plan does not mention the benefits that members age 19 and under receive, it does define what a member age 19 and older receives, which adheres to the benchmark.

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: PPO HSA Silver 1600. Retrieved from https://content.carefirst.com/sbc/APHMMN6ARXCMMN6LN052016.pdf

Your Cost If You Use an				
Services You May Need	In-network Provider	Out-of-network Provider	Limitations & Exceptions	
Rehabilitation	Deductible, then \$40 co-	Deductible, then	For treatment at a Hospital Facility, an additional charge may apply: Participating Provider: Deductible, then 30% of Allowed Benefit. Non- Participating Provider: Deductible, then 50% of Allowed Benefit; Limited to 30 visits/therapy type/condition/benefit period	
services	pay per visit	\$60 co-pay per visit		
Habilitation	Deductible, then \$40 co-	Deductible, then	Prior authorization is required; For treatment at a Hospital Facility, an additional charge may apply: Participating Provider: Deductible, then 30% of Allowed Benefit. Non- Participating Provider: Deductible, then 50% of Allowed Benefit; Benefits available for Member age 19 and older are limited to 30 visits/therapy type/condition/benefit period	
Services	pay per visit	\$60 co-pay per visit		

Maryland QHP 2²¹

In contrast, as can be seen in the figure below, this QHP covers a total of 90 visits per condition, per therapy, for rehabilitative services; however, it does not clearly state the number of visits per condition, per therapy, for habilitative services. There is no mention of the state's benchmark of the separation in services at 19 years of age for either rehabilitative or habilitative therapy.

-

²¹ Kaiser Permanente: KP MD Silver 2500/30/Dental/PedDental. Retrieved from http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC MAS 48000 2301 20160101 20120501 en.pdf

Your Cost If You Use an				
Services You May Need	In-network Provider	Out-of-network Provider	Limitations & Exceptions	
Rehabilitation services	Inpatient: 30% Coinsurance after deductible; Outpatient: \$30/visit	Not Covered	Inpatient: None; Outpatient: PT/OT/ST limit of 30 visits/therapy/condition/yr. Cardiac Rehab limit of 90 visits/therapy/yr. Pulmonary Rehab limit of 1 program/lifetime. Deductible does not apply.	
Habilitation Services	\$30/visit	Not covered	Limit of 30 visits for adults age 19 and over per year. Deductible does not apply.	

The QHPs in Maryland differ in their definition of coverage for the two types of services. 100% of rehabilitative visitation limits are listed, whereas just 72% of habilitative services are. Core therapies fall short in both, at 78% and 50% respectively.

Example 4: Massachusetts (MA)

The state of Massachusetts is clear in defining the services for habilitation services covered under the state's benchmark plan, but it refers to the EHB benchmark plan documents for quantitative limits that apply to rehabilitation. ²² The EHB benchmark plan lists out occupational therapy (OT) and physical therapy (PT) together for habilitation but not rehabilitation. Speech therapy (ST) is listed out separately with no definition of services. The figure below shows Massachusetts' benchmark plan services as they are listed in the state benchmark plan. As graph A reflects, the definition of services is not clearly defined.

Massachusetts' Benchmark Requirements (graph A)

Rehabilitation	Habilitation
Quantitative limit units apply, see EHB benchmark	60 visits per year includes Outpatient Physical and
plan documents.	Occupational Therapy. No limit applies to autism,
*ST services are not defined.	home health care, and speech/hearing disorders.
	*ST services are not defined.

Accordingly, out of the 22 plans the state offers, 18 list the visit limits for rehabilitation and 15 for habilitation, or roughly 86% and 71% respectively. However, only 1% of the plans lists the core therapies for either benefit (see graph B).

B. Are visit limits listed?

_

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

Rehabilitation	Habilitation
Yes: 66 (100%)	Yes: 54 (82%)
No: 0 (0%)	No: 12 (18%)

C. Are the core therapies listed?

Rehabilitation	Habilitation
Yes: 65 (98%)	Yes: 53 (80%)
No: 1 (2%)	No: 13 (20%)

In accordance with the state's EHB, 0% percent of the Plans meet that standard.

While there are no plans that adhere completely to the state's benchmark EHB, some plans define the services of rehabilitation but not of habilitation. In some cases, habilitation is not covered by the plan. As shown in the figure below (Massachusetts QHP 1), the number of visits is clearly displayed, while the core therapies are not.

Massachusetts QHP 1²³

Your Cost If You Use an					
Services You May	In-network Provider	Out-of-network	Limitations & Exceptions		
Need		Provider			
Rehabilitation services	No Charge	Not Covered	Prior approval required. 60		
			visit(s) per person per		
			benefit year.		
Habilitation Services	No Charge	Not covered	Prior approval required. 60		
			visit(s) per person per		
			benefit year. No limit		
			applies to Autism		
			Spectrum, Home Health		
			care, and Speech/Hearing		
			disorders.		

_

²³ Ambetter (CeltiCare): Ambetter Balanced Care 14 (2016). Retrieved from https://api.centene.com/SBC/2016/31234MA0390010-02.pdf

Massachusetts QHP 224

Your Cost If You Use an						
Services You May Need	In-network Provider	Out-of-network Provider	Limitations & Exceptions			
Rehabilitation services	\$50 copay/visit/ treatment type after deductible	Not Covered	Limited to two months or 25 visits, whichever is greater, per condition per calendar year for physical or occupational therapy.			
Habilitation Services	No Charge	Not covered	Early intervention services covered for children from birth to age 3.			

Additionally, in QHP 1, there is no limit that applies to autism spectrum, home health care, and speech/hearing disorders. The state's EHB says there is no limit to these items; not all plans state this. In QHP 2, this plan clearly does not list this information but it does limit the services to two months or 25 visits.

Not only does QHP 2 leave out the information that no limits apply to autism, home health care, and speech/hearing disorders, but it has a clear discriminatory limitation for members age 4 or older.

Massachusetts QHP 3²⁵

Services You May Need	Your Cos In-network Provider	t If You Use an Out-of-network Provider	Limitations & Exceptions
Rehabilitation services	0% coinsurance after deductible	Not Covered	Limits per calendar year: physical, occupational—44 visits; speech— unlimited visits; cardiac—unlimited visits; pulmonary—20 visits
Habilitation Services	0% coinsurance after deductible	Not covered	Limits are combined with Rehabilitation Services above.

Unlike the limitations from other plan's examples as stated in the graphs above, MA QHP 3 sets limitations on the number of visits for PT and OT but does not impose limitations for ST. This plan deviates from the state's EHB. The plan is not clear in defining how many visits each of PT

Health New England: HNE Silver A HMO. Retrieved from http://www.healthnewengland.org/Portals/ default/Shared%20Documents/plans/2016 HNE Connector Silver A SBC.pdf

United Healthcare: Silver Choice 2000. Retrieved from https://www.uhc.com/content/dam/uhcdotcom/en/iex/ma/Silver-Choice-2000.pdf

and OT consumers can receive. It can be construed that the two split 44 visits, or that each receive 44 visits. Regardless, neither are in sync with the state's EHB.

Conclusion

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

Appendix 1: Detailed Methodology

Overview

For 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. Due to the increase in volume of silver level plans we opted 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 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. 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 this set of jurisdictions we identified 724 plans and the following core data points: therapies covered, visit limits for rehabilitation and habilitation, and whether the deductible must be met before the rehabilitation and habilitation begin. 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/dataset/QHP-Landscape-Individual-Market-Medical/b8in-sz6k
- 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 (and vice versa). 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 Limitations
AR	Celtic Insurance Co. QCA Health Plan,	Ambetter Balanced Care 7 (2016)	Yes?	30 PT/OT/ST, 30 Chiro with prior approval?	30 visits outpatient, 180 hours of developmental svcs	Prior approval req. after limits have been met for Rehab and Hab. Hab requires
AR	Inc. (QCA)	Silver Classic 2500	Yes?	30 PT/OT/ST/Chiro	30 PT/OT/ST	preauth.
AR	QCA Health Plan, Inc. (QCA) QualChoice Life &	Silver Classic Saver 3000	Yes?	30 PT/OT/ST/Chiro	30 PT/OT/ST	Hab requires preauth.
AR	Health Insurance Company, Inc.	Silver 2500	Yes?	30 PT/OT/ST/Chiro	30 PT/OT/ST	Hab requires preauth.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 2000	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 4500-1	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 5000	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.

AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 5000-1	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus HSA 3600	Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus HSA 3600-1	Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	USAble Mutual Insurance Company	BCBS Silver 1500 with PCP/Rx Copays	Yes?	30 all svcs incl. Chiro	180 visits of developmental svcs	or anowed.
AR	USAble Mutual Insurance Company	BCBS Silver 2500 with PCP/Rx Copays	No.	30 all svcs incl. Chiro	180 visits of developmental svcs	
AR	USAble Mutual Insurance Company	BCBS Silver 2600, a Multi-State Plan	No	30 all svcs incl. Chiro	180 visits of developmental svcs	
AR	USAble Mutual Insurance Company	BCBS Silver 3350	Yes?	30 all svcs incl. Chiro	180 visits of developmental svcs	
AR	USAble Mutual Insurance Company	BCBS Silver 3500 with PCP/Specialist/Rx Copays	No	30 all svcs incl. Chiro	180 visits of developmental svcs	
AZ AZ	Aetna Health Inc. Aetna Health Inc.	Aetna Leap Everyday – Banner Aetna Leap Everyday Plus — Banner	Yes	60 PT/OT/ST , 20 Chiro 60 PT/OT/ST , 20 Chiro	60 PT/OT/ST 60 PT/OT/ST	Donas anti-C
AZ	BCBS Arizona	EverydayHealth HMO 4000— Alliance Network	Yes?	60 all svcs outpatient; 90 days inpatient Hab/Rehab at	Combined with Rehab	Precertification req. for facility

				EAR/SNF		admission.
				60 all svcs outpatient; 90		Precertification
		EverydayHealth HMO 4000 -		days inpatient Hab/Rehab at	Combined with	req. for facility
AZ	BCBS Arizona	Select Network	Yes?	EAR/SNF	Rehab	admission.
	2020711120110	50.000.100.10		60 all svcs outpatient; 90		Precertification
		EverydayHealth HMO 4000 -		days inpatient Hab/Rehab at	Combined with	req. for facility
AZ	BCBS Arizona	Statewide Network	Yes?	EAR/SNF	Rehab	admission.
,	2020711120110	State Mad Not Mon.		60 all svcs outpatient; 90		Precertification
		Portfolio HSA HMO 3250—		days inpatient Hab/Rehab at	Combined with	req. for facility
AZ	BCBS Arizona	Statewide Network	Yes?	EAR/SNF	Rehab	admission.
				60 all svcs outpatient; 90		Precertification
		Portfolio HSA HMO 3250—		days inpatient Hab/Rehab at	Combined with	req. for facility
AZ	BCBS Arizona	Alliance Network	Yes?	EAR/SNF	Rehab	admission.
				60 all svcs outpatient; 90		Precertification
		Portfolio HSA HMO 3250 - Select		days inpatient Hab/Rehab at	Combined with	req. for facility
AZ	BCBS Arizona	Network	Yes?	EAR/SNF	Rehab	admission.
	Cigna HealthCare			60 all svcs combined;		
AZ	of Arizona, Inc.	Cigna Connect Flex Silver 3000	Yes?	unlimited Chiro	60 all svcs combined	
	Cigna HealthCare			60 all svcs combined;		
AZ	of Arizona, Inc.	Cigna Connect Flex Silver 4000	Yes?	unlimited Chiro	60 all svcs combined	
	Cigna HealthCare			60 all svcs combined;		
AZ	of Arizona, Inc.	Cigna Connect Flex Silver 5000	Yes?	unlimited Chiro	60 all svcs combined	
	Cigna HealthCare			60 all svcs combined;		
AZ	of Arizona, Inc.	Cigna Connect HSA Silver 2700	Yes?	unlimited Chiro	60 all svcs combined	
						Prior auth. req.
	Health Choice					for all
AZ	Insurance Co.	Health Choice Essential Silver	Yes	60 PT/OT/ST	60 all svcs combined	svcs/specialists.
						Prior auth. req.
	Health Choice	Health Choice Total Wellness				for all
AZ	Insurance Co.	Silver	Yes	60 PT/OT/ST	60 all svcs combined	svcs/specialists
						Prior auth. req.
	Health Choice					for all
AZ	Insurance Co.	Health Choice Value Silver	Yes	60 PT/OT/ST	60 all svcs combined	svcs/specialists.
		CommunityCare HMO Silver		60 110 1 1	CO !!	Prior auth. req.
	Health Net of	\$30/\$50/\$4500 without Pediatric	Outpatient: No;	60 all Rehab svcs (except	60 all svcs	for all
AZ	Arizona, Inc.	Dental	Inpatient: Yes?	Chiro) outpatient, 20 Chiro	outpatient	svcs/specialists
	Health Net of	CommunityCare HMO Silver	Outpatient: No;	60 all Rehab svcs (except	60 all svcs	Prior auth. req.
ΑZ	Arizona, Inc.	\$30/\$50/\$4500 with Pediatric	Inpatient: Yes?	Chiro) outpatient, 20 Chiro	outpatient	for all

		Dental				svcs/specialists
		20.114		60		Preauth. req. to
	Humana Health	Humana Silver 3800/Phoenix		PT/OT/CogT/audiology/C&RT,	Combined with	avoid \$500
AZ	Plan, Inc.	НМОх	Yes	20 Chiro	Rehab	penalty.
	·			60		Preauth. req. to
	Humana Health	Humana Silver 3800/Tucson		PT/OT/CogT/audiology/C&RT,	Combined with	avoid \$500
AZ	Plan, Inc.	HMOx	Yes	20 Chiro	Rehab	penalty.
		Phoenix Choice Silver HMO				
	Phoenix Health	Abrazo and Phoenix Children's		60 all Rehab svcs (except		
AZ	Plans, Inc.	Hospital + Dental/Vision	Yes	Chiro), 20 Chiro	60 all Hab. svcs	Preauth. req.
	Phoenix Health			60 all Rehab svcs (except		·
AZ	Plans, Inc.	Phoenix Choice Silver HMO	Yes	Chiro), 20 Chiro	61 all Hab. svcs	Preauth. req.
	Phoenix Health	Phoenix Choice Silver HMO +		60 all Rehab svcs (except		
AZ	Plans, Inc.	Dental/Vision	Yes	Chiro), 20 Chiro	62 all Hab. svcs	Preauth. req.
	Phoenix Health	Phoenix Choice Silver HMO		60 all Rehab svcs (except		
AZ	Plans, Inc.	Abrazo	Yes	Chiro), 20 Chiro	63 all Hab. svcs	Preauth. req.
	Phoenix Health	Phoenix Choice Silver HMO		60 all Rehab svcs (except		
AZ	Plans, Inc.	Abrazo + Dental/Vision	Yes	Chiro), 20 Chiro	64 all Hab. svcs	Preauth. req.
		Phoenix Choice Silver HMO				
	Phoenix Health	Abrazo and Phoenix Children's		60 all Rehab svcs (except		
AZ	Plans, Inc.	Hospital	Yes	Chiro), 20 Chiro	65 all Hab. svcs	Preauth. req.
						Pre-auth req.
						for out -of-
						network
	United			60 all svcs Outpatient;		PT/OT/ST/Chiro
	Healthcare [All			unlimited Chiro; inpatient	60 all svcs	or benefit
	Savers Insurance			Rehab limited to 90 days	Outpatient;	reduces to 50%
AZ	Company]	Silver Compass Plus 2000	Yes	combined with skilled nursing	unlimited Chiro	of allowed.
						Pre-auth req.
						for out -of-
				60 11 0 1 11 1		network
	United			60 all svcs Outpatient;	CO !!	PT/OT/ST/Chiro
	Healthcare [All			unlimited Chiro; inpatient	60 all svcs	or benefit
^7	Savers Insurance	Cilver Compace Plus 2000 1	Vos	Rehab limited to 90 days	Outpatient;	reduces to 50%
AZ	Company]	Silver Compass Plus 2000-1	Yes	combined with skilled nursing	unlimited Chiro 60 all sycs	of allowed.
	United Healthcare [All			60 all svcs Outpatient; unlimited Chiro; inpatient	Outpatient;	Pre-auth req. for out-of-
AZ	Savers Insurance	Silver Compass Plus 3500	Yes	Rehab limited to 90 days	unlimited Chiro	network
AL	Savers insurance	Silver Collipass Plus 5500	162	herian illilited to 30 days	dillillited Cillo	HELWOIK

	Company]			combined with skilled nursing		PT/OT/ST/Chiro or benefit reduces to 50% of allowed.
ΑZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 4500	Yes	60 all svcs Outpatient; unlimited Chiro; inpatient Rehab limited to 90 days combined with skilled nursing	60 all svcs Outpatient; unlimited Chiro	Pre-auth req. for out -of- network PT/OT/ST/Chiro or benefit reduces to 50% of allowed.
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus HSA 3000	Yes	60 all svcs Outpatient; unlimited Chiro; inpatient Rehab limited to 90 days combined with skilled nursing	60 all svcs Outpatient; unlimited Chiro	Pre-auth req. for out -of- network PT/OT/ST/Chiro or benefit reduces to 50% of allowed.
CA	Anthem BCBS	Anthem Silver 70 HMO	No	No limit specified	No limit specified	Chiro not covered.
CA	Anthem BCBS	Anthem Silver 70 PPO, a Multi- State Plan	No/Yes	No limit specified	No limit specified	Chiro not covered.
CA	Anthem BCBS	Anthem Silver 70 PPO, a Multi- State Plan (a Tiered PPO Plan)	No/Yes	No limit specified	No limit specified	Chiro not covered.
				PT/OT/ST covered, but no	Combined with	Outpatient hospital: The maximum allowed amount for non- participating providers is \$500 per day. Members are responsible for 50% of this \$500 per day,
CA	Blue Shield of CA	Covered California Silver 70 PPO	No/Yes	limit specified	Rehab?	plus all charges

						in excess of
						\$500; Chiro not
						covered.
	Chinese					
	Community					Chiro not
CA	Health Plan	Silver70 HMO	No	No limit specified	No limit specified	covered.
						Prior auth. req.
						to avoid \$250
						penalty; Chiro
CA	Health Net	Silver 70 EPO	No	No limit specified	No limit specified	not covered.
						Prior auth. req.;
						Chiro not
CA	Health Net	Silver 70 HMO	No	No limit specified	No limit specified	covered.
						Prior auth. req.
						to avoid \$250
						penalty; Chiro
CA	Health Net	Silver 70 HSP	No	No limit specified	No limit specified	not covered.
	Kaiser		Outpatient: No;			Chiro not
CA	Permanente	Silver 70 HMO	Inpatient: Yes	No limit specified	No limit specified	covered.
						Prior auth. req.;
	LA Care Health					Chiro not
CA	Plan	Silver 70 HMO	No	No limit specified	No limit specified	covered.
						Prior auth. req.;
						Chiro not
CA	Molina	Silver 70 HMO	No	No limit specified	No limit specified	covered.
						Prior auth. req.;
	Oscar Health Plan					Chiro not
CA	of California	Silver 70 EPO Plan	No	No limit specified	No limit specified	covered.
						Prior auth. req.;
						Chiro not
CA	Sharp Health Plan	Silver 70 HMO Network 1	No	No limit specified	No limit specified	covered.
						Prior auth. req.;
						Chiro not
CA	Sharp Health Plan	Silver 70 HMO Network 2	No	No limit specified	No limit specified	covered.
						Prior auth. req.
						to avoid \$250
	United					penalty; Chiro
CA	Healthcare	Silver 70 PPO	No/Yes	No limit specified	No limit specified	not covered.

CA	Valley Health Plan	VHP Silver 70 HMO	No	No limit specified	No limit specified	Prior auth. req.; Chiro not covered.
CA	Western Health Advantage	WHA Silver 70 HMO	Outpatient: No; Inpatient: Yes	PT/OT/ST/CR/Resp/PR covered, but no limit specified	No limit specified	Prior auth. req.; Chiro not covered.
СО	Cigna	Connect Flex Silver 1500	Yes	20 per therapy (covered therapy types not listed)	20 per therapy (covered therapy types not listed)	Chiro covered but benefit not specified.
СО	Cigna	Connect Flex Silver 3000	Yes	20 per therapy (covered therapy types not listed)	20 per therapy (covered therapy types not listed)	Chiro covered but benefit not specified.
СО	Cigna	Connect Flex Silver 4000	Yes	20 per therapy (covered therapy types not listed)	20 per therapy (covered therapy types not listed)	Chiro covered but benefit not specified.
СО	Cigna	Vantage Flex Silver 2000	Yes	20 per therapy (covered therapy types not listed)	20 per therapy (covered therapy types not listed)	Chiro covered but benefit not specified.
СО	Cigna	Vantage Flex Silver 3250	Yes	20 per therapy (covered therapy types not listed)	20 per therapy (covered therapy types not listed) 20 per therapy	Chiro covered but benefit not specified. Chiro covered
со	Cigna	Vantage HSA Silver 2700	Yes	20 per therapy (covered therapy types not listed) Outpatient: 20 PT, 20 ST, 20	(covered therapy types not listed) 60 all svcs,	but benefit not specified.
СО	Colorado Choice Health Plans	Silver Basic 60 HMO	Yes	OT, 18 CR, 18 PR; Inpatient: 60 days Outpatient: 20 PT, 20 ST, 20	otherwise nothing specified 60 all svcs,	Chiro not covered.
со	Colorado Choice Health Plans	Silver Value 70 HMO	Yes	OT, 18 CR, 18 PR; Inpatient: 60 days Outpatient: 20 PT, 20 ST, 20	otherwise nothing specified 60 all svcs,	Chiro not covered.
СО	Colorado Choice Health Plans	SilverChoice 1750/40 HMO	Yes	OT, 18 CR, 18 PR; Inpatient: 60 days	otherwise nothing specified	Chiro not covered.
со	Colorado Choice Health Plans	SilverChoice 2000/40 HMO	Yes	Outpatient: 20 PT, 20 ST, 20 OT, 18 CR, 18 PR; Inpatient: 60 days	60 all svcs, otherwise nothing specified	Chiro not
СО	Colorado Choice Health Plans	SilverChoice 2000/Copay HMO	Yes	Outpatient: 20 PT, 20 ST, 20 OT, 18 CR, 18 PR; Inpatient:	60 all svcs, otherwise nothing	Chiro not covered.

				60 days	specified	
				Outpatient: 20 PT, 20 ST, 20	60 all svcs,	
	Colorado Choice			OT, 18 CR, 18 PR; Inpatient:	otherwise nothing	Chiro not
СО	Health Plans	SilverChoice 3000/30 HMO	Yes	60 days	specified	covered.
CO	Heditii Pidiis	Silver Choice 3000/30 HIVIO	163	•	•	covered.
				Outpatient: 20 PT, 20 ST, 20	60 all svcs,	.
	Colorado Choice			OT, 18 CR, 18 PR; Inpatient:	otherwise nothing	Chiro not
CO	Health Plans	SilverChoice HSA 1500/30 HMO	Yes	60 days	specified	covered.
	Denver Health					
	[Elevate Health					Chiro not
CO	Plans]	Silver Select 70	Yes	20 PT, 20 OT, 20 ST	20 PT, 20 OT, 20 ST	covered.
	Denver Health					
	[Elevate Health					Chiro not
CO	Plans]	Silver Standard 70	Yes	20 PT, 20 OT, 20 ST	20 PT, 20 OT, 20 ST	covered.
	Denver Health					
	[Elevate Health					Chiro not
со	Plans]	Silver Value 70	Yes	20 PT, 20 OT, 20 ST	20 PT, 20 OT, 20 ST	covered.
		enter value / c		20 "all other therapies," 10	2011, 2001, 2001	0010.00.
				Chiro [specific therapies not	Combined with	Preauth. may
СО	Humana	Silver 3800/Colorado HMOx	Yes	listed	Rehab	be req.
CO	Tiumana	Silver 3800/Colorado Hiviox	163	20 "all other therapies," 10	Kellab	be req.
				• • •	Combined with	Dungayah wasay
60	Ulamana	Cibrary 44.35 /Calarya da LINAO	V	Chiro [specific therapies not		Preauth. may
CO	Humana	Silver 4125/Colorado HMOx	Yes	listed]	Rehab	be req.
				Outpatient: 20 per therapy	Outpatient: 20 per	
				(specific therapies not listed),	therapy (specific	
				Unlimited for Autism	therapies not listed),	
	Kaiser			Spectrum; Inpatient: 60 days	Unlimited for Autism	Chiro not
CO	Permanente	Select Silver 1800/30	Yes?	per condition	Spectrum	covered.
				Outpatient: 20 per therapy	Outpatient: 20 per	
				(specific therapies not listed),	therapy (specific	
				Unlimited for Autism	therapies not listed),	
	Kaiser			Spectrum; Inpatient: 60 days	Unlimited for Autism	Chiro not
со	Permanente	Select Silver 2500/30	Yes?	per condition	Spectrum	covered.
	Cilianciae	20.000 311401 2300/30	100.	Outpatient: 20 per therapy	Outpatient: 20 per	Co ver eu.
				(specific therapies not listed),	therapy (specific	
				Unlimited for Autism	therapies not listed),	
	Water				•	China mat
00	Kaiser	S'I 4000/20	V 2	Spectrum; Inpatient: 60 days	Unlimited for Autism	Chiro not
CO	Permanente	Silver 1800/30	Yes?	per condition	Spectrum	covered.
CO	Kaiser	Silver 2500/30	Yes?	Outpatient: 20 per therapy	Outpatient: 20 per	Chiro not

Permanente (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days							
Kaiser CO Permanente Silver 2750/20%/HSA Yes? per condition Spectrum Unlimited for Autism Spectrum Unlimited for Autism Spectrum Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days Unlimited for Autism Spectrum Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum Covered. CO Permanente Silver 2750/20%/HSA Yes? per condition Spectrum covered. CO Permanente Silver 2750/20%/HSA Yes? per condition Spectrum covered. Colorado Springs Health Partners 20 per therapy (specific therapies not listed), Unlimited CR and PR Unlimited CR and PR Unlimited CR and PR Covered. CO Health Plans \$1500/Copay \$40 Yes Unlimited CR and PR Unlimited CR and PR Covered. CO Health Plans \$3000/Copay \$40 Yes Unlimited CR and PR Unlimited CR and PR Covered. Monument Health PPO Silver 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unl		Permanente			Unlimited for Autism Spectrum; Inpatient: 60 days	therapies not listed), Unlimited for Autism	covered.
CO Permanente Silver 2750/20%/HSA Yes? per condition Spectrum; inpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; inpatient: 60 days 20 per therapy (specific therapies not listed), Unlimited for Autism Covered. Colorado Springs Health Partners 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies Not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies Not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies Not listed), Individual Yes Unlimited CR and PR 20 per therapy (specific therapies Not listed), Individual Yes Yes Unlimited CR and	CO		Silver 2750/20%/HSA	Vac?	(specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days	therapy (specific therapies not listed), Unlimited for Autism	
Colorado Springs Health Partners Rocky Mountain CO Health Plans Rocky Mountain Ro		Kaiser	311VE1 2730/2070/113A	res:	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism	Outpatient: 20 per therapy (specific therapies not listed),	
Rocky Mountain Hung Silver—Deductible therapies not listed), not listed), Chiro not covered. Rocky Mountain Hung Silver—Deductible therapies not listed), Individual PR covered. Rocky Mountain Hung Silver—Deductible therapies not listed), Not listed), Chiro not listed), Covered. Rocky Mountain Hung Silver—Deductible therapies not listed), Not listed), Not listed), Chiro not listed), Not listed), Chiro not listed), N	СО	Permanente	Silver 2750/20%/HSA	Yes?	per condition		covered.
Colorado Springs Health Partners Rocky Mountain HMO Silver—Deductible Health Plans S3000/Copay \$40 Yes Unlimited CR and PR Rocky Mountain Roc	co		HMO Silver—Deductible	Yes	therapies not listed),	(specific therapies not listed),	
Rocky Mountain HMO Silver—Deductible therapies not listed), not listed), Chiro not covered. Health Plans \$3000/Copay \$40 Yes Unlimited CR and PR 20 per therapy (specific Rocky Mountain Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), but benefit not covered. Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), not listed), not listed), Chiro not covered specific Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), not listed), Chiro not covered. Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), not listed), Chiro covered. Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), not listed), but benefit not therapies not listed), not listed), but benefit not covered. Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), but benefit not specific therapies of listed), not listed), but benefit not specified. Rocky Mountain Range Exclusive HMO Silver— therapies not listed), not listed), Chiro not covered benefit not specific therapies of the s						20 per therapy	
Monument Health PPO Silver Rocky Mountain Ro	СО	•	HMO Silver—Deductible	Yes	therapies not listed),	not listed), Unlimited CR and PR	
Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), Chiro not CO Health Plans Deductible \$1500/Copay \$40 Yes Unlimited CR and PR Unlimited CR and PR Covered. Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), covered therapies not listed), not listed), but benefit not specific therapies of listed), not listed), but benefit not specified. CO Health Plans Deductible \$2500/Copay \$40 Yes Unlimited CR and PR Unlimited CR and PR Specified. Rocky Mountain Range Exclusive HMO Silver— therapies not listed), not listed), Chiro not	CO	•	3000/4500—Tiered Network	Yes	therapies not listed),	(specific therapies not listed),	but benefit not
Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), Chiro not CO Health Plans Deductible \$1500/Copay \$40 Yes Unlimited CR and PR Unlimited CR and PR Covered. 20 per therapy (specific (specific therapies Chiro covered therapies not listed), not listed), not listed), but benefit not CO Health Plans Deductible \$2500/Copay \$40 Yes Unlimited CR and PR Unlimited CR and PR Specified. CO Provided Therapy (specific (specific therapies not listed), not listed), not listed), Specified. CO Provided Therapy (specific (specific therapies (specific therapies)) Rocky Mountain Range Exclusive HMO Silver— therapies not listed), not listed), Chiro not	CO	Tiediti i idiis	maividaai	163		20 per therapy	specifica.
Rocky Mountain New West Focus HMO Silver— therapies not listed), not listed), but benefit not but benefit not Unlimited CR and PR Unlimited CR and PR specified. 20 per therapy (specific (specific therapies not listed), not listed), specified. 20 per therapy (specific (specific therapies not listed), not listed), Chiro not	СО			Yes	therapies not listed),	not listed), Unlimited CR and PR	
20 per therapy 20 per therapy 20 per therapy (specific (specific therapies Rocky Mountain Range Exclusive HMO Silver— therapies not listed), not listed),	60	•		W	therapies not listed),	(specific therapies not listed),	but benefit not
Rocky Mountain Range Exclusive HMO Silver— therapies not listed), not listed), Chiro not	CO	Health Plans	Deductible \$2500/Copay \$40	Yes		20 per therapy	specified.
	СО	•		Yes	therapies not listed),	not listed),	

СО	Rocky Mountain Health Plans	Range Exclusive HMO Silver— Deductible \$2500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.
СО	Rocky Mountain Health Plans	Range Exclusive HMO Silver— Deductible \$3000/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.
СО	Rocky Mountain Health Plans	Range Exclusive HMO Silver has— Deductible \$2700/100%	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.
СО	Rocky Mountain Health Plans	Rio PPO Silver— Deductible \$1500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
СО	Rocky Mountain Health Plans	Rio PPO Silver— Deductible \$2500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
со	Rocky Mountain Health Plans	Rio PPO Silver— Deductible \$4000/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
СО	Rocky Mountain Health Plans	Rio PPO Silver HSA— Deductible \$2800/100%	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
со	Rocky Mountain Health Plans	Rio PPO Silver HSA - Deductible \$3500/100%	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
СО	United Healthcare	Silver Compass 2000 HMO	Yes	20 PT/OT/ST, Unlimited CR, Unlimited PR	20 PT/OT/ST	Chiro covered but benefit not specified. Chiro covered
СО	United Healthcare	Silver Compass 2000-1 HMO	Yes	20 PT/OT/ST, Unlimited CR, Unlimited PR	20 PT/OT/ST	but benefit not specified.

СО	United Healthcare	Silver Compass 3500 HMO	Yes	20 PT/OT/ST, Unlimited CR, Unlimited PR	20 PT/OT/ST	Chiro covered but benefit not specified.
СО	United Healthcare	Silver Compass 4500 HMO	Yes	20 PT/OT/ST, Unlimited CR, Unlimited PR	20 PT/OT/ST	Chiro covered but benefit not specified.
СО	United Healthcare	Silver Compass HSA 3000 HMO	Yes	20 PT/OT/ST, Unlimited CR, Unlimited PR	20 PT/OT/ST	Chiro covered but benefit not specified.
	United					Excluded: Svcs that are solely educational in nature, custodial care, respite care, day care, therapeutic recreation, vocational training, and residential treatment, treatment of mental disorders other than congenital, genetic, or early acquired disorders; Chiro covered but benefit not
со	Healthcare	Silver Copay Select 1 EPO	Yes	Outpatient: Not Specified; Inpatient: 2 months	Not specified	specified.
СТ	Anthem BCBS	Silver PPO Pathway X	No?/Yes	40 PT/OT/ST, 20 Chiro	Combined with Rehab	
СТ	Anthem BCBS	Silver PPO Pathway X, a Multi- State Plan	No?/Yes	40 PT/OT/ST, 20 Chiro	Combined with Rehab	
СТ	Anthem BCBS	Silver PPO Standard Pathway X	No?/Yes	40 PT/OT/ST, 20 Chiro	Combined with	

						Rehab	
						Combined with	
	CT	C	Cilcon Chaire DOC	NI - //	40 DT/OT/CT 20 China		
СТ	CI	ConnectiCare	Silver Choice POS	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
						Combined with	
	CT	ConnectiCare	Silver Standard POS	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
			CO-OPtions Enhanced Silver Plus			Combined with	
	CT	Healthy CT	PPO 1, a Multi-State Plan	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
			CO-OPtions Enhanced Silver PPO			Combined with	
	CT	Healthy CT	1, a Multi-State Plan	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
						Combined with	
	CT	Healthy CT	Silver Enhanced Standard PPO	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
		United				Combined with	
	CT	Healthcare	Silver Choice Plus HSA	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
		United				Combined with	
	CT	Healthcare	Silver Choice Plus POS	No/Yes	40 PT/OT/ST, 20 Chiro	Rehab	
							Prior auth. for
							Rehab at a
							Hospital Facility
							or for Hab svcs
		CareFirst BCBS					for age 21 or
	DC	Blue Choice	HMO HSA Silver 1350	Yes	Nothing specified	Nothing specified	older.
		2.00			Troumb opcomed	. тост В ороситос	Prior auth, for
							Rehab at a
							Hospital Facility
							or for Hab svcs
		CareFirst BCBS					for age 21 or
	DC	Blue Choice	HMO Silver Std 2000	Yes	Nothing specified	Nothing specified	older.
	DC	blue Choice	HIVIO SIIVEI Stu 2000	162	Nothing specified	Nothing specified	Prior auth. for
							Rehab at a
							Hospital Facility
		0 5: . 0000					or for Hab svcs
		CareFirst BCBS	-1				for age 21 or
	DC	Blue Choice	Plus Silver Std 2500	Yes	Nothing specified	Nothing specified	older.
							Prior auth. for
							Rehab at a
							Hospital Facility
		CareFirst BCBS					or for Hab svcs
	DC	Blue Choice	PPO HAS Silver 1600	Yes	Nothing specified	Nothing specified	for age 21 or

						older.
DC	Kaiser Permanente	Silver 1500/30/Dental/PedDental	Inpatient Rehab: Yes; Outpatient Rehab/Chiro/All Hab svcs: No	Outpatient: 90 consecutive days CR, 1 program lifetime PR, No other limits specified; Inpatient: No limitation	Nothing specified	Chiro benefit limited to age 12 and older.
DC	Kaiser Permanente	Silver 2750/20%/HSA/Dental/PedDental	Yes	Outpatient: 90 consecutive days CR, 1 program lifetime PR, No other limits specified; Inpatient: No limitation	Nothing specified	Chiro benefit limited to age 12 and older.
DC	Kaiser Permanente	STD Silver 2000/25/Dental/PedDental Aetna Silver \$10 Copay 2750	Inpatient Rehab: Yes; Outpatient Rehab/Chiro/All Hab svcs: No	Outpatient: 90 consecutive days CR, 1 program lifetime PR, No other limits specified; Inpatient: No limitation	Nothing specified Combined with	Chiro benefit limited to age 12 and older.
FL	Aetna Health Inc.	Savings Plus HMO	Yes	35 PT/OT/ST/Chiro	Rehab	
FL	BCBS of Florida	BlueOptions Everyday Health	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida	BlueOptions Everyday Health	No / Yes	35 PT/OT/ST/Chiro	Combined with	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician

FL	BCBS of Florida	BlueOptions Everyday Health 1431	Physician Office: No, Outpatient Rehab Center: Yes / Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Office. Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida	BlueSelect Everyday Health 1443	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida	BlueSelect Everyday Health 1456	No / Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida	BlueSelect Everyday Health 1464	Physician Office: No, Outpatient Rehab Center:	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-

			Yes / Yes			share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida [Health Options, Inc.]	BlueCare Everyday Health 1477	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida [Health Options, Inc.]	BlueCare Everyday Health 1490	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida [Health Options, Inc.]	BlueCare Everyday Health 1498	Physician Office: No; Outpatient Rehab Center: Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher costshare. Outpatient Rehab Centers have higher charges than

						Physician
						Office.
						Svcs performed
						in hospitals
						may have a
						higher cost- share.
						Outpatient
						Rehab Centers
						have higher
	BCBS of Florida					charges than
	[Health Options,				Combined with	Physician
FL	Inc.]	MyBlue Silver 1603	No?	35 PT/OT/ST/Chiro	Rehab	Office.
						Svcs performed
						in hospitals
						may have a
						higher cost-
						share. Outpatient
						Rehab Centers
						have higher
	BCBS of Florida					charges than
	[Health Options,				Combined with	Physician
FL	Inc.]	MyBlue Silver 1604	Yes	35 PT/OT/ST/Chiro	Rehab	Office.
	Celtic Insurance			35 all svcs combined (except		Prior approval
FL	Co.	Ambetter Balanced Care 1 (2016)	Yes	Chiro); 26 Chiro	35 all svcs combined	req.
	Celtic Insurance	Ambetter Balanced Care 1 (2016)	.,	35 all svcs combined (except	0.5 11	Prior approval
FL	Co.	+ Vision	Yes	Chiro); 26 Chiro	35 all svcs combined	req.
FL	Celtic Insurance Co.	Ambetter Balanced Care 1 (2016) + Vision + Adult Dental	Yes	35 all svcs combined (except Chiro); 26 Chiro	35 all svcs combined	Prior approval
FL	Celtic Insurance	Ambetter Balanced Care 10	163	35 all svcs combined (except	33 all svcs combined	req. Prior approval
FL	Co.	(2016)	Yes	Chiro); 26 Chiro	35 all svcs combined	req.
	Celtic Insurance	Ambetter Balanced Care 10		35 all svcs combined (except		Prior approval
FL	Co.	(2016) + Vision	Yes	Chiro); 26 Chiro	35 all svcs combined	req.
	Celtic Insurance	Ambetter Balanced Care 10		35 all svcs combined (except		Prior approval
FL	Co.	(2016) + Vision +Adult dental	Yes	Chiro); 26 Chiro	35 all svcs combined	req.
	Celtic Insurance			35 all svcs combined (except		Prior approval
FL	Co.	Ambetter Balanced Care 2 (2016)	Yes	Chiro); 26 Chiro	35 all svcs combined	req.

FL FL	Celtic Insurance Co. Celtic Insurance Co.	Ambetter Balanced Care 2 (2016) + Vision + Adult Dental Ambetter Balanced Care 2 (2016)+ Vision	Yes	35 all svcs combined (except Chiro); 26 Chiro 35 all svcs combined (except Chiro); 26 Chiro	35 all svcs combined 35 all svcs combined	Prior approval req. Prior approval req.
FL	Coventry Health Care of Florida, Inc.	Coventry Silver \$10 Copay 2750 Carelink HMO	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Prior auth. may be req.
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver HMO 53	No?	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver POS 54	No / Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO 6400	No?	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO 6600	Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO BC 0941	No?	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO BC 7741	Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 0941	No / Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 7741	Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit

						io wat alaaw
						is not clear.
						Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Essential Plus Silver HMO 53	No?	35 PT/OT/ST	Rehab	is not clear.
						Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Essential Plus Silver POS 54	No / Yes	35 PT/OT/ST	Rehab	is not clear.
						Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Silver HMO 6400	No?	35 PT/OT/ST	Rehab	is not clear.
	care rian, me	IND SILVER THING G TOO	110.	3311,01,31	rendo	Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Silver HMO 6600	Yes	35 PT/OT/ST	Rehab	is not clear.
FL	Care Flatt, IIIC.	IND SIIVEI HIVIO 0000	163	33 F1/01/31	Reliab	Chiro care
	et :1 11 111				6 1: 1 ::1	covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Silver HMO BC 0941	No?	35 PT/OT/ST	Rehab	is not clear.
						Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Silver HMO BC 7741	Yes	35 PT/OT/ST	Rehab	is not clear.
						Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Silver POS BC 0941	No / Yes	35 PT/OT/ST	Rehab	is not clear.
						Chiro care
						covered, but
	Florida Health				Combined with	specific benefit
FL	Care Plan, Inc.	IND Silver POS BC 7741	Yes	35 PT/OT/ST	Rehab	is not clear.
	Health First	Florida Hospital Silver HMO 100	. 55	20 all svcs combined (except	Combined with	is not orear
FL	Health Plans, Inc.	1514	Yes	Chiro), 26 Chiro	Rehab	
I L	Health First	Florida Hospital Silver HMO 100	103	20 all svcs combined (except	Combined with	
EI		1522	Voc	Chiro), 26 Chiro	Rehab	
FL	Health Plans, Inc.		Yes	•		
FL	Health First	Florida Hospital Silver HMO 70	Yes	20 all svcs combined (except	Combined with	

	Health Dlane Inc	1546		Chiro), 26 Chiro	Rehab
	Health Plans, Inc. Health First				Combined with
EI	Health Plans, Inc.	Florida Hospital Silver HMO 70 1554	Yes	20 all svcs combined (except Chiro), 26 Chiro	Rehab
FL	Health First	Florida Hospital Silver HMO 80	162	20 all svcs combined (except	Combined with
г		1534	Voc	•	Rehab
FL	Health Plans, Inc. Health First		Yes	Chiro), 26 Chiro	Combined with
		Florida Hospital Silver HMO 80	Vaa	20 all svcs combined (except	
FL	Health Plans, Inc.	1542	Yes	Chiro), 26 Chiro	Rehab
г	Health First	Florida Hospital Silver HMO 90 1526	Voc	21 all svcs combined (except	Combined with Rehab
FL	Health Plans, Inc.		Yes	Chiro), 26 Chiro	
	Health First	Florida Hospital Silver POS 100	Vaa	22 all svcs combined (except	Combined with
FL	Health Plans, Inc.	1515	Yes	Chiro), 26 Chiro	Rehab Combined with
	Health First	Florida Hospital Silver POS 70	Vaa	23 all svcs combined (except	
FL	Health Plans, Inc.	1547	Yes	Chiro), 26 Chiro	Rehab
	Health First	Florida Hospital Silver POS 70	Vaa	24 all svcs combined (except	Combined with
FL	Health Plans, Inc.	1555	Yes	Chiro), 26 Chiro	Rehab
	Health First	Florida Hospital Silver POS 80	Vaa	25 all svcs combined (except	Combined with
FL	Health Plans, Inc.	1535	Yes	Chiro), 26 Chiro	Rehab
E1	Health First	Florida Hospital Silver POS 90 1527	Voc	26 all svcs combined (except	Combined with Rehab
FL	Health Plans, Inc.	1527	Yes	Chiro), 26 Chiro	
	Health First	Licelth First Silver LINAO 100 1046	Vaa	27 all svcs combined (except	Combined with Rehab
FL	Health Plans, Inc.	Health First Silver HMO 100 1046	Yes	Chiro), 26 Chiro	
	Health First	Licelth First Cilver LINAO 100 1050	Vaa	28 all svcs combined (except	Combined with
FL	Health Plans, Inc.	Health First Silver HMO 100 1058	Yes	Chiro), 26 Chiro	Rehab
- 1	Health First	Lia alah Firat Cikara LINAO 70 442C	V	29 all svcs combined (except	Combined with
FL	Health Plans, Inc.	Health First Silver HMO 70 1126	Yes	Chiro), 26 Chiro	Rehab
	Health First	Health First Cilver HMAO 70 1150	Vaa	30 all svcs combined (except	Combined with
FL	Health Plans, Inc.	Health First Silver HMO 70 1158	Yes	Chiro), 26 Chiro	Rehab
	Health First	Llasteb First Cibrar LINAO CO 1004	Vaa	31 all svcs combined (except	Combined with
FL	Health Plans, Inc.	Health First Silver HMO 80 1094	Yes	Chiro), 26 Chiro	Rehab
	Health First	Licalth First Cilyan LINAO 00 1110	Vaa	32 all svcs combined (except	Combined with
FL	Health Plans, Inc.	Health First Silver HMO 80 1110	Yes	Chiro), 26 Chiro	Rehab
- 1	Health First	Health First Silver HMAO 00 1070	Voc	33 all svcs combined (except	Combined with Rehab
FL	Health Plans, Inc.	Health First Silver HMO 90 1070	Yes	Chiro), 26 Chiro	
EL	Health First Health Plans, Inc.	Hoalth First Silver DOS 100 1050	Voc	34 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL		Health First Silver POS 100 1050	Yes	**	
- 1	Health First	Health First Silver DOS 70 1120	Voc	35 all svcs combined (except	Combined with
FL	Health Plans, Inc.	Health First Silver POS 70 1130	Yes	Chiro), 26 Chiro	Rehab
FL	Health First	Health First Silver POS 70 1162	Yes	36 all svcs combined (except	Combined with

	Health Dlane Inc			Chiro), 26 Chiro	Rehab	
	Health Plans, Inc.					
	Health First	Haalth First Cilyan DOC 00 1000	V	37 all svcs combined (except	Combined with	
FL	Health Plans, Inc.	Health First Silver POS 80 1098	Yes	Chiro), 26 Chiro	Rehab	
	Health First		.,	38 all svcs combined (except	Combined with	
FL	Health Plans, Inc.	Health First Silver POS 90 1074	Yes	Chiro), 26 Chiro	Rehab	5 J
						Preauth. may
						be req. to avoid
						\$500 penalty.
						With preauth
				25		there is no
	11	Ukanana Cikana 2000/UMAO		35	Canadain admidd	charge for
- .	Humana Medical	Humana Silver 3800/HMO	NI -	PT/OT/ST/CR/Resp./Massage,	Combined with	Rehab, Hab or
FL	Plan, Inc.	Premier	No	26 Chiro	Rehab	Chiro svcs.
	Llumana Madical	Humana Silvar 2000/Sauth		35	Combined with	Preauth. may
	Humana Medical	Humana Silver 3800/South Florida HUMx (HMOx)	Voc	PT/OT/ST/CR/Resp./Massage, 26 Chiro	Combined with Rehab	be req. to avoid \$500 penalty.
FL	Plan, Inc.	FIORIDA HOIVIX (HIVIOX)	Yes	35	Kenab	Preauth. may
	Humana Medical	Humana Silver 3800/Tampa Bay		PT/OT/ST/CR/Resp./Massage,	Combined with	be req. to avoid
FL	Plan, Inc.	HUMx (HMOx)	Yes	26 Chiro	Rehab	\$500 penalty.
FL	riali, ilic.	HOIVIX (HIVIOX)	163	35	Reliab	Preauth. may
	Humana Medical	Humana Silver 3800/Volusia		PT/OT/ST/CR/Resp./Massage,	Combined with	be req. to avoid
FL	Plan, Inc.	HUMx (HMOx)	Yes	26 Chiro	Rehab	\$500 penalty.
1 L	riali, ilic.	TIOIVIX (TIIVIOX)	Yes but only for	20 611110	IVEITAD	5500 penalty.
			svcs provided in			
			a			
			hospital/facility,			
	Molina		not in a			Prior auth. may
	Healthcare of		physician's	35 PT/ST/CR/Massage (26 of	Combined with	be req. for svcs
FL	Florida, Inc	Molina Marketplace Silver Plan	office	the 35 may be Chiro)	Rehab?	to be covered.
			000	and do may be dime,		Inpatient Rehab
	United					in SNF limited
	Healthcare of			29 PT/OT/ST, 36 CR, 20 Chiro,	Combined with	to 21 days per
FL	Florida, Inc.	Silver Compass 4000	No?	Unlimited PR	Rehab	yr.
	,	,				Inpatient Rehab
	United					in SNF limited
	Healthcare of			29 PT/OT/ST, 36 CR, 20 Chiro,	Combined with	to 21 days per
FL	Florida, Inc.	Silver Compass HSA 3600	Yes	Unlimited PR	Rehab	yr.
HI	Hawaii Medical	HMSA Silver HMO	Yes?	Unspecified PT/OT	Unspecified DME,	svcs may

	Service Association				PT/OT, ST	require precertification. CR, Chiro not covered.
ні	Hawaii Medical Service Association	HMSA Silver PPO 1500	Yes?	Unspecified PT/OT	Unspecified DME, PT/OT, ST	svcs may require precertification. CR, Chiro not covered.
ні	Hawaii Medical Service Association	HMSA Silver PPO 2500	Yes?	Unspecified PT/OT	Unspecified DME, PT/OT, ST	svcs may require precertification. CR, Chiro not covered.
	Kaiser Foundation	KP Silver II \$30—	No for Chiro, Massage; No for Outpatient Rehab/Hab; Yes for Inpatient	12 Chiro/Massage; No limit	. ,,,,,,,	core, cu.
HI	Health Plan, Inc.	ChiroAcuMassage—Fit	Rehab/Hab	specified for PT/OT/ST	Nothing specified	
ні	Kaiser Foundation Health Plan, Inc.	KP Silver II \$30— Fit	No for Outpatient Rehab/Hab; Yes for Inpatient Rehab/Hab	No limit specified for PT/OT/ST	Nothing specified	Chiro not covered.
ні	Kaiser Foundation	VD Silver III Č20 - Fit	No for Outpatient Rehab/Hab; Yes for Inpatient Rehab/Hab	No limit specified for PT/OT/ST	Ŭ.	Chiro not covered.
н	Health Plan, Inc.	KP Silver III \$30— Fit	кепар/нар	P1/U1/S1	Nothing specified	Chiro covered
ID	BC of Idaho	Silver Carepoint 4000 POS	Yes	20 all svcs combined	Combined with Rehab	but benefit not specified.
ID	BC of Idaho	Silver Choice 2000 PPO	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Choice 3000 PPO	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not

						specified.
						Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Choice 4000 PPO	Yes	20 all svcs combined	Rehab	specified.
10	DC OF Iddillo	Silver endice 4000 FF 0	163	20 dii 3ves combined	nendo	Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Choice 500 PPO	Yes	20 all svcs combined	Rehab	specified.
	DC of facility	Silver Choice 500 FF C	163	20 dii 3103 00111011100	rendo	Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Connect Southwest 2000	Yes	20 all sycs combined	Rehab	specified.
	2001100110	5.176. 50.11.166. 50.46.11.166. 2000	. 60	20 4.1. 0100 00.11.04		Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Connect Southwest 3000	Yes	20 all svcs combined	Rehab	specified.
						Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Connect Southwest 4000	Yes	20 all svcs combined	Rehab	specified.
						Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Connect Southwest 500	Yes	20 all svcs combined	Rehab	specified.
						Chiro covered
					Combined with	but benefit not
ID	BC of Idaho	Silver Saver HSA	Yes	20 all svcs combined	Rehab	specified.
				20 all svcs combined except	Combined with	
ID	BridgeSpan	Silver 3000 PPO	Yes	Chiro, 18 Chiro	Rehab	
				20 all svcs combined except	Combined with	
ID	BridgeSpan	Silver 3000 PPO Dental Vision IAP	Yes	Chiro, 18 Chiro	Rehab	
				20 all svcs combined except	Combined with	
ID	BridgeSpan	Silver HDHP 2500 PPO	Yes	Chiro, 18 Chiro	Rehab	
	Montana Health			20 all svcs combined except		
ID	CO-OP	AccessCare Silver	Yes	Chiro, 20 Chiro	20 all svcs combined	
	Montana Health			20 all svcs combined except		
ID	CO-OP	Link Silver POS	Yes	Chiro, 20 Chiro	20 all svcs combined	
						Preauth. req.
						for all Inpatient
						svcs; No
						coverage for
		BrightIdea Balance Silver 2500		20 all svcs combined except		recreation
ID	Pacific Source	НМО	Yes	Chiro, 15 Chiro	20 all svcs combined	therapy.

ID	Pacific Source	BrightIdea Value Silver 3600 HMO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
				20 all svcs combined except		Preauth. req. for all Inpatient svcs; No coverage for recreation
ID	Pacific Source	PSN Balance Silver 2500 PPO	Yes	Chiro, 15 Chiro	20 all svcs combined	therapy.
				20 all suggestable advectors		Preauth. req. for all Inpatient svcs; No coverage for
10	D:6:- C	DCN Value Silver 2000 DDO	V	20 all svcs combined except	20 - 11	recreation
ID	Pacific Source	PSN Value Silver 3600 PPO	Yes	Chiro, 15 Chiro	20 all svcs combined	therapy.
		SmartAlliance Balance Silver 2500		20 all svcs combined except		Preauth. req. for all Inpatient svcs; No coverage for recreation
ID	Pacific Source	НМО	Yes	Chiro, 15 Chiro	20 all svcs combined	therapy.
ID	Pacific Source	SmartAlliance Value Silver 3600 HMO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
ID	racilic source	THVIO	163	Cilio, 13 Cilio	ZU all SVCS CUITIBILIEU	
ID	SelectHealth	HealthSave Silver 1500 HSA	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
				20 all svcs combined except	Combined with	Preauth. req. to avoid 50% reduction in
ID	SelectHealth	HealthSave Silver 2000 HSA	Yes	Chiro, 10 Chiro	Rehab	benefit.

Preference Silver 2500 PPO Yes Chiro, 10 Chiro Combined with Rehab Denefit.							
D SelectHealth HealthSave Silver 3500 HSA Yes Chiro, 10 Chiro Rehab Preauth, req. to avoid 50% reduction in benefit.							Preauth. req. to
D SelectHealth HealthSave Silver 3500 HSA Yes Chiro, 10 Chiro Rehab benefit. Preauth. req. to avoid 50% reduction in benefit. Preauth. req. to avoid 50% Preauth. req. to avoid 50% reduction in Rehab Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab Preauth. req. to avoid 50% Rehab Preauth. req. to avoid 50% Prea					20 11	6 1: 1::1	
Preauth. req. to avoid 50% reduction in benefit.		6 1 1.1		V			
Authern BCBS Authern BCBS Authern BCBS Silver Pathway X 10 for IN (Anthem BCBS) HSA Anthem Ins Companies Inc. Anthem BCBS HSA Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 0 IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 IN (Anthem BCBS) Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 IN (Anthem BCBS) IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 IN (Anthem BCBS) IN (Anthem BCBS) IN (Anthem BCBS) IN (An	ID	SelectHealth	HealthSave Silver 3500 HSA	Yes	Chiro, 10 Chiro	Rehab	
D SelectHealth Preference Silver 1250 PPO No?/Yes Chiro, 10 Chiro Rehab Preference Silver 1250 PPO No?/Yes Chiro, 10 Chiro Rehab Preference Silver 1250 PPO Preference Silver 2500 PPO Yes Chiro, 10 Chiro Rehab Denefit.							•
SelectHealth							
Preauth. req. to avoid 50% reduction in benefit. D	ı.D.	6 1 111 111	D (C'I 4250 DDO	N 264			
D SelectHealth Preference Silver 2500 PPO Yes Chiro, 10 Chiro Rehab Preduction in benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to	ID	SelectHealth	Preference Silver 1250 PPO	No?/Yes	Chiro, 10 Chiro	Kenab	
Combined with preference Silver 2500 PPO Yes Chiro, 10 Chiro Rehab Denefit.							· ·
SelectHealth					20 - 11	Camalain ad midd	
Preauth. req. to avoid 50% reduction in benefit. Preference Silver 2500 PPO Yes Chiro, 10 Chiro Rehab Preauth. req. to avoid 50% reduction in benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction in the benefit. Preauth. req. to avoid 50% reduction	ın	Calaatiiaaltk	Durafaran an Cilvan 2500 DDO	Voc	•		
Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Ins Companies Inc. Anthem BCBS) Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Ins (Anthem BC	טו	Selecthealth	Preference Sliver 2500 PPO	res	Chiro, 10 Chiro	Kenab	
Combined with Preference Silver 2500 PPO Yes Chiro, 10 Chiro Rehab Preduction in benefit.							•
ID SelectHealth Preference Silver 2500 PPO Yes Chiro, 10 Chiro Rehab benefit. Preauth, req. to avoid 50% reduction in Peters Combined with Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab Preference Silver Silver DirectAccess, Companies Inc. Anthem BCBS Anthem BCBS Anthem BCBS Anthem Silver Pathway X 10 for Combined with Rehab Preference Silver Silver Pathway X 10 for Combined with Rehab Preference Silver Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Preference Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chir					20 all succ combined except	Combined with	
Preauth. req. to avoid 50% reduction in benefit. D	ID	ColoctHoolth	Proforance Silver 2500 PDO	Voc			
Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 IN (Anthem BCBS) Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Combined with Combined with Rehab Home health Care Source Home health Care Iimits (100	טו	Зејестпеатт	Preference Silver 2500 PPO	165	Cilio, 10 Cilio	Reliab	
SelectHealth							· ·
ID SelectHealth Preference Silver 3800 Copay Yes Chiro, 10 Chiro Rehab benefit. Anthem Ins Companies Inc. Anthem BCBS Silver DirectAccess, IN (Anthem BCBS) a Multi-State Plan Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Anthem Silver Pathway X 10 for IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab					20 all sycs combined except	Combined with	
Anthem Ins Companies Inc. Anthem BCBS Silver DirectAccess, IN (Anthem BCBS) a Multi-State Plan Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Anthem Silver Pathway X 10 for IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Home health CareSource	ID	SelectHealth	Preference Silver 3800 Conav	Yes	•		
Companies Inc. Anthem BCBS Silver DirectAccess, IN (Anthem BCBS) a Multi-State Plan Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Anthem Silver Pathway X 10 for IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Companies Inc. Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab CareSource Large Indicates Combined with Rehab Home health care limits (100			Treference Silver 3000 copuly	103	Cimo, 10 cimo	ricitad	Dericite.
IN (Anthem BCBS) a Multi-State Plan Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. Anthem Silver Pathway X 10 for IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab CareSource Location Rehab Home health Care Imits (100			Anthem BCBS Silver DirectAccess.			Combined with	
Anthem Ins Companies Inc. Anthem Silver Pathway X 10 for IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Home health CareSource 20 PT/OT/ST/PR, 36 CR, 12 Combined with care limits (100	IN	•	•	Yes?	20 PT. 20 OT. 20 ST. 12 Chiro		
IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Home health CareSource 20 PT/OT/ST/PR, 36 CR, 12 Combined with Care limits (100)		` '					
IN (Anthem BCBS) HSA Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Combined with IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Home health CareSource 20 PT/OT/ST/PR, 36 CR, 12 Combined with Care limits (100)		Companies Inc.	Anthem Silver Pathway X 10 for			Combined with	
Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? Combined with Combined	IN	•	•	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab	
IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab CareSource Combined with Rehab Home health Care Source 20 PT/OT/ST/PR, 36 CR, 12 Combined with Care limits (100)		•			·		
IN (Anthem BCBS) Anthem Silver Pathway X 2500 10 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab CareSource Combined with Care Source 20 PT/OT/ST/PR, 36 CR, 12 Combined with Care limits (100		Companies Inc.				Combined with	
Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? Combined with CareSource Combined with	IN	(Anthem BCBS)	Anthem Silver Pathway X 2500 10	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab	
IN (Anthem BCBS) Anthem Silver Pathway X 3500 0 No? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab CareSource Combined with Care Source 20 PT/OT/ST/PR, 36 CR, 12 Combined with care limits (100		Anthem Ins					
Anthem Ins Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? CareSource Combined with Care Source Combined with		Companies Inc.				Combined with	
Companies Inc. IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? CareSource Combined with 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Home health care limits (100	IN	(Anthem BCBS)	Anthem Silver Pathway X 3500 0	No?	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab	
IN (Anthem BCBS) Anthem Silver Pathway X 4250 30 Yes? 20 PT, 20 OT, 20 ST, 12 Chiro Rehab Home health CareSource 20 PT/OT/ST/PR, 36 CR, 12 Combined with care limits (100		Anthem Ins					
Home health CareSource 20 PT/OT/ST/PR, 36 CR, 12 Combined with care limits (100		Companies Inc.				Combined with	
CareSource 20 PT/OT/ST/PR, 36 CR, 12 Combined with care limits (100	IN	(Anthem BCBS)	Anthem Silver Pathway X 4250 30	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab	
IN Indiana, Inc. CareSource Just4Me Silver Yes Chiro Rehab combined visits					20 PT/OT/ST/PR, 36 CR, 12		care limits (100
	IN	Indiana, Inc.	CareSource Just4Me Silver	Yes	Chiro	Rehab	combined visits

Rehab svcs is limited to 90 days per year.
Home health care limits (100 combined visits covered after deductible) apply when svcs are rendered in the home. Any combination of benefits for SNF/inpatient Rehab svcs is CareSource CareSource Just4Me Silver with 20 PT/OT/ST/PR, 36 CR, 12 Combined with limited to 90 IN Indiana, Inc. Dental and Vision Yes Chiro Rehab days per year.
IN Indiana, Inc. Dental and Vision Yes Chiro Rehab days per year. Celtic Insurance Ambetter Balanced Care 1 (2016) 20 all svcs combined (except Prior approval
IN Company + Vision Yes Chiro), 12 Chiro 20 all svcs combined req.
Celtic Insurance Ambetter Balanced Care 1 (2016) 20 all svcs combined (except Prior approval
IN Company + Vision + Adult Dental Yes Chiro), 12 Chiro 20 all svcs combined req.
Celtic Insurance 20 all svcs combined (except Prior approval
IN Company Ambetter Balanced Care 1(2016) Yes Chiro), 12 Chiro 20 all svcs combined req. Celtic Insurance Ambetter Balanced Care 10 20 all svcs combined (except Prior approval
IN Company (2016) Yes Chiro), 12 Chiro 20 all svcs combined req.
Celtic Insurance Ambetter Balanced Care 10 20 all svcs combined (except Prior approval
IN Company (2016) + Vision Yes Chiro), 12 Chiro 20 all svcs combined req.
IN Celtic Insurance Ambetter Balanced Care 10 Yes 20 all svcs combined (except 20 all svcs combined Prior approval

	Company	(2016) + Vision + Adult Dental		Chiro), 12 Chiro		req.
	Celtic Insurance	(20 all svcs combined (except		Prior approval
IN	Company	Ambetter Balanced Care 2 (2016)	Yes	Chiro), 12 Chiro	20 all svcs combined	req.
	Celtic Insurance	Ambetter Balanced Care 2 (2016)		20 all svcs combined (except		Prior approval
IN	Company	+ Vision	Yes	Chiro), 12 Chiro	20 all svcs combined	req.
	Celtic Insurance	Ambetter Balanced Care 2 (2016)		20 all svcs combined (except		Prior approval
IN	Company	+ Vision + Adult Dental	Yes	Chiro), 12 Chiro	20 all svcs combined	req.
	, ,			"		Chiro covered
	Indiana University				References EHB	but benefit is
IN	Health Plans, Inc.	IU Health Plans Silver Copay	Yes	References EHB benchmark	benchmark	not specified.
	·	· ´				Chiro covered
	Indiana University				References EHB	but benefit is
IN	Health Plans, Inc.	IU Health Plans Silver Enhanced	Yes	References EHB benchmark	benchmark	not specified.
						Chiro covered
	Indiana University	IU Health Plans Silver Enhanced			References EHB	but benefit is
IN	Health Plans, Inc.	Plus Dental & Vision	Yes	References EHB benchmark	benchmark	not specified.
						Chiro covered
	Indiana University				References EHB	but benefit is
IN	Health Plans, Inc.	IU Health Plans Silver HSA	Yes	References EHB benchmark	benchmark	not specified.
						Chiro covered
	Indiana University				References EHB	but benefit is
IN	Health Plans, Inc.	IU Health Plans Silver Value	Yes	References EHB benchmark	benchmark	not specified.
						Prior approval
						req. after
						evaluation.
						Chiro covered
	MDwise			20 PT, 20 OT, 20 ST, 36 CR, 20	Combined with	but benefit is
IN	Marketplace, Inc.	MDwise Marketplace Silver Basic	Yes	PR	Rehab	not specified.
						Prior approval
						req. after
						evaluation.
						Chiro covered
	MDwise	MDwise Marketplace Silver		20 PT, 20 OT, 20 ST, 36 CR, 20	Combined with	but benefit is
IN	Marketplace, Inc.	Coinsurance	Yes	PR	Rehab	not specified.
						Prior approval
						req. after
	MDwise			20 PT, 20 OT, 20 ST, 36 CR, 20	Combined with	evaluation.
IN	Marketplace, Inc.	MDwise Marketplace Silver Plus	Yes	PR	Rehab	Chiro covered

						but benefit is
						not specified.
						Prior approval req. after evaluation.
						Chiro covered
IN	MDwise Marketplace, Inc.	MDwise Marketplace Silver Plus with Adult Vision	Yes	20 PT, 20 OT, 20 ST, 36 CR, 20 PR	Combined with Rehab	but benefit is not specified.
IN	Physicians Health Plan of Northern Indiana, Inc.	Marguee HSA Silver 3500	Yes	Outpatient: 20 PT/OT/ST/PR, 36 CR, 12 Chiro	Outpatient: 20 PT/OT/ST	Inpatient limited to 60 days and prior auth. is req. to prevent claim denial.
IN	Physicians Health Plan of Northern Indiana, Inc.	Marguee Silver 2000	Yes	Outpatient: 20 PT/OT/ST/PR, 36 CR, 12 Chiro	Outpatient: 20 PT/OT/ST	Inpatient Iimited to 60 days and prior auth. is req. to prevent claim denial.
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee Silver 2500	Yes	Outpatient: 20 PT/OT/ST/PR, 36 CR, 12 Chiro	Outpatient: 20 PT/OT/ST	Inpatient limited to 60 days and prior auth. is req. to prevent claim denial.
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver	No?	20 PT, OT, ST, PR, 36 CR, 12 Chiro	Combined with Rehab?	Pre-cert req. to avoid 50% reduction in benefits.
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver 100 HAS	Yes	20 PT, OT, ST, PR, 36 CR, 12 Chiro	Combined with Rehab?	Pre-cert req. to avoid 50% reduction in benefits.
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver HSA	Yes	20 PT, OT, ST, PR, 36 CR, 12 Chiro	Combined with Rehab?	Pre-cert req. to avoid 50% reduction in benefits.

	United					Innations Dobob
	Healthcare [All Savers Insurance			20 DT/OT/ST 26 CD 20 DD 12		Inpatient Rehab limited to 60
IN	Company]	Silver Choice 2000	Yes	20 PT/OT/ST, 36 CR, 20 PR, 12 Chiro	20 PT/OT/ST	days.
IIN	United	Silver Choice 2000	162	Cilifo	2017/01/31	uays.
	Healthcare [All					Inpatient Rehab
	Savers Insurance			20 PT/OT/ST, 36 CR, 20 PR, 12		limited to 60
IN	Company]	Silver Choice 2000 1	Yes	Chiro	20 PT/OT/ST	days.
114	United	Silver Choice 2000 I	103	Cilii o	2011/01/31	uays.
	Healthcare [All					Inpatient Rehab
	Savers Insurance			20 PT/OT/ST, 36 CR, 20 PR, 12		limited to 60
IN	Company]	Silver Choice 3500	Yes	Chiro	20 PT/OT/ST	days.
	United					,
	Healthcare [All					Inpatient Rehab
	Savers Insurance			20 PT/OT/ST, 36 CR, 20 PR, 12		limited to 60
IN	Company]	Silver Choice 4500	Yes	Chiro	20 PT/OT/ST	days.
	United					
	Healthcare [All					Inpatient Rehab
	Savers Insurance			20 PT/OT/ST, 36 CR, 20 PR, 12		limited to 60
IN	Company]	Silver Choice HSA 3000	Yes	Chiro	20 PT/OT/ST	days.
					Combined with	
KY	Aetna	Silver \$10 Copay HNOnly	No	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab	
		Silver DirectAccess, a Multi-State		20 PT, 20 OT, 20 ST, 20 PR, 12	Combined with	
KY	Anthem BCBS	Plan	Yes	Chiro	Rehab	
				20 PT, 20 OT, 20 ST, 20 PR, 12	Combined with	
KY	Anthem BCBS	Silver Pathway X HMO 3500/25%	Yes	Chiro	Rehab	
				20 PT, 20 OT, 20 ST, 20 PR, 12	Combined with	
KY	Anthem BCBS	Silver Pathway X HMO 4250/30%	Yes	Chiro	Rehab	
101	l	Sil	.,	20 PT, 20 OT, 20 ST, 20 PR, 12	Combined with	
KY	Anthem BCBS	Silver Pathway X PPO 10% for HSA	Yes	Chiro	Rehab	
1/1/	Anthone DCDC	Cilver Dethurs V DDO 2000/200/	Vaa	20 PT, 20 OT, 20 ST, 20 PR, 12	Combined with	
KY	Anthem BCBS	Silver Pathway X PPO 2000/20%	Yes	Chiro 20 PT, 20 OT, 20 ST, 20 PR, 12	Rehab Combined with	
KY	Anthem BCBS	Silver Pathway X PPO 2500/10%	Yes	20 P1, 20 O1, 20 S1, 20 PR, 12 Chiro	Rehab	
K T	AIILIIEIII DCD3	Silver Fattiway A PPO 2300/10%	162	20 PT, 20 OT, 20 ST, 20 PR, 12	Combined with	
KY	Anthem BCBS	Silver Pathway X PPO 4000/10%	Yes	Chiro	Rehab	
IXI	Baptist Health	311VC1 1 attiway X 1 1 O 4000/10/6	103	20 PT, 20 OT, 20 ST, 20 PR, 36	Combined with	Chiro covered
	DAUUSI FEAIU					
KY	Plan [Bluegrass	Silver HMO 3000 BHCC 10%	Yes	CR	Rehab	but benefit is

	Family Health] Baptist Health					not specified. Chiro covered
KY	Plan [Bluegrass Family Health]	Silver HSA 3000 BHCC 20%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 36 CR	Combined with Rehab	but benefit is not specified.
KY	CareSource Kentucky	Just4Me Silver	PT/OT: No; Other providers: Yes	20 PT, 20 OT, 20 ST, 20 PR, 36 CR, 12 Chiro	Combined with Rehab	Home health care limits (100 visits after deductible) apply when svcs are rendered in the home.
10.1	Refredery	Just-Hille Silver	PT/OT: No;	City 12 Cilii o	Rendo	Preauth. req. to
		Humana Silver 3800/Norton +	Other	20 ST, 20 Resp, 20 Orthoptic	Combined with	avoid \$500
KY	Humana	Just For Kids HMOx	providers: Yes	Therapy, 36 CR, 12 Chiro	Rehab	penalty.
KY	Humana	Silver 3800/Cincinnati/Northern KY HMOx	PT/OT: No; Other providers: Yes	20 ST, 20 Resp, 20 Orthoptic Therapy, 36 CR, 12 Chiro	Combined with Rehab	Preauth. req. to avoid \$500 penalty.
			PT/OT: No;	• •		Preauth. req. to
KY	Humana	Silver 3800/Lexington UK HealthCare HMOx	Other providers: Yes	20 ST, 20 Resp, 20 Orthoptic Therapy, 36 CR, 12 Chiro	Combined with Rehab	avoid \$500 penalty.
KY	Humana	Silver 3800/Louisville HMOx	PT/OT: No; Other providers: Yes	20 ST, 20 Resp, 20 Orthoptic Therapy, 36 CR, 12 Chiro	Combined with Rehab	Preauth. req. to avoid \$500 penalty.
		,	PT/OT: No;	177		, ,
KY	United Healthcare	Silver Compass 2000	Other providers: Yes	25 PT, 25 OT, 25 ST, 36 CR, 25 PR, 12 Chiro	Combined with Rehab	
	United		PT/OT: No; Other	25 PT, 25 OT, 25 ST, 36 CR, 25	Combined with	
KY	Healthcare	Silver Compass 2000 1	providers: Yes	PR, 12 Chiro	Rehab	
	United		PT/OT: No; Other	25 PT, 25 OT, 25 ST, 36 CR, 25	Combined with	
KY	Healthcare	Silver Compass 3500	providers: Yes	PR, 12 Chiro	Rehab	
			PT/OT: No;			
141.1	United	611 6 4500	Other	25 PT, 25 OT, 25 ST, 36 CR, 25	Combined with	
KY	Healthcare United	Silver Compass 4500	providers: Yes	PR, 12 Chiro 25 PT, 25 OT, 25 ST, 36 CR, 25	Rehab Combined with	
KY	Healthcare	Silver Compass HSA 3000	Yes	PR, 12 Chiro	Rehab	
		an Inner a secon		,		

KY	Wellcare Health Plans	Silver HMO	PT/OT: No; Other providers: Yes	20 PT,20 OT, 20 ST, 20 PR, 36 CR, 12 Chiro; 60 visit limit for all Outpatient Rehab Therapy combined	Combined with Rehab	Prior auth. may be req.
LA	BCBS [HMO Louisiana, Inc.]	Blue Connect copay 70/50 \$3500	Rehab: Yes; Hab: No? / Yes	Not specified	Not specified	auth. req. for skilled nursing care. Chiro covered but benefit is not specified.
	BCBS [HMO		Rehab: Yes;			auth. req. for skilled nursing care. Chiro covered but benefit is not
LA	Louisiana, Inc.] BCBS [HMO	Blue POS 100/80 \$3500	Hab: No? / Yes Rehab: Yes;	Not specified	Not specified	specified. auth. req. for skilled nursing care. Chiro covered but benefit is not
LA	Louisiana, Inc.] BCBS [HMO	Blue POS copay 70/50 \$3000	Hab: No? / Yes Rehab: Yes;	Not specified	Not specified	specified. auth. req. for skilled nursing care. Chiro covered but benefit is not
LA	Louisiana, Inc.]	Blue POS copay 80/60 \$4500	Hab: No? / Yes	Not specified	Not specified	specified. auth. req. for skilled nursing care. Chiro covered but
LA	BCBS [HMO Louisiana, Inc.] BCBS [Louisiana	Community Blue copay 70/50 \$3500	Rehab: Yes; Hab: No? / Yes	Not specified	Not specified	benefit is not specified. auth. req. for
LA	Health Service & Indemnity Company]	BCBS of Louisiana \$2250, a Multi- State Plan	Yes	Not specified	Not specified	skilled nursing care. Chiro covered but

						benefit is not
						specified.
						auth. req. for
	DCDC [Louisiana					skilled nursing care. Chiro
	BCBS [Louisiana Health Service &					care. Chiro covered but
	Indemnity					benefit is not
LA	Company]	Blue Max 100/100 \$4000	Yes	Not specified	Not specified	specified.
LA	Company	Dide Wax 100/100 \$4000	163	Not specified	Not specified	auth. req. for
						skilled nursing
	BCBS [Louisiana					care. Chiro
	Health Service &					covered but
	Indemnity					benefit is not
LA	Company]	Blue Max 80/60 \$3000	Yes	Not specified	Not specified	specified.
						auth. req. for
						skilled nursing
	BCBS [Louisiana					care. Chiro
	Health Service &					covered but
	Indemnity	70/50 63500	v	N		benefit is not
LA	Company]	Blue Max copay 70/50 \$2500	Yes	Not specified	Not specified	specified.
						auth. req. for skilled nursing
	BCBS [Louisiana					care. Chiro
	Health Service &					covered but
	Indemnity					benefit is not
LA	Company]	Blue Saver 100/80 \$3000	Yes	Not specified	Not specified	specified.
	' ''	i i		· ·	·	auth. req. for
						skilled nursing
	BCBS [Louisiana					care. Chiro
	Health Service &					covered but
	Indemnity					benefit is not
LA	Company]	Blue Saver 80/60 \$1900	Yes	Not specified	Not specified	specified.
						Preauth. may
						be req. to avoid
	Humana Health				Combined with	\$500 penalty. Chiro covered
	Benefit Plan of	Humana Silver 3800/Louisiana			Rehab? Benefit not	but benefit is
LA	Louisiana, Inc.	HMOx	Yes	Not specified	specified	not specified.
_, ,				not specified	opeomea	ot specifica.

	United					
	Healthcare of	C'I C 4000	N. 2	Unlimited Outpatient Rehab;	N	
LA	Louisiana, Inc.	Silver Compass 4000	No?	Unlimited Chiro	Not specified	None
	United					
	Healthcare of	Cilvan Canada a FOOO	N-2	Unlimited Outpatient Rehab;	Not an aidir d	N
LA	Louisiana, Inc.	Silver Compass 5000	No?	Unlimited Chiro	Not specified	None
	United Healthcare of			Haliasitad Outrations Bahah		
1.0		Silver Compass USA 2600	Na	Unlimited Outpatient Rehab; Unlimited Chiro	Notensified	None
LA	Louisiana, Inc.	Silver Compass HSA 3600	No?	Onlimited Chiro	Not specified	None Pre-auth. req.
						Chiro covered
	Vantage Health					but benefit is
LA	Plan, Inc.	Vantage Individual Silver	Yes	Not specified	Not specified	not specified.
	rian, me.	varitage marviadar sirver	103	Not specified	Not specifica	Pre-auth. req.
						Chiro covered
	Vantage Health					but benefit is
LA	Plan, Inc.	Vantage Plus Individual Silver	Yes	Not specified	Not specified	not specified.
	,	<u> </u>		<u>'</u>	60 visits all svcs	·
					combined; No limit	
					for Autism	
					Spectrum, Home	
					Health care, or	
	Ambetter			60 visits all svcs combined	Speech/Hearing	Prior approval
MA	(CeltiCare)	Ambetter Balanced Care 14	No	except Chiro; 12 Chiro	disorders	req.
					Combined with	
				60 visits all svcs combined	Rehab; No limits on	
	_			except Chiro; 12 Chiro; No	early intervention	
	BCBS of			limit for Autism Spectrum,	svcs for eligible	
MA	Massachusetts	Access Blue Basic HMO	Yes	Home Health care, or ST	children	
				Outpatient: 60 visits all svcs		
	Docton Madical			combined; No limit for ST, CR,		
	Boston Medical			Autism Spectrum, Aural, PR,	0 1: 1 ::1	
	Contar HoolthNot					
Ν4Α	Center HealthNet	Silver A	Voc	or Early Intervention svcs; 12	Combined with	
MA	Plan	Silver A	Yes	Chiro; Inpatient: 60 days.	Rehab	Referral and
	Plan Fallon Community			Chiro; Inpatient: 60 days.	Rehab	Referral and
MA MA	Plan Fallon Community Health Plan	Silver A Direct Care Silver Connector A	Yes			preauth. req.
	Plan Fallon Community			Chiro; Inpatient: 60 days.	Rehab	

						Chiro covered
	Hamiard Dilarina				Outpationt, 60	but benefit is
N 4 A	Harvard Pilgrim	Post Pur Consument LIMO 2000	Voc	Innationt, CO days	Outpatient: 60 PT/OT	
MA	Health Care	Best Buy Copayment HMO 2000	Yes	Inpatient: 60 days	P1/U1	not specified. Chiro covered
	Hammand Bilania				0	
	Harvard Pilgrim	D+ D DDO 2000	V	la cationte CO dave	Outpatient: 60	but benefit is
MA	Health Care	Best Buy PPO 2000	Yes	Inpatient: 60 days	PT/OT	not specified.
						Chiro covered
	Harvard Pilgrim				Outpatient: 60	but benefit is
MA	Health Care	Focus Network HMO 2000	Yes	Inpatient: 60 days	PT/OT	not specified.
					Early intervention	
					svcs only for age 3	
				Outpatient: 25 PT/OT per	and under,	
	Health New			condition; 12 Chiro Inpatient:	deductible waived	
MA	England	HNE Silver A HMO	Yes	2 months	for these svcs	
	Minuteman			60 visits all svcs combined	Combined with	
MA	Health	MyDoc HMO ConnectorCare 1	No	except Chiro; 12 Chiro	Rehab	
	Minuteman			60 visits all svcs combined	Combined with	
MA	Health	MyDoc HMO ConnectorCare 2	No	except Chiro; 12 Chiro	Rehab	
	Minuteman			60 visits all svcs combined	Combined with	
MA	Health	MyDoc HMO ConnectorCare 3	No	except Chiro; 12 Chiro	Rehab	
	Minuteman			60 visits all svcs combined	Combined with	
MA	Health	MyDoc HMO Silver Basic	Yes	except Chiro; 12 Chiro	Rehab	
	Minuteman			60 visits all svcs combined	Combined with	
MA	Health	MyDoc HMO Silver Plus	Yes	except Chiro; 12 Chiro	Rehab	
	Minuteman			60 visits all svcs combined	Combined with	
MA	Health	MyDoc PPO Select Silver	Yes	except Chiro; 12 Chiro	Rehab	
					Outpatient: 60	
					PT/OT; Inpatient: 60	
					days; Costs and	
					limits waived for	
		NHP Prime HMO 2000/4000			early intervention	Prior auth. req.
	Neighborhood	30/50 with \$5 Low Cost Generic	Outpatient: No;	Outpatient: 60 PT/OT, 12	svcs for covered	for Inpatient
MA	Health Plan	RX	Inpatient: Yes	Chiro ; Inpatient: 60 days	children	Hab & Rehab.
					Outpatient: 60	
					PT/OT; Inpatient: 60	
					days; Costs and	Prior auth. req.
	Neighborhood	Prime HMO 1750/3500 50/75	Outpatient: No;	Outpatient: 60 PT/OT, 12	limits waived for	for Inpatient
MA	Health Plan	with \$5 Low-Cost Generic Rx	Inpatient: Yes	Chiro ; Inpatient: 60 days	early intervention	Hab & Rehab.

					svcs for covered	
					children	
					Outpatient: 60	
					PT/OT; Inpatient: 60	
					days; Costs and	
					limits waived for	
					early intervention	Prior auth. req.
	Neighborhood		Outpatient: No;	Outpatient: 60 PT/OT, 12	svcs for covered	for Inpatient
MA	Health Plan	Prime HMO Silver Simplicity	Inpatient: Yes	Chiro ; Inpatient: 60 days	children	Hab & Rehab.
				Outpatient: 90 PT/OT per		Prior auth. req.
				condition; 12 Chiro; ST, CR		for PT, OT, ST,
				covered but benefit not		and Inpatient
MA	Tufts Health Plan	Health Direct Silver 2000	No?	specified; Inpatient: 30 days.	Not Covered	Rehab.
				Outpatient: 90 PT/OT per		Prior auth. req.
				condition; 12 Chiro; ST, CR		for PT, OT, ST,
		Health Direct Silver 2000 With Co-		covered but benefit not		and Inpatient
MA	Tufts Health Plan	Insurance	Yes	specified; Inpatient: 30 days.	Not Covered	Rehab.
					Combined with	Prior auth. may
MA	Tufts Health Plan	Premier Silver 2000 HMO	No	30 PT, 30 OT, 12 Chiro	Rehab?	be req.
						60 days
	United	United Healthcare Silver Choice		44 PT/OT, Unlimited ST,	Combined with	Inpatient
MA	Healthcare	\$2000	Yes	Unlimited CR, 20 PR, 12 Chiro	Rehab	Rehab/SNF.
						Rehab: Prior
						auth. req. for
				30 per therapy type per	30 per therapy type	Hospital
				condition (specific svcs	per condition per	Facility; Hab:
	CareFirst BCBS			covered not listed) except	condition if 19 years	Prior auth. req.
MD	Blue Choice	HMO HSA Silver 1350	Yes	Chiro; 20 per condition Chiro	and older.	always.
						Rehab: Prior
						auth. req. for
				30 per therapy type per	30 per therapy type	Hospital
				condition (specific svcs	per condition per	Facility; Hab:
	CareFirst BCBS			covered not listed) except	condition if 19 years	Prior auth. req.
MD	Blue Choice	HMO Silver 2000	Yes	Chiro; 20 per condition Chiro	and older.	always.
				30 per therapy type per	30 per therapy type	Rehab: Prior
				condition (specific svcs	per condition per	auth. req. for
	CareFirst BCBS			covered not listed) except	condition if 19 years	Hospital
MD	Blue Choice	Plus Silver 2500	No / Yes	Chiro; 20 per condition Chiro	and older.	Facility; Hab:

						Prior auth. req.
						always.
						Rehab: Prior
						auth. req. for
				30 per therapy type per	30 per therapy type	Hospital
				condition (specific svcs	per condition per	Facility; Hab:
	CareFirst BCBS			covered not listed) except	condition if 19 years	Prior auth. req.
MD	Blue Choice	PPO HAS Silver 1600	Yes	Chiro; 20 per condition Chiro	and older.	always.
						Chiro benefits
NAD	C:	A U.S.A. Silvery 2750	W	30 PT, 30 ST, 30 OT per	Combined with	covered but not
MD	Cigna	Access HSA Silver 2750	Yes	condition	Rehab? 30 PT, 30 ST, 30 OT if	clear. Preauth. req.
	Evergreen Health			30 PT, 30 ST, 30 OT if age 19	age 19 and older; no	for Rehab,
MD	CO-OP	Health POS Silver 4850	Yes	and older; 20 Chiro	limit under age 19	Chiro.
				and order, to anno	30 PT, 30 ST, 30 OT if	Preauth. req.
	Evergreen Health			30 PT, 30 ST, 30 OT if age 19	age 19 and older; no	for Rehab,
MD	CO-OP	Health Select Silver 4400	Yes	and older; 20 Chiro	limit under age 19	Chiro.
					30 PT, 30 ST, 30 OT if	Preauth. req.
	Evergreen Health	HMO Open Access Silver HSA		30 PT, 30 ST, 30 OT if age 19	age 19 and older; no	for Rehab,
MD	CO-OP	2000	Yes	and older; 20 Chiro	limit under age 19	Chiro.
	e			20.07.20.07.10.07.1	30 PT, 30 ST, 30 OT if	Preauth. req.
MD	Evergreen Health CO-OP	LIMO Onen Access Silver 2000	Voc	30 PT, 30 ST, 30 OT if age 19	age 19 and older; no	for Rehab,
MD	CO-OP	HMO Open-Access Silver 3000	Yes	and older; 20 Chiro Outpatient: 30 PT, 30 PT, 30	limit under age 19	Chiro.
				ST per condition, 90 CR, PR 1		Hab benefit for
				program lifetime; 20 Chiro		those under
	Kaiser		Inpatient: Yes;	per condition; Inpatient: No	30 PT/ST/OT age 19	age 19 is not
MD	Permanente	Silver 1500/30/Dental/PedDental	Outpatient: No	limit	and older	clear.
				Outpatient: 30 PT, 30 PT, 30		
				ST per condition, 90 CR, PR 1		Hab benefit for
				program lifetime; 20 Chiro		those under
1.45	Kaiser	Sil 2500/20/D + 1/D 15 + 1	Inpatient: Yes;	per condition; Inpatient: No	30 PT/ST/OT age 19	age 19 is not
MD	Permanente	Silver 2500/30/Dental/PedDental	Outpatient: No	limit	and older	clear.
				Outpatient: 30 PT, 30 PT, 30 ST per condition, 90 CR, PR 1		Hab benefit for
				program lifetime; 20 Chiro		those under
	Kaiser	Silver	Inpatient: Yes;	per condition; Inpatient: No	30 PT/ST/OT age 19	age 19 is not
MD	Permanente	2750/20%/HSA/Dental/PedDental	Outpatient: No	limit	and older	clear.

				20.07.20.07.22.27.22.21.	6 1: 1 :::	100 days
MD	United Healthcare	Silver Choice 2500	Yes	30 PT, 30 OT, 30 ST, 20 Chiro, 90 CR, 1 PR	Combined with Rehab	Inpatient Rehab/SNF.
MD	United Healthcare	Silver Choice 3000	Yes	30 PT, 30 OT, 30 ST, 20 Chiro, 90 CR, 1 PR	Combined with Rehab	100 days Inpatient Rehab/SNF.
MD	United Healthcare	Silver Choice 4400	Yes	30 PT, 30 OT, 30 ST, 20 Chiro, 90 CR, 1 PR	Combined with Rehab	100 days Inpatient Rehab/SNF.
MD	United Healthcare	Silver Choice HSA 3650	Yes	30 PT, 30 OT, 30 ST, 20 Chiro, 90 CR, 1 PR	Combined with Rehab	100 days Inpatient Rehab/SNF.
MD	United Healthcare	Silver Compass 4500	No	30 PT, 30 OT, 30 ST, 20 Chiro, 90 CR, 1 PR	31 PT, 30 OT, 30 ST	100 days Inpatient Rehab/SNF.
MD	United Healthcare	Silver Compass HSA 2000	No	30 PT, 30 OT, 30 ST, 20 Chiro, 90 CR, 1 PR	31 PT, 30 OT, 30 ST	100 days Inpatient Rehab/SNF.
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 2500 PPO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
NAI	Alliance Health and Life Insurance		Was			Svcs may be rendered in the home. Chiro limited to manipulation for subluxation
MI	Alliance Health	HAP Personal Alliance 3000 PPO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	only. Svcs may be rendered in the home. Chiro limited to manipulation
MI	Company	HAP Personal Alliance 3500 PPO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	for subluxation

						only.
						Rehab may req.
						auth.; Hab.
	BCBS [Blue Care					always req.
	Network of	Blue Cross® Metro Detroit HMO				auth.; Referral
MI	Michigan]	Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
						Rehab may req.
						auth.; Hab.
	BCBS [Blue Care					always req.
	Network of	Blue Cross® Metro Detroit HMO				auth.; Referral
MI	Michigan]	Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
						Rehab may req.
						auth.; Hab.
	BCBS [Blue Care					always req.
	Network of	Blue Cross® Metro Detroit HMO				auth.; Referral
MI	Michigan]	Silver Saver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
						Rehab may req.
						auth.; Hab.
	BCBS [Blue Care					always req.
	Network of					auth.; Referral
MI	Michigan]	Blue Cross® Partnered Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
						Rehab may req.
	0.000 (0.1					auth.; Hab.
	BCBS [Blue Care					always req.
N 41	Network of	Division Consistence of Citizen Francisco	V	20 PT/OT 20 ST 20 China	20 DT/OT 20 CT	auth.; Referral
MI	Michigan]	Blue Cross® Partnered Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
						Rehab may req.
	DCDC [Dl., a Care					auth.; Hab.
	BCBS [Blue Care	Division of City of Ci				always req.
MI	Network of	Blue Cross® Partnered Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	auth.; Referral req. for Chiro.
IVII	Michigan]	Saver	res	30 P1/O1, 30 S1, 30 Chiro	30 21/01, 30 31	Rehab may req.
						auth.; Hab.
	BCBS [Blue Care					always req.
	Network of					auth.; Referral
MI	Michigan]	Blue Cross® Preferred Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
1011	BCBS [Blue Care	Dide Ci USS TTETETTER STIVET	103	301 1/01, 30 31, 30 61110	3011/01, 3031	Rehab may req.
MI	Network of	Blue Cross® Preferred Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	auth.; Hab.
1411		Dide 5.000 Freienca Silver Extra		33 1 1/ 31 , 30 31 , 30 31110	3011/01/3031	addii, ilabi

Michigan] BCBS [Blue Care Network of Michigan] Michigan] BIble Cross® Select Silver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth.; Hab. always req. auth.; Hab							
BCBS [Blue Care Network of Network of Select Silver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 S		Michigan					•
BCBS [Blue Care Network of Nothingan] Blue Cross* Select Silver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth.; Hab. always req. auth.; Ha							· ·
BCBS [Blue Care Network of Mil Michigan] Blue Cross® Select Silver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth.; Referral req. for Chiro. Rehab may req. auth.; Referral req. for Chiro. Rehab may req. auth.; Hab. always req. auth.; Hab. always req. auth.; Hab. always req. auth.; Habrican auth.; Referral req. for Chiro. Rehab may req. auth.; Referral req. for Chiro. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized lift will exceed deductible. ABA for Hab must be preauthorized fit will exceed deductible. ABA for Hab must be preauthorized lift will exceed deductible. ABA for Hab must be preauthorized lift will exceed deductible. ABA for Hab must be preauthorized lift will exceed deductible. ABA for Hab must be preauthorized lift will exceed lif							
BCBS [Blue Care Network of Networ							
MI Michigan Blue Cross® Select Silver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth.; Hab. always req. always req. always req. always req.							auth.; Hab.
MI Michigan] Blue Cross® Select Silver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth; Hab. always req. auth; Referral req. for Chiro. Rehab may req. auth; Hab. always req. auth; Referral req. for Chiro. Rehab may req. auth; Hab. always req. auth; Referral req. for Chiro. Rehab may to preauthorized fit it will exceed deductible. ABA for Hab must be preauthorized fit will exceed deductible. ABA for Hab must be preauthorized fit will exceed Reference auth; Referral req. for Chiro. Rehab must be preauthorized fit will exceed deductible. ABA for Hab must be preauthorized fit will exceed deductible. ABA for Hab must be preauthorized fit it will exceed fit it will exceed required fit it will exceed fit it		BCBS [Blue Care					always req.
BCBS [Blue Care Network of Networ		Network of					auth.; Referral
BCBS [Blue Care Network of Nichigan] Blue Cross® Select Silver Extra Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth; Referral Always req. auth; Refe	MI	Michigan]	Blue Cross® Select Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	req. for Chiro.
BCBS [Blue Care Network of Network of Subject Silver Extra Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. BCBS [Blue Care Rehab may req. auth.; Referral Rehab may req. auth.; Hab. always req. auth.; Hab. always req. auth.; Hab. always req. auth.; Referral R							Rehab may req.
Network of Michigan Blue Cross* Select Silver Extra Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth.; Referral req. for Chiro. BCBS [Blue Care Network of Nichigan] Blue Cross* Select Silver Saver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. ABA for Hab must be preauthorized fit will exceed MI Company Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross* Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross* Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross* Premier Silver Yes ST Limits not specified ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Insurance ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Insurance Mutual Insurance ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Insurance Mutual Insurance ABA for Hab must be preauthorized MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Insurance MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Insurance MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Insurance MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Mutual Insurance MI Company Blue Cross* Premier Silver Yes ST Limits not specified Mutual Mutual Mutual Mutual Mutual Mutual							auth.; Hab.
Network of Michigan Blue Cross® Select Silver Extra Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. Rehab may req. auth.; Hab. always req. auth.; Referral Policy of Chiro, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. ABA for Hab must be preauthorized if it will exceed MI Company Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 Iii this not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified ABA for Hab must be preauthorized MI Company Blue Cross® Premier Silver Yes ST Limits not specified ABA for Hab must be preauthorized MI Company Blue Cross® Premier Silver Yes ST Limits not specified ABA for Hab must be preauthorized MI Iimits not specified Mutual Insurance ABA for Hab must be preauthorized MI Company Blue Cross® Premier Silver Yes ST Limits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Mutual Insurance MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not specified Meductible. ABA for Hab must be preauthorized MI IImits not		BCBS [Blue Care					always req.
BCBS [Blue Care Network of Networ		Network of					•
BCBS [Blue Care Network of Networ	MI	Michigan]	Blue Cross® Select Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	reg. for Chiro.
BCBS [Blue Care Network of Networ		ŭ .			· · · ·		
BCBS [Blue Care Network of Network of Select Silver Saver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. ABA for Hab must be preauthorized if it will exceed Mutual Insurance BLUE Cross® Metro Detroit EPO Silver Saver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance BLUE Cross® Metro Detroit EPO Silver ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance BLUE Cross® Metro Detroit EPO SIlver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance Mutual Insurance Mutual Insurance BLUE Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance Mutual Insurance Mutual Insurance SC ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance SC ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance SC ST ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance SC ST ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed Mutual Insurance SC ST							
Network of MI Michigan] Blue Cross® Select Silver Saver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req, for Chiro. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible.		BCBS [Blue Care					
MI Michigan] Blue Cross® Select Silver Saver Yes 30 PT/OT, 30 ST, 30 Chiro 30 PT/OT, 30 ST req. for Chiro. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible.							
ABA for Hab must be preauthorized if it will exceed MI Company Silver Yes ST Limits not specified deductible. BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 Limits not specified deductible. BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed if it will exceed if it will exceed because of it it will exceed if it will exceed because of it it w	MI		Blue Cross® Select Silver Saver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	·
BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO MI Company Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized if it will exceed MI Company BUBLE Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company BUBLE Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company BUBLE Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Mutual Insurance Mutual Insurance ABA for Hab must be preauthorized if it will exceed					55 · 1, 5 · 1, 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5	30.1,01,000.	· · · · · ·
BCBS of Michigan Mutual Insurance MI Company Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed							
Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 If it will exceed deductible. ABA for Hab must be preauthorized if it will exceed MI Company Silver Yes ST Limits not specified deductible. Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 If it will exceed deductible. MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized must be preauthorized deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible.		RCRS of Michigan					
MI Company Silver Yes ST Limits not specified deductible. BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO Silver Extra Yes ST Limits not specified deductible. BCBS of Michigan Mutual Insurance Silver Extra Yes ST Limits not specified deductible. BCBS of Michigan Mutual Insurance Silver Yes ST Limits not specified deductible. BCBS of Michigan Mutual Insurance Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed so Premier Silver ST		_	Rlue Cross® Metro Detroit FPO		30 PT/OT/Chiro 30 CR/PR 30		•
ABA for Hab must be preauthorized if it will exceed MI Company Silver Extra Yes ST Limits not specified deductible. BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO 30 PT/OT/Chiro, 30 CR/PR, 30 Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible.	MI			Voc		Limits not specified	
BCBS of Michigan Mutual Insurance MI Company Blue Cross® Metro Detroit EPO Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized deductible. MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed deductible.	1411	Company	Silvei	163	31	Limits not specified	
BCBS of Michigan Mutual Insurance Blue Cross® Metro Detroit EPO Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed aba for Hab must be preauthorized if it will exceed aba for Hab must be preauthorized if it will exceed aba for Hab must be preauthorized if it will exceed aba for Hab must be preauthorized if it will exceed							
Mutual Insurance MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ST Limits not specified Mutual Insurance MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed ABA for Hab must be preauthorized if it will exceed		DCDS of Michigan					
MI Company Silver Extra Yes ST Limits not specified deductible. ABA for Hab must be preauthorized if it will exceed MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. BCBS of Michigan ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized must be preauthorized if it will exceed MI ST Company			Plus Cross® Motro Dotroit EDO		20 DT/OT/Chiro 20 CB/DB 20		•
ABA for Hab must be preauthorized if it will exceed Mutual Insurance BCBS of Michigan Mutual Insurance MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized deductible. ABA for Hab must be preauthorized must be preauthorized Mutual Insurance BCBS of Michigan Mutual Insurance ABA for Hab must be preauthorized if it will exceed	N 41			Vaa		Limpita mat ama sifinal	
BCBS of Michigan Mutual Insurance MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be must be be preauthorized deductible. ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be must be preauthorized if it will exceed	IVII	Company	Sliver Extra	res	31	Limits not specified	
BCBS of Michigan Mutual Insurance MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be BCBS of Michigan Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed and a preauthorized if it will exceed and a preauthorized if it will exceed and a preauthorized if it will exceed							
Mutual Insurance MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be preauthorized Mutual Insurance BCBS of Michigan Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed and preauthorized if it will exceed		0000 (14) 1:					
MI Company Blue Cross® Premier Silver Yes ST Limits not specified deductible. ABA for Hab must be BCBS of Michigan preauthorized Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed		_					
ABA for Hab must be BCBS of Michigan preauthorized Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed							
must be BCBS of Michigan preauthorized Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed	MI	Company	Blue Cross® Premier Silver	Yes	ST	Limits not specified	
BCBS of Michigan preauthorized Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed							
Mutual Insurance 30 PT/OT/Chiro, 30 CR/PR, 30 if it will exceed							
MI Company Blue Cross® Premier Silver Extra Yes ST Limits not specified deductible.					30 PT/OT/Chiro, 30 CR/PR, 30		
	MI	Company	Blue Cross® Premier Silver Extra	Yes	ST	Limits not specified	deductible.

MI	BCBS of Michigan Mutual Insurance Company BCBS of Michigan Mutual Insurance	Blue Cross® Premier Silver Saver Blue Cross® Silver Extra with Dental and Vision, a Multi-State	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST 30 PT/OT/Chiro, 30 CR/PR, 30	Limits not specified	ABA for Hab must be preauthorized if it will exceed deductible. ABA for Hab must be preauthorized if it will exceed
MI	Company	Plan	Yes	ST	Limits not specified	deductible.
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Silver with Dental and Vision, a Multi-State Plan	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST	Limits not specified	ABA for Hab must be preauthorized if it will exceed deductible.
	Harbor Health			30 PT/OT/Chiro, 30 CR/PR, 30	30 PT/OT/Chiro, 30	Prior approval
MI	Plan, Inc.	Harbor Choice Plus Silver	Yes	ST	CR/PR, 30 ST	req.
MI	Harbor Health Plan, Inc.	Harbor Choice Silver	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST	30 PT/OT/Chiro, 30 CR/PR, 30 ST	Prior approval req.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 2500 HMO	No	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 2500 HMO Genesys Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
	Health Alliance	HAP Personal Alliance 2500 HMO		22, 2., 32.2., 22.20	,,,	Svcs may be rendered in the home. Chiro limited to
MI	Plan (HAP)	Henry Ford Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	manipulation

						for subluxation
						only.
	Health Alliance					Svcs may be rendered in the home. Chiro limited to manipulation for subluxation
MI	Plan (HAP)	HAP Personal Alliance 3000 HMO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	only.
	Health Alliance	HAP Personal Alliance 3000 HMO				Svcs may be rendered in the home. Chiro limited to manipulation for subluxation
MI	Plan (HAP)	Genesys Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO Henry Ford Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
1411	rian (nai)	Hemy Ford Choice	163	301 1/01, 30 31, 20 01110	3011/01,3031	Svcs may be
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3500 HMO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	rendered in the home. Chiro limited to manipulation for subluxation only.
	Health Alliance	HAP Personal Alliance 3500 HMO				Svcs may be rendered in the home. Chiro limited to manipulation for subluxation
MI	Plan (HAP)	Genesys Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	only.
MI	Health Alliance	HAP Personal Alliance 3500 HMO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be

	Plan (HAP)	Henry Ford Choice				rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Humana Medical Plan of Michigan, Inc.	Humana Silver 3800/Detroit HMOx	Yes	30 PT/OT/Chiro, 30 ST, 30 AT/CT, 30 RT/CR	Combined with Rehab	Preauth. may be req., penalty will be \$500.
MI	Humana Medical Plan of Michigan, Inc.	Humana Silver 3800/Michigan HMOx	Yes	30 PT/OT/Chiro, 30 ST, 30 AT/CT, 30 RT/CR	Combined with Rehab	Preauth. may be req., penalty will be \$500.
MI	McLaren Health Plan Community	McLaren Rewards Silver	No / Yes	30 per condition all svcs	30 per condition all svcs; no limit on ABA for autism	Pre-auth. req. Chiro covered but benefit is not specified.
MI	Meridian Health Plan of Michigan, Inc.	Meridian Healthy Silver	Yes?	30 PT/OT/Chiro, 30 ST, 30 CR/PR	Limits not specified	Prior auth. req. or not covered.
MI	Meridian Health Plan of Michigan, Inc. Molina	Meridian Silver	Yes?	30 PT/OT/Chiro, 30 ST, 30 CR/PR 30 PT/OT/Chiro, 30 ST, 30	Limits not specified	Prior auth. req. or not covered. Prior auth. may
MI	Healthcare of Michigan, Inc.	Molina Marketplace Silver Plan	No?	CR/PR, Unlimited Breast Cancer Rehab	30 PT/OT/Chiro, 30 ST	be req. or not covered.
MI	Physicians Health Plan	Sparrow PHP Silver	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR	30 PT/OT, 30 ST; Autism treatment covered but limits not specified	Auth. req. for all svcs except Chiro.
MI	Physicians Health Plan	Sparrow PHP Silver HDHP Exclusive	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR	30 PT/OT, 30 ST; Autism treatment covered but limits not specified	Auth. req. for all svcs except Chiro.
MI	Physicians Health	Sparrow PHP Silver Practical Exclusive	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR	30 PT/OT, 30 ST; Autism treatment covered but limits not specified	Auth. req. for all svcs except Chiro.
MI	Physicians Health	Sparrow PHP Silver Premier	Yes	Outpatient: 30 PT/OT/Chiro,	30 PT/OT, 30 ST;	auth. req. for

	Plan			30 ST, 30 CR/PR	Autism treatment covered but limits not specified	all svcs except Chiro.
MI	Physicians Health Plan	Sparrow PHP Silver Select Exclusive	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR	30 PT/OT, 30 ST; Autism treatment covered but limits not specified	Auth. req. for all svcs except Chiro.
MI	Priority Health	MyPriority HMO Holistic Silver 2000	Yes; No for massage only.	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR, 20 Massage; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority HMO HSA Silver 1500	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority HMO RxPlus Silver 1400	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19

						are covered for
						Autism.
						Prior approval
						req. for
						inpatient
						Rehab. Prior
						approval req.
					20 DT/OT 20 CT	for Autism
					30 PT/OT, 30 ST; Autism treatment	treatment and
				Outpatient: 30 PT/OT/Chiro,	incl. PT, OT, ST, ABA	only patients under age 19
		MyPriority HMO RxPlus Silver		30 ST, 30 CR/PR; Inpatient: 45	but limits not	are covered for
MI	Priority Health	1800	Yes	days.	specified	Autism.
			. 60		opcocu	Prior approval
						req. for
						inpatient
						Rehab. Prior
						approval req.
						for Autism
					30 PT/OT, 30 ST;	treatment and
					Autism treatment	only patients
				Outpatient: 30 PT/OT/Chiro,	incl. PT, OT, ST, ABA	under age 19
D 41	Dui - uitu - 11 141-	MyPriority HMO RxPlus Silver	V	30 ST, 30 CR/PR; Inpatient: 45	but limits not	are covered for
MI	Priority Health	1900	Yes	days.	specified	Autism.
						Prior approval req. for
						inpatient
						Rehab. Prior
						approval req.
						for Autism
					30 PT/OT, 30 ST;	treatment and
					Autism treatment	only patients
				Outpatient: 30 PT/OT/Chiro,	incl. PT, OT, ST, ABA	under age 19
				30 ST, 30 CR/PR; Inpatient: 45	but limits not	are covered for
MI	Priority Health	MyPriority HMO Silver 1400	Yes	days.	specified	Autism.
				Outpatient: 30 PT/OT/Chiro,	30 PT/OT, 30 ST;	Prior approval
		MyPriority Holistic Silver -	Yes; No for	30 ST, 30 CR/PR, 20 Massage;	Autism treatment	req. for
MI	Priority Health	Spectrum Health Partners	massage only.	Inpatient: 45 days.	incl. PT, OT, ST, ABA	inpatient

					but limits not specified	Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS Holistic Silver 2000	Yes; No for massage only.	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR, 20 Massage; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS HSA Silver 1500	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS RxPlus Silver 1400	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients

						under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS RxPlus Silver 1800	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS Silver 1400	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority RxPlus - Spectrum Health Partners	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health Insurance	MyPriority PPO HSA Silver 1500	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45	30 PT/OT, 30 ST; Autism treatment	Prior approval req. for
1411	Hisurunce	Wight Hority I To Hom Silver 1500	163	30 31, 30 City i it, ilipatient. 43	Addisin deadinent	104.101

Company (PHIC)			days.	incl. PT, OT, ST, ABA but limits not specified	inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
Priority Health Insurance MI Company (PHIC)	MyPriority PPO RxPlus Silver 1400	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
Priority Health Insurance MI Company (PHIC)	MyPriority PPO RxPlus Silver 1800	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
Priority Health Insurance MI Company (PHIC)	MyPriority PPO RxPlus Silver 1900	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and

						only patients under age 19 are covered for Autism.
MI	Total Health Care USA, Inc.	Totally You	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	Limits not specified	Prior approval req.
	United Healthcare Community Plan,			Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45		
MI	Inc.	Silver Compass 2000	Yes	days.	30 PT/OT, 30 ST	
MI	United Healthcare Community Plan, Inc.	Silver Compass 2000 1	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST	
MI	United Healthcare Community Plan, Inc.	Silver Compass 3500	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST	
MI	United Healthcare Community Plan, Inc.	Silver Compass 4500	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST	
MI	United Healthcare Community Plan, Inc.	Silver Compass HSA 3000	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST	
MN	BCBS of Minnesota	BCBS Silver, a Multi-State Plan	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	BCBS of Minnesota	BlueAccess HSA Silver \$2700 Plan 438	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	BCBS of Minnesota	BlueAccess HSA Silver \$4000 Plan 439	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	BCBS of Minnesota	BlueAccess Silver \$1800 Plan 437	Yes	Not specified	Not specified	Chiro covered but benefit not

						specified
						specified Chiro covered
	BCBS of					but benefit not
NANI	Minnesota	BlueAccess Silver \$3000 Plan 461	Vos	Not englified	Not specified	
MN		BlueAccess Sliver \$3000 Plan 401	Yes	Not specified	Not specified	specified. Chiro covered
	Group Health					but benefit not
MN	Plan [Health Partners]	Key 1800 (Silver)	Yes	Not specified	Not specified	specified.
IVIIN	Group Health	key 1800 (Silver)	res	Not specified	Not specified	Chiro covered
	Plan [Health					but benefit not
MN	Partners]	Key 2500 Plus (Silver)	Yes	Not specified	Not specified	specified.
IVIIN	Group Health	key 2300 Flus (Silver)	163	Not specified	Not specified	Chiro covered
	Plan [Health					but benefit not
MN	Partners]	Key 2750 HSA (Silver)	Yes	Not specified	Not specified	specified.
10110	Group Health	Rey 2730 Fish (Silver)	163	Not specified	Not specified	Chiro covered
	Plan [Health					but benefit not
MN	Partners]	Key 3600 Plus (Silver)	Yes	Not specified	Not specified	specified.
		ney edge i ide (em en)	. 65	. To cope our cu		Chiro covered
	HMO Minnesota	BlueConnect Silver \$2000 Plan				but benefit not
MN	[Blue Plus]	450	Yes	Not specified	Not specified	specified.
				•		Chiro covered
	HMO Minnesota					but benefit not
MN	[Blue Plus]	BluePrint Silver \$2000 Plan 453	Yes	Not specified	Not specified	specified.
						Chiro covered
	HMO Minnesota	HSA with Mayo Clinic Silver \$2700				but benefit not
MN	[Blue Plus]	Plan 471	Yes	Not specified	Not specified	specified.
						Chiro covered
	HMO Minnesota	HSA with St. Luke's Silver \$2700				but benefit not
MN	[Blue Plus]	Plan 481	Yes	Not specified	Not specified	specified.
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
				out-of-network; No limit	limit specified for in-	
MN	Medica	Altru Prime Silver Copay	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
				out-of-network; No limit	limit specified for in-	
MN	Medica	Altru Prime Silver Copay Plus	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
MN	Medica	Altru Prime Silver HSA	Yes	network svcs, 20 Chiro visits	of-network svcs; No	

				out-of-network; No limit	limit specified for in-
				specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
				out-of-network; No limit	limit specified for in-
MN	Medica	Applause Silver Copay	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
				out-of-network; No limit	limit specified for in-
MN	Medica	Applause Silver Copay Plus	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
				out-of-network; No limit	limit specified for in-
MN	Medica	Applause Silver HSA	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
				out-of-network; No limit	limit specified for in-
MN	Medica	Individual Choice Silver Copay	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
		Individual Choice Silver Copay		out-of-network; No limit	limit specified for in-
MN	Medica	Plus	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
				out-of-network; No limit	limit specified for in-
MN	Medica	Individual Choice Silver H S A	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
		Inspiration HealthEast Silver		out-of-network; No limit	limit specified for in-
MN	Medica	Copay	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
		Inspiration HealthEast Silver		out-of-network; No limit	limit specified for in-
MN	Medica	Copay Plus	Yes	specified for in-network svcs	network svcs
				15 visits for all out-of-	15 visits for all out-
				network svcs, 20 Chiro visits	of-network svcs; No
				out-of-network; No limit	limit specified for in-
MN	Medica	Inspiration HealthEast Silver HSA	Yes	specified for in-network svcs	network svcs

				AE . data famali a	45	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
				out-of-network; No limit	limit specified for in-	
MN	Medica	Mayo Clinic Silver Copay	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
				out-of-network; No limit	limit specified for in-	
MN	Medica	Mayo Clinic Silver Copay Plus	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
				out-of-network; No limit	limit specified for in-	
MN	Medica	Mayo Clinic Silver H S A	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
		North Memorial Acclaim Silver		out-of-network; No limit	limit specified for in-	
MN	Medica	Copay	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
		North Memorial Acclaim Silver		out-of-network; No limit	limit specified for in-	
MN	Medica	Copay Plus	Yes	specified for in-network svcs	network svcs	
				15 visits for all out-of-	15 visits for all out-	
				network svcs, 20 Chiro visits	of-network svcs; No	
		North Memorial AcclaimSilver H S		out-of-network; No limit	limit specified for in-	
MN	Medica	Α	Yes	specified for in-network svcs	network svcs	
						auth. req.;
						Chiro covered
					Combined with	but benefit not
MN	Ucare Minnesota	Choices Silver	Yes	Not specified	Rehab?	specified.
						auth. req.;
						Chiro covered
					Combined with	but benefit not
MN	Ucare Minnesota	Fairview UCare Choices Silver	Yes	Not specified	Rehab?	specified.
				60 visits per condition per		
				lifetime combined; ST, PT	60 visits per	Chiro covered
	Affinity Health			only covered following a	condition per	but benefit not
NY	Plan, Inc.	AffinityAccess Silver 2.0	Yes	hospital stay or surgery	lifetime combined	specified.
	Affinity Health	AffinityAccess Silver ST INN	v	60 visits per condition per	60 visits per	Chiro covered
NY	Plan, Inc.	Dep25	Yes	lifetime combined; ST, PT	condition per	but benefit not

						. 6.
				only covered following a hospital stay or surgery	lifetime combined	specified.
NY	Capital District Physicians Health Plan, Inc.	HDHMO Qualified 33 Silver NS INN Dep25 Adult	Yes	Inpatient: 60 Consec. Days lifetime per condition; Outpatient: nothing specified	60 PT/OT/ST per condition lifetime	Prior auth. req. to avoid \$500 penalty; Chiro covered but benefit not specified.
NY	Capital District Physicians Health Plan, Inc.	HMO Copayment 30 Silver ST INN Dep25	Yes	Inpatient: 60 Consec. Days lifetime per condition; Outpatient: nothing specified	60 PT/OT/ST per condition lifetime	Prior auth. req. to avoid \$500 penalty; Chiro covered but benefit not specified.
NY	Capital District Physicians Health Plan, Inc.	Smart Deductible HMO Coinsurance 34 Silver NS	Yes	Inpatient: 60 Consec. Days lifetime per condition; Outpatient: nothing specified	60 PT/OT/ST per condition lifetime	Prior auth. req. to avoid \$500 penalty; Chiro covered but benefit not specified.
NY	CareConnect	CareConnect EPO Silver NS INN Dep 25 Acupuncture	Yes	60 all svcs combined per condition lifetime	60 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	Empire BCBS	HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 25	Yes	Not specified	Not specified	Chiro covered but benefit not specified. Chiro covered
NY	Empire BCBS	HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 29	Yes	Not specified	Not specified	but benefit not specified. Chiro covered
NY	Empire BCBS	HMO 2250 X, Silver, NS, INN, Pediatric Dental, Dep 25	Yes	Not specified	Not specified	but benefit not specified. Chiro covered
NY	Empire BCBS	HMO 2250 X, Silver, NS, INN, Pediatric Dental, Dep 29	Yes	Not specified	Not specified	but benefit not specified. Chiro covered
NY	Empire BCBS	HMO 2750 X HSA Silver NS CDHP Individual 1GXH	Yes	Not specified	Not specified	but benefit not specified.

						-1.
						Chiro covered
NIV/	Function DCDC	HMO 2750 X, for HSA, Silver, NS,	V	Net an estimat	Not an althor	but benefit not
NY	Empire BCBS	INN, Pediatric Dental, Dep 25	Yes	Not specified	Not specified	specified.
		HMO 2750 X, for HSA, Silver, NS,				Chiro covered
NY	Empire DCDC	INN, Pediatric Dental, Dep 25, a Multi-State Plan	Voc	Not specified	Notensified	but benefit not specified.
INT	Empire BCBS	Multi-State Plan	Yes	Not specified	Not specified	Chiro covered
		HMO 2750 X, for HSA, Silver, NS,				but benefit not
NY	Empire BCBS	INN, Pediatric Dental, Dep 29	Yes	Not specified	Not specified	specified.
141	Lilipire bebs	HMO 2750 X, for HSA, Silver, NS,	163	Not specified	Not specified	Chiro covered
		INN, Pediatric Dental, Dep 29, a				but benefit not
NY	Empire BCBS	Multi-State Plan	Yes	Not specified	Not specified	specified.
				Inpatient: 60 Consec. Days		
				lifetime per condition;		
	Excellus [Excellus			Outpatient: 60 all svcs		Chiro covered
	BCBS Central NY,			combined per condition	Combined with	but benefit not
NY	Univera in WNY]	Silver Select	Yes	lifetime	Rehab?	specified.
				Inpatient: 60 Consec. Days		
				lifetime per condition;		
	Excellus [Excellus			Outpatient: 60 all svcs		Chiro covered
	BCBS Central NY,			combined per condition	Combined with	but benefit not
NY	Univera in WNY]	Silver Standard	Yes	lifetime	Rehab?	specified
	Fidelis Care [NYS			60 all areas a such in a discour	60 all svcs combined	Chiro covered
NIV/	Catholic Health	Fidalia Cana Cilwan	V	60 all svcs combined per condition lifetime	per condition	but benefit not
NY	Plan] Fidelis Care [NYS	Fidelis Care Silver	Yes	condition inetime	lifetime 60 all svcs combined	specified. Chiro covered
	Catholic Health			60 all svcs combined per	per condition	but benefit not
NY	Plan]	Fidelis Care Silver 250	Yes	condition lifetime	lifetime	specified.
INI	riaiij	ridelis care silver 250	163	Outpatient: 60 PT/OT/ST per	medine	specified.
	Health Insure			condition lifetime, Unlimited		
	Plan of Greater			CR, Unlimited Resp;		Chiro covered
	NY [Emblem			Inpatient: 60 Consec. Days	Combined with	but benefit not
	<u>-</u>	6 1 1 6 6 6 1	Yes?	lifetime per condition	Rehab	specified.
NY	Health]	Select Care Silver	1621	meanie per condition	ItCHUD	specifica.
NY	Health]	Select Care Silver	rest	meanie per condition	Kendo	Preauth. req.;
NY	Health]	Select Care Silver	Tes:	meenie per condition	Kenas	•
NY	Health] Healthfirst New	Select Care Silver	res:	60 all svcs combined per	Combined with	Preauth. req.; Chiro covered but benefit not
NY NY		Silver Leaf Silver Leaf Premier	Yes			Preauth. req.; Chiro covered

	York			condition lifetime	Rehab?	Chiro covered but benefit not specified.
NY	HealthNow NY Inc. [BS of NENY, BCBS of WNY]	Silver Aqua	Yes	60 all svcs combined	60 all svcs combined	Chiro covered but benefit not specified.
NY	HealthNow NY Inc. [BS of NENY, BCBS of WNY]	Silver Standard	Yes	60 all svcs combined	60 all svcs combined	Chiro covered but benefit not specified.
NY	Independent Health	iDirect Silver Coinsurance HSAQ	Yes	60 all svcs combined per condition	60 all svcs combined per condition	Chiro covered but benefit not specified.
NY	Independent Health	Standard Silver	Yes	60 all svcs combined per condition	60 all svcs combined per condition	Chiro covered but benefit not specified.
NY	MetroPlus Health Plan [Market Plus]	SilverPlus—S2, NS	No?	Outpatient: 60 all svcs combined per condition lifetime; Inpatient: 60 Consec. Days per condition lifetime Inpatient Short Term Rehab Svcs (PT/ST/OT)	60 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	MetroPlus Health Plan [Market Plus]	SilverPlus-S1, ST, INN, Pediatric Dental, Dep25	No?	Outpatient: 60 all svcs combined per condition lifetime; Inpatient: 60 Consec. Days per condition lifetime Inpatient Short Term Rehab Svcs (PT/ST/OT)	60 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	MVP Health Plan, Inc.	MVP PREMIER PLUS SILVER 2	Yes	54 all svcs combined per condition lifetime	54 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	MVP Health Plan, Inc.	PREMIER PLUS HDHP SILVER 3	Yes	54 all svcs combined per condition lifetime	54 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	MVP Health Plan, Inc.	PREMIER PLUS SILVER 1	Yes	54 all svcs combined per condition lifetime	54 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	MVP Health Plan, Inc.	PREMIER SILVER	Yes	60 PT/OT/ST	60 PT/OT/ST	Chiro covered but benefit not

						specified.
						Prior auth. req.;
						Chiro covered
						but benefit not
NY	Oscar	Classic Silver EPO	No?	Not specified	Not specified	specified.
						Prior auth. req.;
						Chiro covered
						but benefit not
NY	Oscar	Market Silver EPO	No?	Not specified	Not specified	specified.
						Prior auth. req.;
						Chiro covered
NIV	0	Cinada Cibaa EDO	N - 2	NI_+: 6:!	Niek en eifte d	but benefit not
NY	Oscar	Simple Silver EPO	No?	Not specified	Not specified	specified.
						Prior auth. req.; Chiro covered
						but benefit not
NY	Oscar	Simple+ Silver EPO	No?	Not specified	Not specified	specified.
	United					
	Healthcare	Compass Silver NS INN Pediatric		60 PT/OT/ST, Unlimited CR,	60 per condition all	
NY	[United, Oxford]	Dental Dep 25	No?	Unlimited PR, Unlimited Chiro	svcs combined	
	United					
	Healthcare	Compass Silver NS INN Pediatric		60 PT/OT/ST, Unlimited CR,	60 per condition all	
NY	[United, Oxford]	Dental Dep 29	No?	Unlimited PR, Unlimited Chiro	svcs combined	
	United			50 DT/07/57 11 11 11 10 10 10 10 10 10 10 10 10 10	60 1111 11	
NIV	Healthcare	Compass Silver ST INN Pediatric	V	60 PT/OT/ST, Unlimited CR,	60 per condition all	
NY	[United, Oxford] United	Dental Dep 25	Yes	Unlimited PR, Unlimited Chiro	svcs combined	
	Healthcare	Compass Silver ST INN Pediatric		60 PT/OT/ST, Unlimited CR,	60 per condition all	
NY	[United, Oxford]	Dental Dep 29	Yes	Unlimited PR, Unlimited Chiro	svcs combined	
	[Onicea, Oxiora]	Bental Bep 23	163	Wording not clear: "60 visits	SVCS COMBINED	
				per condition, per lifetime;	Wording not clear:	
				per plan year combined	"60 visits per	Prior auth. may
				therapies. Speech and	condition, per	be req.; Chiro
				Physical Therapy are only	lifetime; per plan	covered but
	Wellcare Health			Covered following a hospital	year combined	benefit not
NY	Plans	Non-Standard Silver	No	stay or surgery."	therapies."	specified.
	Wellcare Health			Wording not clear: "60 visits	Wording not clear:	Prior auth. may
NY	Plans	Standard Silver	No	per condition, per lifetime;	"60 visits per	be req.; Chiro

				per plan year combined therapies. Speech and Physical Therapy are only Covered following a hospital stay or surgery."	condition, per lifetime; per plan year combined therapies."	covered but benefit not specified.
	Aetna Life					
ОН	Insurance Company	Aetna Silver \$10 Copay	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	20 PT, 20 OT, 20 ST	
	AultCare Insurance	Actina Silver \$10 copuy	ics:	Outpatient: 20 PT/OT/ST, 36	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs	Rehab must be illness/injury related; Hab svcs for Autism limited to
ОН	Company	AultCare Silver 1400	Yes	CR, 12 Chiro	benefit not specified	under age 21.
	AultCare Insurance	AultCare Silver 1400 No Pediatric		Outpatient: 20 PT/OT/ST, 36	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs	Rehab must be illness/injury related; Hab svcs for Autism limited to
ОН	Company	Dental	Yes	CR, 12 Chiro	benefit not specified	under age 21.
	AultCare Insurance			Outpatient: 20 PT/OT/ST, 36	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs	Rehab must be illness/injury related; Hab svcs for Autism limited to
ОН	Company	AultCare Silver 1400 Select	Yes	CR; 12 Chiro	benefit not specified	under age 21.
	AultCare Insurance			Outpatient: 20 PT/OT/ST, 36	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs	Rehab must be illness/injury related; Hab svcs for Autism limited to
ОН	Company	AultCare Silver 1500	Yes	CR; 12 Chiro	benefit not specified	under age 21.
ОН	AultCare Insurance	AultCare Silver 1500 No Pediatric Dental	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical	Rehab must be illness/injury
ОП	iiisui aiice	Dentai	162	Ch, 12 Cillio	per week cillical	iiiiless/iiijui y

	Company				Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 1500 Select	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 1500 Select No Pediatric Dental	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 4750	No?/Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 4750 No Pediatric Dental	No?/Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 4750 Select	No?/Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral	Rehab must be illness/injury related; Hab svcs for Autism limited to

					Outpatient svcs	under age 21.
					benefit not specified	
					20 PT/OT/ST; 20 hrs	
					per week Clinical	Rehab must be
					Ther. Intervention	illness/injury
					incl. ABA;	related; Hab
	AultCare				Mental/Behavioral	svcs for Autism
	Insurance	AultCare Silver 4750 Select No		Outpatient: 20 PT/OT/ST, 36	Outpatient svcs	limited to
ОН	Company	Pediatric Dental	No? / Yes	CR; 12 Chiro	benefit not specified	under age 21.
					20 PT/OT/ST; 20 hrs	
					per week Clinical	Rehab must be
					Ther. Intervention	illness/injury
					incl. ABA;	related; Hab
	AultCare				Mental/Behavioral	svcs for Autism
	Insurance			Outpatient: 20 PT/OT/ST, 36	Outpatient svcs	limited to
ОН	Company	AultCare Silver 5000	Yes	CR; 12 Chiro	benefit not specified	under age 21.
					20 PT/OT/ST; 20 hrs	
					per week Clinical	Rehab must be
					Ther. Intervention	illness/injury
					incl. ABA;	related; Hab
	AultCare				Mental/Behavioral	svcs for Autism
	Insurance	AultCare Silver 5000 No Pediatric		Outpatient: 20 PT/OT/ST, 36	Outpatient svcs	limited to
ОН	Company	Dental	Yes	CR; 12 Chiro	benefit not specified	under age 21.
					20 PT/OT/ST; 20 hrs	
					per week Clinical	Rehab must be
					Ther. Intervention	illness/injury
					incl. ABA;	related; Hab
	AultCare				Mental/Behavioral	svcs for Autism
	Insurance	A 110 011 5000 5 1 .	.,	Outpatient: 20 PT/OT/ST, 36	Outpatient svcs	limited to
ОН	Company	AultCare Silver 5000 Select	Yes	CR; 12 Chiro	benefit not specified	under age 21.
					20 PT/OT/ST; 20 hrs	5 1 1 11
					per week Clinical	Rehab must be
					Ther. Intervention	illness/injury
	AultCare				incl. ABA;	related; Hab
		AultCare Silver 5000 Select No		Outpatient: 20 PT/OT/ST 20	Mental/Behavioral	svcs for Autism limited to
ОН	Insurance Company	Pediatric Dental	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	Outpatient svcs benefit not specified	under age 21.
ОН	AultCare	AultCare Silver 6850	No? / Yes	Outpatient: 20 PT/OT/ST, 36	20 PT/OT/ST; 20 hrs	Rehab must be
ОП	AutCare	AutiCale Sliver 0030	140: / 163	Outpatient. 20 P1/O1/31, 30	20 1 1/01/31, 201118	ivelian illust ne

	Insurance Company			CR; 12 Chiro	per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 6850 Select	No? / Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	AultCare Insurance Company	AultCare Silver 6850 Select No Pediatric Dental	No? / Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
ОН	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2016)	Yes	20 all svcs combined (except Chiro), 12 Chiro	Children 0–21 yrs with Autism: 20 Outpatient OT/ST, 20 hrs per week outpatient Clinical Ther. Intervention; no other benefits or limits specified	Prior approval req.
	Buckeye Community	Ambetter Balanced Care 1 (2016)		20 all svcs combined (except	Children 0–21 yrs with Autism: 20 Outpatient OT/ST, 20 hrs per week outpatient Clinical Ther. Intervention; no other benefits or	Prior approval
ОН	Health Plan Buckeye Community	+ Vision Ambetter Balanced Care 10 (2016)	Yes	Chiro), 12 Chiro 20 all svcs combined (except Chiro), 12 Chiro	limits specified Children 0–21 yrs with Autism: 20	req. Prior approval req.

	Health Plan				Outpatient OT/ST,	
					20 hrs per week	
					outpatient Clinical	
					Ther. Intervention;	
					no other benefits or	
					limits specified	
					Children 0-21 yrs	
					with Autism: 20	
					Outpatient OT/ST,	
					20 hrs per week	
					outpatient Clinical	
	Buckeye				Ther. Intervention;	
	Community	Ambetter Balanced Care 10		20 all svcs combined (except	no other benefits or	Prior approval
ОН	Health Plan	(2016) + Vision	Yes	Chiro), 12 Chiro	limits specified	
OH	ricaltii Fiaii	(2010) + VISIOII	163	Chilo), 12 Chilo	Children 0-21 yrs	req.
					with Autism: 20	
					Outpatient OT/ST,	
					20 hrs per week	
					outpatient Clinical	
	Buckeye				Ther. Intervention;	
	Community			20 all svcs combined (except	no other benefits or	Prior approval
ОН	Health Plan	Ambetter Balanced Care 2 (2016)	Yes	Chiro), 12 Chiro	limits specified	req.
					Children 0-21 yrs	
					with Autism: 20	
					Outpatient OT/ST,	
					20 hrs per week	
					outpatient Clinical	
	Buckeye				Ther. Intervention;	
	Community	Ambetter Balanced Care 2 (2016)		20 all svcs combined (except	no other benefits or	Prior approval
ОН	Health Plan	+ Vision	Yes	Chiro), 12 Chiro	limits specified	req.
				S 2,7 == S 5		Home health
						care limits (100
						combined visits
						covered after
						deductible)
						apply when
		CareSource Just4Me Silver with		20 PT/OT/ST/PR, 36 CR, 12	Combined with	svcs are
ОН	CareSource		Voc	Chiro	Rehab	rendered in the
UH	caresource	Dental and Vision	Yes	CHITO	relign	rendered in the

						home. Any combination of benefits for SNF/Inpatient Rehab svcs is limited to 90 days per year.
				20 DT/OT/ST/DD 26 CD 42	Combined with	Home health care limits (100 combined visits covered after deductible) apply when svcs are rendered in the home. Any combination of benefits for SNF/Inpatient Rehab svcs is
ОН	CareSource Community	CareSource Just4Me Silver	Yes	20 PT/OT/ST/PR, 36 CR, 12 Chiro	Rehab	limited to 90 days per year.
	Insurance Company(Anthem	Anthem Silver Pathway X HMO			Combined with	
ОН	BCBS) Community Insurance Company(Anthem	2850 15 Anthem Silver Pathway X HMO	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab Combined with	
ОН	BCBS) Community	3000 10	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Rehab	
ОН	Insurance Company(Anthem BCBS)	Anthem Silver Pathway X HMO 4250 30	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
ОН	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 10 for HSA	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab except 20 hrs per week for ABA	

	Community Insurance Company(Anthem	Anthem Silver Pathway X PPO			Combined with Rehab except 20 hrs
ОН	BCBS)	2000 20	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	per week for ABA
ОН	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 2200 15	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab except 20 hrs per week for ABA
ОН	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 2500 10	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab except 20 hrs per week for ABA
ОН	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 3000 10	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab except 20 hrs per week for ABA
	Community Insurance Company(Anthem	Anthem Silver Pathway X PPO	, cs		Combined with Rehab except 20 hrs
ОН	BCBS)	3500 25	Yes	20 PT, 20 OT, 20 ST, 12 Chiro	per week for ABA
					PT/OT Combined with Rehab; 20 ST;
	Consumers Life Insurance				20 OT for Autism svcs, 20 ST for
ОН	Company	Market HMO 1750 - Mercy	Yes	40 PT/OT, 12 Chiro	Autism svcs
	Consumers Life Insurance				PT/OT Combined with Rehab; 20 ST; 20 OT for Autism svcs, 20 ST for
ОН	Company	Market HMO 1750 - ProMedica	Yes	40 PT/OT, 12 Chiro	Autism svcs
					PT/OT Combined with Rehab; 20 ST;
	Consumers Life				20 OT for Autism
ОН	Insurance Company	Market HMO 4000 HSA - Mercy	Yes	40 PT/OT, 12 Chiro	svcs, 20 ST for Autism svcs
	Consumers Life	, Market HMO 4000 HSA -			PT/OT Combined with Rehab; 20 ST;
ОН	Company	ProMedica	Yes	40 PT/OT, 12 Chiro	20 OT for Autism

					svcs, 20 ST for	
					Autism svcs	
					20 PT, 20 OT, 20 ST,	
	Coordinated				20 hrs per week	
	Health Mutual,			20 PT, 20 OT, 20 ST, 20 PR, 36	Clinical Ther.	
ОН	Inc.	2016 Silver 1	Yes	CR, 12 Chiro	Intervention	
					20 PT, 20 OT, 20 ST,	
	Coordinated				20 hrs per week	
	Health Mutual,			20 PT, 20 OT, 20 ST, 20 PR, 36	Clinical Ther.	
ОН	Inc.	2016 Silver 2 HSA	No	CR, 12 Chiro	Intervention	
					20 PT, 20 OT, 20 ST,	
	Coordinated				20 hrs per week	
	Health Mutual,			20 PT, 20 OT, 20 ST, 20 PR, 36	Clinical Ther.	
ОН	Inc.	2016 Silver 3 HSA	No	CR, 12 Chiro	Intervention	
					20 PT, 20 OT, 20 ST;	
					Under 21 with	
					Autism 20 OT, 20 ST;	D 1.C. 1.
					Ther. Intervention	Precertification
ОН	Lloolth Coope	Select Silver 1500-70 HSA	Vos	20 DT 20 OT 20 ST	20 hrs per week for	req. or svcs not
ОП	HealthSpan	Select Silver 1500-70 HSA	Yes	20 PT, 20 OT, 20 ST	0-21 yrs of age 20 PT, 20 OT, 20 ST;	covered.
					Under 21 with	
					Autism 20 OT, 20 ST;	
					Ther. Intervention	Precertification
					20 hrs per week for	req. or svcs not
ОН	HealthSpan	Select Silver 2500-70	No?	20 PT, 20 OT, 20 ST	0-21 yrs of age	covered.
OII	ricarinopan	3CICCC 3HVCI 2300 70	110.	2011, 20 01, 20 31	20 PT, 20 OT, 20 ST;	covered.
					Under 21 with	
					Autism 20 OT, 20 ST;	
					Ther. Intervention	Precertification
					20 hrs per week for	req. or svcs not
ОН	HealthSpan	Select Silver 3500 HSA	Yes	20 PT, 20 OT, 20 ST	0-21 yrs of age	covered.
		Humana Silver		, ,	, 0 -	Preauth. may
	Humana Health	3800/Cincinnati/Northern KY		20 PT, 20 OT, 20 ST, 20 Resp,	Combined with	be req. to avoid
ОН	Plan of Ohio, Inc.	HMOx	Yes	36 CR, 12 Chiro	Rehab	\$500 penalty.
						Preauth. may
	Humana Health	Humana Silver 3800/Cleveland		20 PT, 20 OT, 20 ST, 20 Resp,	Combined with	be req. to avoid
ОН	Plan of Ohio, Inc.	HMOx	Yes	36 CR, 12 Chiro	Rehab	\$500 penalty.

						Preauth. may
	Humana Health	Humana Silver 3800/Dayton		20 PT, 20 OT, 20 ST, 20 Resp,	Combined with	be req. to avoid
ОН	Plan of Ohio, Inc.	HMOx	Yes	36 CR, 12 Chiro	Rehab	\$500 penalty.
					PT/OT Combined	
					with Rehab; 20 ST;	
	Medical Health				20 OT for Autism	
ОН	Insuring Corp. of Ohio	Market 1750	Yes	40 PT/OT, 12 Chiro	svcs, 20 ST for Autism svcs	
OH	Onio	Warket 1750	163	401 1/01, 12 01110	PT/OT Combined	
					with Rehab; 20 ST;	
	Medical Health				20 OT for Autism	
	Insuring Corp. of				svcs, 20 ST for	
ОН	Ohio	Market 2400	Yes	40 PT/OT, 12 Chiro	Autism svcs	
					PT/OT Combined with Rehab; 20 ST;	
	Medical Health				20 OT for Autism	
	Insuring Corp. of				svcs, 20 ST for	
ОН	Ohio	Market 4000 HSA	Yes	40 PT/OT, 12 Chiro	Autism svcs	
					PT/OT Combined	
					with Rehab; 20 ST;	
	Medical Health				20 OT for Autism	
ОН	Insuring Corp. of Ohio	Market HMO 1750 - Mercy	Yes	40 PT/OT, 12 Chiro	svcs, 20 ST for Autism svcs	
OH	Ono	Market Himo 1750 - Mercy	163	40 F 1/O1, 12 CIIIIO	PT/OT Combined	
					with Rehab; 20 ST;	
	Medical Health				20 OT for Autism	
	Insuring Corp. of				svcs, 20 ST for	
ОН	Ohio	Market HMO 4000 HSA - Mercy	Yes	40 PT/OT, 12 Chiro	Autism svcs	
	MOLINA HEALTHCARE OF			20 PT, 20 OT, 20 ST, 20 PR, 36	Combined with	Precertification req. or svcs not
ОН	OHIO	Molina Marketplace Silver Plan	Yes	CR, 12 Chiro	Rehab	covered.
	Paramount		. 30	Outpatient: 20	Outpatient: 20	2270.00.
	Insurance			PT/OT/ST/PR?, 36 CR, 12	PT/OT/ST;	
ОН	Company	Paramount Silver 1	Yes	Chiro; Inpatient: 60 days	Inpatient: 60 days	
	Paramount			Outpatient: 20	Outpatient: 20	
ОП	Insurance	Paramount Silver 2	Voc	PT/OT/ST/PR?, 36 CR, 12	PT/OT/ST;	
OH	Company Paramount	Paramount Silver 2 Paramount Silver 3	Yes Yes	Chiro; Inpatient: 60 days Outpatient: 20	Inpatient: 60 days Outpatient: 20	
011	Taramount	r drafflouric Silver 3	103	Outputient, 20	Outputient. 20	

	Insurance Company			PT/OT/ST/PR?, 36 CR, 12 Chiro; Inpatient: 60 days	PT/OT/ST; Inpatient: 60 days
ОН	Premier Health Plan, Inc.	Premier Health One Silver 2500	Yes	116 PT/OT/ST/Resp/CR (up to 36 of 116 may be CR); 12 Chiro	20 "each outpatient physical Rehabilitation svcs" does not seem to be combined with Rehab benefit; 20 hours per week Clinical Ther. Intervention
ОН	Premier Health Plan, Inc.	Premier Health One Silver 3000	Yes	116 PT/OT/ST/Resp/CR (up to 36 of 116 may be CR); 12 Chiro	20 "each outpatient physical Rehabilitation svcs" does not seem to be combined with Rehab benefit; 20 hours per week Clinical Ther. Intervention
ОН	Premier Health Plan, Inc.	Premier Health One Silver 4000	Yes	116 PT/OT/ST/Resp/CR (up to 36 of 116 may be CR); 12 Chiro	20 "each outpatient physical Rehabilitation svcs" does not seem to be combined with Rehab benefit; 20 hours per week Clinical Ther. Intervention
ОН	Premier Health Plan, Inc.	Premier Health One Silver 4500/20	Yes	116 PT/OT/ST/Resp/CR (up to 36 of 116 may be CR); 12 Chiro	20 "each outpatient physical Rehabilitation svcs" does not seem to be combined with Rehab benefit; 20 hours per week Clinical Ther. Intervention

ОН	Premier Health Plan, Inc.	Premier Health One Silver 4500/30	Yes	116 PT/OT/ST/Resp/CR (up to 36 of 116 may be CR); 12 Chiro	20 "each outpatient physical Rehabilitation svcs" does not seem to be combined with Rehab benefit; 20 hours per week Clinical Ther. Intervention
ОН	Summa Insurance Company, Inc.	SummaCare Silver 3000 with SCConnect Network and 3 Free PCP Visits	No/Yes	20 PT, 20 OT, 20 ST, 36 CR, 20 PR, 12 Chiro	Age 0-21 with Autism: 20 PT, 20 OT, 20 ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs covered but benefits undefined. Other Hab benefits not clear.
ОН	Summa Insurance Company, Inc.	SummaCare Silver 3000 with SCSelect Network and 3 Free PCP Visits	No/Yes	20 PT, 20 OT, 20 ST, 36 CR, 20 PR, 12 Chiro	Age 0-21 with Autism: 20 PT, 20 OT, 20 ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs covered but benefits undefined. Other Hab benefits not clear.
ОН	Summa Insurance Company, Inc.	SummaCare Silver 5000 with SCConnect Network and 3 Free PCP Visits	No/Yes	20 PT, 20 OT, 20 ST, 36 CR, 20 PR, 12 Chiro	Age 0-21 with Autism: 20 PT, 20 OT, 20 ST; 20 hrs per week Clinical Ther. Intervention incl.

					ABA; Mental/Behavioral Outpatient svcs covered but benefits undefined. Other Hab benefits not clear.	
ОН	Summa Insurance Company, Inc.	SummaCare Silver 5000 with SCSelect Network and 3 Free PCP Visits	No/Yes	20 PT, 20 OT, 20 ST, 36 CR, 20 PR, 12 Chiro	Age 0-21 with Autism: 20 PT, 20 OT, 20 ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs covered but benefits undefined. Other Hab benefits not clear.	
ОН	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 2000	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	Pre-auth. req. for PT/OT/ST out of network or benefit reduces to lesser of 50% or \$500.
ОН	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 2000 1	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	Pre-auth. req. for PT/OT/ST out of network or benefit reduces to lesser of 50% or \$500.
ОН	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 3500	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	Pre-auth. req. for PT/OT/ST out of network or benefit reduces to

						lesser of 50% or
						\$500.
						Pre-auth. req.
						for PT/OT/ST
	t to the al					out of network
	United			Outpotiont 25 DT/OT/ST 26		or benefit
	Healthcare [All Savers Insurance			Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro;	Combined with	reduces to lesser of 50% or
ОН	Company]	Silver Navigate Plus 4500	Yes	Inpatient: 60 days	Rehab	\$500.
ОП	Company	Silver Navigate Plus 4500	165	inpatient. 60 days	Kellab	Pre-auth. reg.
						for PT/OT/ST
						out of network
	United					or benefit
	Healthcare [All			Outpatient: 25 PT/OT/ST, 36		reduces to
	Savers Insurance			CR, 25 PR, 12 Chiro;	Combined with	lesser of 50% or
ОН	Company]	Silver Navigate Plus HSA 3000	Yes	Inpatient: 60 days	Rehab	\$500.
	United	_		Outpatient: 25 PT/OT/ST, 36		
	Healthcare of			CR, 25 PR, 12 Chiro;	Combined with	
ОН	Ohio, Inc.	Silver Compass 2000	Yes	Inpatient: 60 days	Rehab	
	United			Outpatient: 25 PT/OT/ST, 36		
	Healthcare of			CR, 25 PR, 12 Chiro;	Combined with	
ОН	Ohio, Inc.	Silver Compass 2000 1	Yes	Inpatient: 60 days	Rehab	
	United			Outpatient: 25 PT/OT/ST, 36		
	Healthcare of			CR, 25 PR, 12 Chiro;	Combined with	
ОН	Ohio, Inc.	Silver Compass 3500	Yes	Inpatient: 60 days	Rehab	
	United Healthcare of			Outpatient: 25 PT/OT/ST, 36	Combined with	
ОН	Ohio, Inc.	Silver Compass 4500	Yes	CR, 25 PR, 12 Chiro; Inpatient: 60 days	Rehab	
ОП	United	Silver Collipass 4500	163	Outpatient: 25 PT/OT/ST, 36	IVELIAN	
	Healthcare of			CR, 25 PR, 12 Chiro;	Combined with	
ОН	Ohio, Inc.	Silver Compass HSA 3000	Yes	Inpatient: 60 days	Rehab	
		2. 23p. 222 333			Outpatient: 30 all	
				Outpatient: 30 all svcs	svcs combined, 30	
				combined, 30 addt'l if	addt'l is neurological	
				neurological condition;	condition; Inpatient:	
				Inpatient: 30 days per yr, 30	30 days per yr, 60	
	ATRIO Health	ATRIO Oregon Standard Silver		addt'l days if neurological	days if head or	
OR	Plans	Plan	Yes	condition	spinal cord injury	Prior auth. req.

OR	ATRIO Health Plans	ATRIO Silver Choice 2000	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Prior auth. req.
OR	ATRIO Health Plans	ATRIO Silver Choice 3000	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Prior auth. req.
OR	ATRIO Health Plans	ATRIO Silver Choice 3030	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Prior auth. req.
OR	ATRIO Health Plans	ATRIO Silver Pioneer	Yes	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if neurological condition	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 60 days if head or spinal cord injury	Prior auth. req.
OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan Legacy Health	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined, Inpatient: 30 days per yr	Combined with Rehab	
OR OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan MyChoice Northwest BridgeSpan Oregon Standard	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined, Inpatient: 30 days per yr Outpatient: 30 all svcs	Combined with Rehab Combined with	
UK	BridgeSpan	bridgespari Oregon Standard	Outpatient:	Outpatient. 30 an svcs	Combined with	

	Health Company	Silver Plan Value PPO	No/Yes; Inpatient: Yes	combined, Inpatient: 30 days per yr	Rehab	
OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan Willamette Valley Health Solutions	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined, Inpatient: 30 days per yr	Combined with Rehab	
OR	BridgeSpan Health Company	Silver HDHP 2000 MyChoice Northwest	Yes	Outpatient: 30 all svcs combined, Inpatient: 30 days per yr	Combined with Rehab	
OR	BridgeSpan Health Company	Silver HDHP 2000 Value PPO	Yes	Outpatient: 30 all svcs combined, Inpatient: 30 days per yr	Combined with Rehab	
OR	Community Care of Oregon, Inc.	Oregon's Health CO-OP Oregon Standard Silver Plan Broad Network	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined; Inpatient: unclear	Outpatient: 30 all svcs combined; Inpatient: unclear	Preauth. req. for Inpatient.
OR	Community Care of Oregon, Inc.	Oregon's Health CO-OP Oregon Standard Silver Plan Select Network	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined; Inpatient: unclear	Outpatient: 30 all svcs combined; Inpatient: unclear	Preauth. req. for inpatient.
OR	Community Care of Oregon, Inc.	SiMPLEsilver Broad Network	No / Yes	Outpatient: 30 all svcs combined except Chiro, 10 Chiro; Inpatient: unclear	Outpatient: 30 all svcs combined; Inpatient: unclear	Prior auth. req.; Non-Network Chiro not covered.
OR	Community Care of Oregon, Inc.	SiMPLEsilver HSA Broad Network	Yes	Outpatient: 30 all svcs combined except Chiro, 10 Chiro; Inpatient: unclear	Outpatient: 30 all svcs combined; Inpatient: unclear	Preauth. req. for Inpatient; Non-Network Chiro not covered.
OR	Community Care of Oregon, Inc.	SiMPLEsilver Select Network	No / Yes	Outpatient: 30 all svcs combined except Chiro, 10 Chiro; Inpatient: unclear	Outpatient: 30 all svcs combined; Inpatient: unclear	Prior auth. req.; Non-Network Chiro not covered.
05	Kaiser Foundation Healthplan of the	Kaiser Permanente Oregon	Outpatient: No;	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if head or spinal	Outpatient: 30 days PT/OT/ST, addt'l 30 days for neurologic	
OR OR	NW Kaiser Foundation Healthplan of the	Standard Silver Plan KP OR Silver 1500/30	Inpatient: Yes Outpatient: No; Inpatient: Yes	cord injury Outpatient: 30 all svcs combined, 30 addt'l if	conditions Outpatient: 30 days PT/OT/ST, addt'l 30	Chiro benefits covered but not

	NW			neurological condition; Inpatient: 30 days per yr, 30 addt'l days if head or spinal cord injury	days for neurologic conditions	clear.
OR	Kaiser Foundation Healthplan of the NW	KP OR Silver 3000/30	Outpatient: No; Inpatient: Yes	Outpatient: 30 all svcs combined, 30 addt'l if neurological condition; Inpatient: 30 days per yr, 30 addt'l days if head or spinal cord injury Outpatient: 30 all svcs	Outpatient: 30 days PT/OT/ST, addt'l 30 days for neurologic conditions Outpatient: 30 all	Chiro benefits covered but not clear. Prior auth. req.,
OR	LifeWise Health Plan of Oregon	Essential Silver Exchange 2000	Yes	combined except Chiro, 12 Chiro; Inpatient: 30 days per yr	svcs combined; Inpatient: 30 days per yr	out-of-network inpatient svcs not covered.
	LifeWise Health	Essential Silver Exchange 3000		Outpatient: 30 all svcs combined except Chiro, 12 Chiro; Inpatient: 30 days per	Outpatient: 30 all svcs combined; Inpatient: 30 days	Prior auth. req., out-of-network inpatient svcs
OR OR	Plan of Oregon LifeWise Health Plan of Oregon	LifeWise Oregon Standard Silver Plan Exclusive Provider 2500	Yes Outpatient: No; Inpatient: Yes	Outpatient: 30 all svcs combined except Chiro; Inpatient: 30 days per yr	Outpatient: 30 all svcs combined; Inpatient: 30 days per yr	not covered. Prior auth. req. for Inpatient., out-of-network inpatient svcs not covered.
OR	PacificSource Health Plans	PacificSource Oregon Standard Silver Plan PSN	Outpatient: No/Yes; Inpatient: Yes	Outpatient: 30 all svcs combined unless medically necessary to treat a mental health diagnosis; Inpatient: 30 days per yr unless medically necessary to treat a mental health diagnosis	Outpatient: 30 all svcs combined unless medically necessary to treat a mental health diagnosis; Inpatient: 30 days per yr unless medically necessary to treat a mental health diagnosis	Preauth. req.
	Providence			Outpatient: 30 all svcs combined, 30 addt'l visits per specified condition; Inpatient: 30 days, 60 visits for	Combined with	Prior auth. req. for Inpatient; Chiro benefits covered but not
OR	Health Plan	Balance 2000 Silver	Yes	head/spinal injuries	Rehab	clear.

				Outpatient: 30 all svcs		Prior auth. req.
				combined, 30 addt'l visits per		for Inpatient;
	D : 1			specified condition;	0 1: 1 ::1	Chiro benefits
OR	Providence Health Plan	Choice 2000 Silver	Yes	Inpatient: 30 days, 60 visits for head/spinal injuries	Combined with Rehab	covered but not clear
OK	ricaltii riali	Choice 2000 Silver	163	Outpatient: 30 all svcs	Nellab	Prior auth. req.
				combined, 30 addt'l visits per		for Inpatient;
				specified condition;		Chiro benefits
	Providence			Inpatient: 30 days, 60 visits	Combined with	covered but not
OR	Health Plan	Connect 2000 Silver	Yes	for head/spinal injuries.	Rehab	clear
				Outpatient: 30 all svcs combined, 30 addt'l visits per		
				specified condition;		
	Providence	Providence Oregon Standard		Inpatient: 30 days, 60 visits	Combined with	Prior auth. req.
OR	Health Plan	Silver Plan	No/Yes	for head/spinal injuries	Rehab	for Inpatient
					Outpatient: 30 all	
				Outpatient: 30 all svcs	svcs combined or 30 Inpatient days,	
				combined or 30 Inpatient	Addt'l 30 visits or	
	Trillium			days, Addt'l 30 visits or days	days per condition	
	Community	Trillium Oregon Standard Silver		per condition for neurological	for neurological	
OR	Health Plan	Plan Vital	Yes	conditions	conditions	Prior auth. req.
	Zoom Health	Zoom Health Plan - Zoom Oregon		Outpatient: 30 all svcs combined or 30 Inpatient	Outpatient: 30 all svcs combined or 30	
OR	Plan, Inc.	Standard Silver Plan	Yes	days.	Inpatient days.	Prior auth. req.
						Prior auth. req.;
				Outpatient: 30 all svcs	Outpatient: 30 all	Chiro benefits
0.5	Zoom Health		.,	combined or 30 Inpatient	svcs combined or 30	covered but not
OR	Plan, Inc.	Zoom Silver 5000	Yes	days.	Inpatient days.	clear Prior auth. req.;
				Outpatient: 30 all svcs	Outpatient: 30 all	Chiro benefits
	Zoom Health			combined or 30 Inpatient	svcs combined or 30	covered but not
OR	Plan, Inc.	Zoom Silver Plan	Yes	days.	Inpatient days.	clear
5.4	Aetna Health Inc.		V	20 PT/OT 20 CT 20 Cl :	Combined with	
PA	(a PA corp.) Aetna Health Inc.	Aetna Leap Everyday	Yes	30 PT/OT, 30 ST, 20 Chiro	Rehab Combined with	
PA	(a PA corp.)	Aetna Leap Everyday Plus	Yes	30 PT/OT, 30 ST, 20 Chiro	Rehab	
PA	Aetna Health Inc.	Aetna PinnacleHealth Silver \$10	Yes	30 PT/OT, 30 ST, 20 Chiro	Combined with	

	,	_			
	(a PA corp.)	Copay			Rehab
	BCBS [Capital				
	Advantage				
	Assurance			60 PT/OT, 60 ST, 20 Resp, 20	Combined with
PA	Company	Healthy Benefits PPO 0.0	Yes?	Chiro	Rehab
	BCBS [Capital				
	Advantage				
	Assurance			60 PT/OT, 60 ST, 20 Resp, 20	Combined with
PA	Company	Healthy Benefits PPO 1500.30	Yes?	Chiro	Rehab
	BCBS [Capital				
	Advantage				
	Assurance			60 PT/OT, 60 ST, 20 Resp, 20	Combined with
PA	Company	Healthy Benefits PPO 2500.0	Yes?	Chiro	Rehab
	BCBS [Capital				
	Advantage				
	Assurance			60 PT/OT, 60 ST, 20 Resp, 20	Combined with
PA	Company	Healthy Benefits PPO 3500.0	Yes?	Chiro	Rehab
	BCBS [Capital				
	Advantage				
	Assurance			60 PT/OT, 60 ST, 20 Resp, 20	Combined with
PA	Company	Healthy Benefits PPO 4500.0	Yes?	Chiro	Rehab
	BCBS [Capital				
	Advantage				
	Assurance	Healthy Benefits PPO HSA		60 PT/OT, 60 ST, 20 Resp, 20	Combined with
PA	Company	3000.10	Yes?	Chiro	Rehab
	BCBS [First				
	Priority Life				
	Insurance			30 PT/OT, 30 ST, 36 CR, 18	
PA	Company, Inc.]	myBlue Access \$1,500	Yes	Resp, 18 PR, 20 Chiro	30 PT/OT, 30 ST
	BCBS [First				
	Priority Life				
	Insurance			30 PT/OT, 30 ST, 36 CR, 18	
PA	Company, Inc.]	myBlue Access LP \$3,500	Yes	Resp, 18 PR, 20 Chiro	30 PT/OT, 30 ST
	BCBS [Highmark				
	Health Insurance	Comprehensive Care Blue PPO			Combined with
PA	Company]	1500	Yes	30 PT, 30 OT/ST, 20 Chiro	Rehab
	BCBS [Highmark	Health Savings Embedded Blue			Combined with
PA	Health Insurance	PPO 2700	Yes	30 PT, 30 OT/ST, 20 Chiro	Rehab

	. 1					
	Company]					
	BCBS [Highmark	Connect Blue EPO 2500, a			Combined with	
PA	Inc.]	Community Blue Flex Plan	Yes	30 PT, 30 OT/ST, 20 Chiro	Rehab	
	BCBS [Highmark	Connect Blue EPO 750, a			Combined with	
PA	Inc.]	Community Blue Flex Plan	Yes	30 PT, 30 OT/ST, 20 Chiro	Rehab	
	BCBS [Highmark					
	Select Resources				Combined with	
PA	Inc.]	Alliance Flex Blue PPO 2100	Yes	30 PT, 30 OT/ST, 20 Chiro	Rehab	
	BCBS			<i>.</i>		
	[Independence				PT/OT/ST/Chiro	
	Blue Cross (QCC	Blue Cross Silver, a Multi-State		PT/OT/ST/Chiro limits not	limits not specified	
PA	Ins. Co.)]	Plan	No/Yes	specified in SBC	in SBC	
17	BCBS	Tidii	110/163	specified in SBC	III SDC	
	[Independence				PT/OT/ST/Chiro	
	- •			PT/OT/ST/Chiro limits not		
D.4	Blue Cross (QCC	D	A1 /\/		limits not specified	
PA	Ins. Co.)]	Personal Choice PPO Silver	No/Yes	specified in SBC	in SBC	
	BCBS [Keystone					
	Health Plan			60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	BlueCross 0.50, a Multi-State Plan	Yes	Chiro	Rehab	for Chiro.
	BCBS [Keystone					
	Health Plan			60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	Healthy Benefits HMO 0.0	Yes	Chiro	Rehab	for Chiro.
	BCBS [Keystone					
	Health Plan			60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	Healthy Benefits HMO 1500.30	Yes	Chiro	Rehab	for Chiro.
	BCBS [Keystone					
	Health Plan			60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	Healthy Benefits HMO 2500.0	Yes	Chiro	Rehab	for Chiro.
	BCBS [Keystone					
	Health Plan			60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	Healthy Benefits HMO 3500.0	Yes	Chiro	Rehab	for Chiro.
	BCBS [Keystone			-		
	Health Plan			60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	Healthy Benefits HMO 4500.0	Yes	Chiro	Rehab	for Chiro.
FA	BCBS [Keystone	Healthy beliefits filvio 4300.0	163	Cilii U	Reliab	ioi ciiio.
				60 DT/OT 60 ST 30 Door 30	Combined with	Droguth ros
DA	Health Plan	Healthy Deposite Value HMAC C.C.	Vaa	60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.
PA	Central]	Healthy Benefits Value HMO 0.0	Yes	Chiro	Rehab	for Chiro.
PA	BCBS [Keystone	Healthy Benefits Value HMO	Yes	60 PT/OT, 60 ST, 20 Resp, 20	Combined with	Preauth. req.

	Health Plan Central]	1500.30		Chiro	Rehab	for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 2500.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 3500.0	No	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 4500.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Keystone HMO Silver	No	PT/OT/ST/Chiro limits not specified in SBC	PT/OT/ST/Chiro limits not specified in SBC	Referral req. for all svcs incl. Chiro; Visit limit for Chiro not specified in SBC.
PA	BCBS [Keystone Health Plan Central]	Keystone HMO Silver Proactive	No	PT/OT/ST/Chiro limits not specified in SBC	PT/OT/ST/Chiro limits not specified in SBC	Referral req. for all svcs incl. Chiro; Visit limit for Chiro not specified in SBC.
PA	BCBS [Keystone Health Plan Central]	Keystone HMO Silver Proactive Value	No	PT/OT/ST/Chiro limits not specified in SBC	PT/OT/ST/Chiro limits not specified in SBC	Referral req. for all svcs incl. Chiro; Visit limit for Chiro not specified in SBC.
PA	Coventry Health Care Geisinger Health	Coventry Silver \$10 Copay OAHMO Geisinger Health Plan	Yes	30 PT/OT, 30 ST, 20 Chiro	Combined with Rehab Combined with	Prior auth. may be req.
PA	Plan	Marketplace Extra 10/50/2000	Yes?	30 PT/OT, 30 ST, 20 Chiro?	Rehab	
PA	Geisinger Health Plan Geisinger Quality	Geisinger Health Plan Marketplace POS 25/50/2500 Geisinger Choice Marketplace	No?/Yes	30 PT/OT, 30 ST, 20 Chiro?	Combined with Rehab Combined with	
PA	Geisinger Quality Options	PPO 30/50/5000	No?/Yes	30 PT/OT, 30 ST, 20 Chiro?	Rehab	
PA	United	Silver Compass 4500-1	Yes	30 PT/OT, 30 ST, 36 CR, 20	Combined with	

	Healthcare of Pennsylvania, Inc.			PR, 20 Chiro	Rehab	
PA	United Healthcare of Pennsylvania, Inc.	Silver Compass HSA 2000-1	Yes	30 PT/OT, 30 ST, 36 CR, 20 PR, 20 Chiro	Combined with Rehab	
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50— Partner Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50— Premium Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50— Select Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$30—Partner Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1750/\$30—Premium Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10—Partner Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10—Premium Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10—Select Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for Chiro not specified in SBC.
PA	UPMC Health	UPMC Advantage Silver HSA	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	Visit limit for

	Options, Inc.	\$2,600/20%—Partner Network				Chiro not
						specified in SBC.
						Visit limit for
						Chiro not
	UPMC Health	UPMC Advantage Silver HSA				specified in
PA	Options, Inc.	\$2,600/20% - Premium Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	SBC.
		, -,,			.,,.,,	Visit limit for
						Chiro not
	UPMC Health	UPMC Advantage Silver HSA				specified in
PA	Options, Inc.	\$2,600/20%—Select Network	Yes?	30 PT/OT, 30 ST	30 PT/OT, 30 ST	SBC.
					PT, OT, ST covered	Preauth.
				PT, OT, ST covered but limit is	but limit is not	recommended
RI	BCBS of RI	BasicBlue Direct 4900/9800	Yes	not specified	specified	for ST.
						Preauth.
						recommended for ST;
						"Maintenance
					PT, OT, ST covered	therapy is not
				PT, OT, ST covered but limit is	but limit is not	covered" for
RI	BCBS of RI	BlueCHIP Direct 4500/9000	Yes	not specified	specified	Hab or Rehab.
		·			PT, OT, ST covered	Preauth.
		BlueSolutions for HSA Direct		PT, OT, ST covered but limit is	but limit is not	recommended
RI	BCBS of RI	3900/7800	Yes	not specified	specified	for ST.
					PT, OT, ST covered	Preauth.
		VantageBlue Direct Plan		PT, OT, ST covered but limit is	but limit is not	recommended
RI	BCBS of RI	3000/6000	Yes	not specified	specified	for ST.
						Preauth. may
						be req.; Chiro
	Neighborhood					covered but benefit not
RI	Health Plan	Neighborhood COMMUNITY	Yes	Not specified	Not specified	specified.
111	riculti i lali	Neighborhood Colvillion II	103	Hot specified	Hot specified	Preauth. may
						be req.; Chiro
						covered but
	Neighborhood					benefit not
RI	Health Plan	Neighborhood VALUE	No	Not specified	Not specified	specified.
RI	United	Silver Choice 2500	Yes	Unlimited PT, Unlimited OT,	Combined with	

	Healthcare			Unlimited ST, 36 CR, 20 PR,	Rehab	
	ricaltricare			12 Chiro	Kellab	
				Unlimited PT, Unlimited OT,		
	United			Unlimited ST, 36 CR, 20 PR,	Combined with	
RI	Healthcare	Silver Choice 2500-3	Yes	12 Chiro Unlimited PT, Unlimited OT,	Rehab	
	United			Unlimited ST, 36 CR, 20 PR,	Combined with	
RI	Healthcare	Silver Compass 3000	Yes	12 Chiro	Rehab	
				Unlimited PT, Unlimited OT,		
RI	United Healthcare	Silver Compass USA 2500	Yes	Unlimited ST, 36 CR, 20 PR, 12 Chiro	Combined with Rehab	
NI	пеаннсате	Silver Compass HSA 2500	162	12 CIIIIO	Keliab	Preauth. req.
						after 30 visits
						for PT, OT, ST;
	Avera Health	Avera MyPlan 62 500 / 65 800		20 DT 20 OT 20 CT 26 CD 20	Combined with	Preauth. req. after 20 visits
SD	Plans, Inc.	Avera MyPlan \$2,500 / \$5,800 Out-of-Pocket	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Rehab	for Chiro.
	,					Preauth. req.
						after 30 visits
						for PT, OT, ST; Preauth. req.
	Avera Health	Avera MyPlan \$2,500 / \$5,800		30 PT, 30 OT, 30 ST, 36 CR, 20	Combined with	after 20 visits
SD	Plans, Inc.	Out-of-Pocket, Pediatric Dental	Yes	Chiro	Rehab	for Chiro.
						Preauth. req.
						after 30 visits for PT, OT, ST;
						Preauth. reg.
	Avera Health	Avera MyPlan \$2,500 / \$6,350		30 PT, 30 OT, 30 ST, 36 CR, 20	Combined with	after 20 visits
SD	Plans, Inc.	Out-of-Pocket	Yes	Chiro	Rehab	for Chiro.
						Preauth. req. after 30 visits
						for PT, OT, ST;
						Preauth. req.
CD	Avera Health	Avera MyPlan \$2,500 / \$6,350	V	30 PT, 30 OT, 30 ST, 36 CR, 20	Combined with	after 20 visits
SD	Plans, Inc.	Out-of-Pocket, Pediatric Dental	Yes	Chiro	Rehab	for Chiro. Preauth. req.
	Avera Health	Avera MyPlan \$3,000 / 30%		30 PT, 30 OT, 30 ST, 36 CR, 20	Combined with	after 30 visits
SD	Plans, Inc.	Coinsurance	Yes	Chiro	Rehab	for PT, OT, ST;

Preauth. after 20 v for Chiro. Preauth. after 30 v for PT, O1 Preauth. Avera Health SD Plans, Inc. Avera MyPlan \$3,500 Yes Chiro Rehab for Chiro. So "per therapy per year," does not specify which specify which Sanford Health SD Plan Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 "per therapy per
for Chiro. Preauth. Avera Health SD Plans, Inc. Avera MyPlan \$3,500 Yes Chiro Rehab 30 "per therapy per year," does not specify which therapies are covered by Therapy per SD Plan Sanford Health Sanford Simplicity \$2,500 Yes Imit; 20 Chiro covered by limit 30 "per therapy per
Avera Health Avera Health SD Plans, Inc. Avera MyPlan \$3,500 Yes Chiro Rehab for Chiro. Sanford Health Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 PT, 30 OT, 30 ST, 36 CR, 20 Combined with after 20 v 30 "per therapy per year," does not year," does not therapies are covered by therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit 30 "per therapy per year," does not therapies are covered by limit
Avera Health Avera Health SD Plans, Inc. Avera MyPlan \$3,500 Yes Chiro Rehab for Chiro. 30 "per therapy per year," year," does not does not specify which therapies are covered by therapies are SD Plan Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 "per therapy per year," ocean to the proper year, and the properties are covered by limit 30 "per therapy per year," year, does not the properties are covered by limit 30 "per therapy per year," ocean year, and year,
Avera Health Avera Health SD Plans, Inc. Avera MyPlan \$3,500 Yes Chiro Rehab for Chiro. 30 "per therapy per year," year," does not specify which therapies are covered by therapies are SD Plan Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 "per therapy per year," ocovered by limit
Avera Health SD Plans, Inc. Avera MyPlan \$3,500 Yes Chiro Rehab for Chiro. 30 "per therapy per year," year," does not specify which therapies are covered by limit SD Plan Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 PT, 30 OT, 30 ST, 36 CR, 20 Combined with after 20 vertically after 20 vertically after 20 vertically and the specify of the specify of the specify which therapies are covered by limit 30 "per therapy per service of the specify which the specify which the specify which the specify which the specify of t
30 "per therapy per 30 "per therapy per year," does not does not specify which specify which therapies are covered by therapies are SD Plan Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 "per therapy per
SD Plan Sanford Simplicity \$2,500 Yes Sanford Simplicity Sanfo
Sanford Health Sanford Sanford Simplicity \$2,500 Yes Sanford Simplicity \$2,500
SD Plan Sanford Simplicity \$2,500 Yes limit; 20 Chiro covered by limit 30 "per therapy per
30 "per therapy per
30 "per therapy per year," year," does not
does not specify which specify which Sanford Health therapies are covered by therapies are
SD Plan Sanford Simplicity \$3,500 Yes limit; 20 Chiro covered by limit
30 "per therapy per
30 "per therapy per year," year," does not does not specify which
Sanford Health therapies are covered by therapies are
SD Plan Sanford TRUE \$3,500 Yes limit; 20 Chiro covered by limit
30 "per therapy per 30 "per therapy per year," year," does not
does not specify which specify which
Sanford Health therapies are covered by therapies are
SD Plan Sanford TRUE \$3,500 HDHP Yes limit; 20 Chiro covered by limit Any inpat
svcs req.
approval; Inpatient: Yes; req. prior
Outpatient: Tes, Outpatient: Teq. prior
VT BCBS of Vermont Blue Rewards Silver Plan No? Not specified Not specified 12 visits.
Inpatient: Yes; Outpatient: Svcs req.
VT BCBS of Vermont Silver CDHP Plan No? Not specified Not specified approval;

						req. prior
						approval after
						12 visits.
						Any inpatient
						svcs req. prior
						approval; Chiro
			Inpatient: Yes;			req. prior
			Outpatient:			approval after
VT	BCBS of Vermont	Silver Standard Plan	No?	Not specified	Not specified	12 visits.
VT	MVP	Vitality HDHP Silver	Yes	30 PT/OT/ST	30 PT/OT/ST	20% deduct
VT	MVP	Vitality Plus Silver 2000	Yes	30 PT/OT/ST	30 PT/OT/ST	\$60 copay
			Office visits:			Chiro covered
			No; Other visits:		Combined with	but benefit not
VT	MVP	Vitality Silver 2000	Yes	30 PT/OT/ST	Rehab?	specified.
	Ambetter					
	[Coordinated			25 all svcs combined except		Prior approval
WA	Care]	Balanced Care 1	Yes	Chiro; 10 Chiro	25 all svcs combined	req.
	Ambetter					
	[Coordinated			25 all svcs combined except		Prior approval
WA	Care]	Balanced Care 10	Yes	Chiro; 10 Chiro	25 all svcs combined	req.
	Ambetter					
	[Coordinated			25 all svcs combined except		Prior approval
WA	Care]	Balanced Care 2	Yes	Chiro; 10 Chiro	25 all svcs combined	req.
	Ambetter			Not clear, but likely 25 all svcs		
	[Coordinated			combined except Chiro; 10	Not clear, but likely	Prior approval
WA	Care]	Balanced Care 9	Yes	Chiro	25 all svcs combined	req.
					Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
				combined except Chiro, 10	svcs combined;	
WA	BridgeSpan	Silver 3000 Legacy Health	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
					Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
		Silver 3000 RealValue and		combined except Chiro, 10	svcs combined;	
WA	BridgeSpan	SimpleConnect	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
		Silver Align 4000 EvergreenHealth		Outpatient: 25 all svcs	Outpatient: 25	
WA	BridgeSpan	Partners/Virginia Mason	Yes	combined except Chiro, 10	neurodevelopmental	

				Chiro; Inpatient: 30 days	therapy, 25 all other svcs combined; Inpatient: 30 days
				Outpatient: 25 all svcs	Outpatient: 25 neurodevelopmental therapy, 25 all other
WA	BridgeSpan	Silver Align 4000 MultiCare	Yes	combined except Chiro, 10 Chiro; Inpatient: 30 days	svcs combined; Inpatient: 30 days
		Silver Align 4000 Providence-		Outpatient: 25 all svcs combined except Chiro, 10	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined;
WA	BridgeSpan	Swedish Health	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days Outpatient: 25
WA	BridgeSpan	Silver Align 4000 The Everett Clinic	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
VVA	ышдеэран	Cirric	res	Cililo, ilipatient. 30 days	Outpatient: 25 neurodevelopmental
WA	BridgeSpan	Silver Align 4000 UW Medicine	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	therapy, 25 all other svcs combined; Inpatient: 30 days
	Biidgespaii	Silver / ingil 1000 G W Medicine		Cim o, inputienti so days	Outpatient: 25 neurodevelopmental
		Silver HDHP 2500 EvergreenHealth	v	Outpatient: 25 all svcs combined except Chiro, 10	therapy, 25 all other svcs combined;
WA	BridgeSpan	Partners/Virginia Mason	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days Outpatient: 25
10/0	PridgeSpap	Silver HDHD 2500 Legacy Health	Vos	Outpatient: 25 all svcs combined except Chiro, 10	neurodevelopmental therapy, 25 all other svcs combined;
WA	BridgeSpan	Silver HDHP 2500 Legacy Health	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days Outpatient: 25 neurodevelopmental
WA	BridgeSpan	Silver HDHP 2500 MultiCare	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	therapy, 25 all other svcs combined; Inpatient: 30 days
				,	1

					Outpatient: 25	
				Outrationt 25 all avec	neurodevelopmental	
		Silver HDHP 2500 Providence-		Outpatient: 25 all svcs combined except Chiro, 10	therapy, 25 all other svcs combined;	
WA	BridgeSpan	Swedish Health	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
VVA	bridgespari	Swedisii Healtii	163	Cilio, ilipatient. 30 days	Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
		Silver HDHP 2500 RealValue and		combined except Chiro, 10	svcs combined;	
WA	BridgeSpan	SimpleConnect	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
					Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
	5.1.6	Silver HDHP 2500 The Everett	.,	combined except Chiro, 10	svcs combined;	
WA	BridgeSpan	Clinic	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
					Outpatient: 25 neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
				combined except Chiro, 10	svcs combined;	
WA	BridgeSpan	Silver HDHP 2500 UW Medicine	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
						Pre-auth. req.
						for Inpatient
	Community			Outpatient: 25 all svcs	Outpatient: 25 all	Rehab,
	Health Plan of	Community HealthEssentials Plus		combined except Chiro, 10	svcs combined;	Inpatient Hab,
WA	Washington	Silver	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	and ABA.
						Pre-auth. req. for all Rehab
						and Hab svcs.
						Chiro req.
				Outpatient: 25 all svcs	Outpatient: 25 all	prescription for
	Group Health		Outpatient: No;	combined except Chiro, 10	svcs combined;	Rehab
WA	Cooperative	Core Silver has—16	Inpatient: Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	purposes.
						Pre-auth. req.
						for all Rehab
						and Hab svcs.
	Constant to a lab		0	Outpatient: 25 all svcs	Outpatient: 25 all	Chiro req.
١٨/٨	Group Health	Floy Silver 16	Outpatient: No;	combined except Chiro, 10	svcs combined;	prescription for
WA	Cooperative	Flex Silver—16	Inpatient: Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	Rehab

						purposes.
	Health Alliance			25 all svcs combined except	Combined with	
WA	Northwest	Summit 3000c Silver	Yes	Chiro, 10 Chiro	Rehab	
	Kaiser		Outpatient: No;	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs	Acute: 25 neurodevelopmental therapy, 25 all other svcs combined, "with measurable improvement;" Treatment for Chronic conditions excluded (except	Chiro covered but benefit not
WA	Permanente	Silver 1500/30 (2016)	Inpatient: Yes	combined; Inpatient: 30 days	neurodev. therapy).	specified.
					Acute: 25 neurodevelopmental therapy, 25 all other svcs combined, "with measurable improvement;"	
				Outpatient: 25	Treatment for	
				neurodevelopmental	Chronic conditions	Chiro covered
	Kaiser	au	Outpatient: No;	therapy, 25 all other svcs	excluded (except	but benefit not
WA	Permanente	Silver 3000/30 (2016)	Inpatient: Yes	combined; Inpatient: 30 days	neurodev. Therapy).	specified.
WA	LifeWise	LifeWise Essential Silver EPO 3000	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 all svcs combined; Inpatient: 30 days	Pre-auth. req. for all Inpatient svcs.
				Outpatient: 25 all svcs	Outpatient: 25 all	Pre-auth. req.
WA	LifeWise	LifeWise Essential Silver EPO HSA 3000	Yes	combined except Chiro, 10 Chiro; Inpatient: 30 days	svcs combined; Inpatient: 30 days	for all Inpatient svcs.
WA	Molina	Marketplace Choice Silver 250	Yes	25 PT/OT/ST, 10 Chiro	Not specified	Prior auth. is req.
	Wiemia	Marketplace Choice Siver 250	103	23 : 1, 6 1, 6 1, 16 6 1 11 6	rvot specifica	Prior auth. is
WA	Molina	Marketplace Silver 250	Yes	25 PT/OT/ST, 10 Chiro	Not specified	req.
WA	Premera BC	Multi-State Plan Blue Cross Silver	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 all svcs combined; Inpatient: 30 days	Pre-auth. req. for all Inpatient svcs.
				Outpatient: 25 all svcs	Outpatient: 25 all	Pre-auth. req.
		Preferred Silver 3000 HSA		combined except Chiro, 10	Outputient. 25 an	for all Inpatient

				Chiro; Inpatient: 30 days	Inpatient: 30 days	SVCS.
						Pre-auth. req.
				Outpatient: 25 all svcs	Outpatient: 25 all	for all Inpatient
		Premera Blue Cross PersonalCare	Outpatient: No;	combined except Chiro, 10	svcs combined;	svcs. 4 copay
WA	Premera BC	Silver	Inpatient: Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	limit per admit.
						Pre-auth. req.
				Outpatient: 25 all svcs	Outpatient: 25 all	for all Inpatient
		Premera Blue Cross Preferred	Outpatient: No;	combined except Chiro, 10	svcs combined;	svcs. 4 copay
WA	Premera BC	Silver 3000	Inpatient: Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	limit per admit.
					Outpatient: 25	
					neurodevelopmental	
		Silver Connect 4000		Outpatient: 25 all svcs	therapy, 25 all other	
	Regence Blue	EvergreenHealth		combined except Chiro, 10	svcs combined;	
WA	Shield	Partners/Virginia Mason	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
					Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
	Regence Blue			combined except Chiro, 10	svcs combined;	
WA	Shield	Silver Connect 4000 MultiCare	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
				,	Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
	Regence Blue	Silver Connect 4000 Providence		combined except Chiro, 10	svcs combined;	
WA	Shield	Swedish Health	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
				, , , , , , , , , , , , , , , , , , , ,	Outpatient: 25	
					neurodevelopmental	
				Outpatient: 25 all svcs	therapy, 25 all other	
	Regence Blue			combined except Chiro, 10	svcs combined;	
WA	Shield	Silver Connect 4000 UW Medicine	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
				, , , , , , , , , , , , , , , , , , , ,	Outpatient: 25	
					neurodevelopmental	
		Silver HDHP 2500		Outpatient: 25 all svcs	therapy, 25 all other	
	Regence Blue	EvergreenHealth		combined except Chiro, 10	svcs combined;	
WA	Shield	Partners/Virginia Mason	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days	
					Outpatient: 25	
				Outpatient: 25 all svcs	neurodevelopmental	
	Regence Blue			combined except Chiro, 10	therapy, 25 all other	
WA	Shield	Silver HDHP 2500 MultiCare	Yes	Chiro; Inpatient: 30 days	svcs combined;	
••••	J514	S S Dill 2000 Managare	. 55	o o, impatienti oo aayo	5.55 66111611164)	

					Inpatient: 30 days
					Outpatient: 25
					neurodevelopmental
				Outpatient: 25 all svcs	therapy, 25 all other
	Regence Blue	Silver HDHP 2500 Providence		combined except Chiro, 10	svcs combined;
WA	Shield	Swedish Health	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days
					Outpatient: 25
					neurodevelopmental
				Outpatient: 25 all svcs	therapy, 25 all other
	Regence Blue			combined except Chiro, 10	svcs combined;
WA	Shield	Silver HDHP 2500 UW Medicine	Yes	Chiro; Inpatient: 30 days	Inpatient: 30 days
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter 1750 EPO	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter 2000 EPO	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter 3500	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter 4000 EPO	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter 5000	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter 6000	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Charter HSA 2700 EPO	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Navigate 1750	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Navigate 2000	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Navigate 3500	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Navigate 4000	Yes	Unlimited PR, 10 Chiro	Therapy
	United			25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Navigate 5000	Yes	Unlimited PR, 10 Chiro	Therapy
	United		-	25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural
WA	Healthcare	Silver Navigate 6000	Yes	Unlimited PR, 10 Chiro	Therapy
WA	United	Silver Navigate HSA 2700 EPO	Yes	25 PT/OT/ST, Unlimited CR,	25 PT/OT/ST, Aural

	Healthcare			Unlimited PR, 10 Chiro	Therapy
				Outpatient: 20 all svcs	Outpatient: 20 all
				combined except Chiro, 15	svcs combined;
WY	BCBS of Wyoming	BlueSelect Silver Basic	Yes	Chiro; Inpatient: 45 days	Inpatient: 45 days
				Outpatient: 20 all svcs	Outpatient: 20 all
				combined except Chiro, 15	svcs combined;
WY	BCBS of Wyoming	BlueSelect Silver Classic	Yes	Chiro; Inpatient: 45 days	Inpatient: 45 days
				Outpatient: 20 all svcs	Outpatient: 20 all
				combined except Chiro, 15	svcs combined;
WY	BCBS of Wyoming	BlueSelect Silver Core	Yes	Chiro; Inpatient: 45 days	Inpatient: 45 days
				Outpatient: 20 all svcs	Outpatient: 20 all
				combined except Chiro, 15	svcs combined;
WY	BCBS of Wyoming	BlueSelect Silver HealthPlus	Yes	Chiro; Inpatient: 45 days	Inpatient: 45 days
				Outpatient: 20 all svcs	Outpatient: 20 all
				combined except Chiro, 15	svcs combined;
WY	BCBS of Wyoming	BlueSelect Silver ValueOne	Yes	Chiro; Inpatient: 45 days	Inpatient: 45 days
				Outpatient: 20 all svcs	Outpatient: 20 all
				combined except Chiro, 15	svcs combined;
WY	BCBS of Wyoming	BlueSelect Silver ValueTwo	Yes	Chiro; Inpatient: 45 days	Inpatient: 45 days

Appendix 3: SBC URLs

State	Issuer	Plan Name	Link to SBC
AR	Celtic Insurance Co.	Ambetter Balanced Care 7 (2016)	https://api.centene.com/SBC/2016/62141AR0080007-01.pdf
AR	QCA Health Plan, Inc. (QCA)	Silver Classic 2500	https://www.qualchoice.com/!userfiles/pdfs/IND-2016/Silver_Classic_2500.pdf
AR	QCA Health Plan, Inc. (QCA)	Silver Classic Saver 3000	https://www.qualchoice.com/!userfiles/pdfs/IND-2016/Silver_Classic_Saver_3000.pdf
AR	QualChoice Life & Health Insurance Company, Inc.	Silver 2500	https://www.qualchoice.com/!userfiles/pdfs/IND-2016/Silver_2500.pdf
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 2000	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ar/Silver-Compass-Plus-2000.pdf
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 4500-1	http://www.uhc.com/iex/doc?id=AR0035&st=ar
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 5000	http://www.uhc.com/iex/doc?id=AR0007&st=ar
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 5000-1	http://www.uhc.com/iex/doc?id=AR0047&st=ar

	United Healthcare of		
AR	Arkansas, Inc.	Silver Compass Plus HSA 3600	http://www.uhc.com/iex/doc?id=AR0019&st=ar
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus HSA 3600-1	http://www.uhc.com/iex/doc?id=AR0059&st=ar
AR	USAble Mutual Insurance Company	BCBS Silver 1500 with PCP/Rx Copays	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32019&year=2016
AR	USAble Mutual Insurance Company	BCBS Silver 2500 with PCP/Rx Copays	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32001&year=2016
AR	USAble Mutual Insurance Company	BCBS Silver 2600, a Multi-State Plan	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32027&year=2016
AR	USAble Mutual Insurance Company	BCBS Silver 3350	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32023&year=2016
AR	USAble Mutual Insurance Company	BCBS Silver 3500 with PCP/Specialist/Rx Copays	https://secure.arkansasbluecross.com/members/ViewSbc.aspx?id=32007&year=2016
AZ	Aetna Health Inc.	Aetna Leap Everyday – Banner	http://www.aetna.com/individuals-families/document-library/SBC/2016/CB/ON/banner/SilverBasic.pdf

AZ	Aetna Health Inc.	Aetna Leap Everyday Plus – Banner	http://www.aetna.com/individuals-families/document-library/SBC/2016/CB/ON/banner/SilverPlus.pdf
		EverydayHealth HMO 4000 -	
ΑZ	BCBS Arizona	Alliance Network	http://www.azblue.com/2016plans/EverydayHealth4000Select
4.7	DCDC A di sasa	EverydayHealth HMO 4000 -	
AZ	BCBS Arizona	Select Network	http://www.azblue.com/2016plans/EverydayHealth4000Statewide
		EverydayHealth HMO 4000 - Statewide	
AZ	BCBS Arizona	Network	http://www.azblue.com/2016plans/Portfolio3250Statewide
		Portfolio HSA HMO 3250 - Statewide	
AZ	BCBS Arizona	Network	http://www.azblue.com/2016plans/EverydayHealth4000Alliance
AZ	BCBS Arizona	Portfolio HSA HMO 3250 - Alliance Network Portfolio HSA HMO 3250 -	http://www.azblue.com/2016plans/Portfolio3250Alliance
AZ	BCBS Arizona	Select Network	http://www.azblue.com/2016plans/Portfolio3250Select
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 3000	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/flex-silver-5000
74	IIIC.	TICK SHVCT 3000	Tittp:// www.cigna.com/individuals families/2010 plans/soc/anzona/fick silver-5000
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 4000	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/hsa-silver-2700
AL	IIIC.	TIEX SIIVEL 4000	nicp.//www.cigna.com/muividuais-rammes/2010-pians/suc/anzona/nsa-snver-2700

AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 5000	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/flex-silver-3000
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect HSA Silver 2700	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/connect-flex-silver-4000
AZ	Health Choice Insurance Co.	Health Choice Essential Silver	http://www.healthchoiceessential.com/docs/members/benefits/SBC2016EssentialSilverStandard.pdf
AZ	Health Choice Insurance Co.	Health Choice Total Wellness Silver	http://www.healthchoiceessential.com/docs/members/benefits/SBC2016TotalWellnessSilverSt andard.pdf
AZ	Health Choice Insurance Co.	Health Choice Value Silver	http://www.healthchoiceessential.com/docs/members/benefits/SBC2016ValueSilverStandard.pdf
AZ	Health Net of Arizona, Inc.	CommunityCare HMO Silver \$30/\$50/\$4500 without Pediatric Dental	https://www.healthnet.com/static/shopping/unprotected/pdfs/marketplace/az/ifp/2016_az_i ex_cc_hmo_silver_30_50_4500_ped_sbc.pdf
AZ	Health Net of Arizona, Inc.	CommunityCare HMO Silver \$30/\$50/\$4500 with Pediatric Dental	https://www.healthnet.com/static/shopping/unprotected/pdfs/marketplace/az/ifp/2016_az_i ex_cc_hmo_silver_30_50_4500_sbc.pdf
AZ	Humana Health Plan, Inc.	Humana Silver 3800/Phoenix HMOx	http://apps.humana.com/marketing/documents.asp?file=2601950

AZ	Humana Health Plan, Inc.	Humana Silver 3800/Tucson HMOx	http://apps.humana.com/marketing/documents.asp?file=2602197
AZ	Phoenix Health Plans, Inc.	Phoenix Choice Silver HMO Abrazo and Phoenix Children's Hospital + Dental/Vision	https://www.phxchoice.com/SilverW
	Phoenix		
	Health Plans,	Phoenix Choice	
AZ	Inc.	Silver HMO	https://www.phxchoice.com/PlusSilverW
AZ	Phoenix Health Plans, Inc.	Phoenix Choice Silver HMO + Dental/Vision	https://www.phxchoice.com/SilverA
	Phoenix	Phoenix Choice	
47	Health Plans,	Silver HMO	huse // his heave and /DL aCil and
AZ	Inc.	Abrazo Phoenix Choice	https://www.phxchoice.com/PlusSilverA
	Phoenix Health Plans,	Silver HMO Abrazo +	
AZ	Inc.	Dental/Vision	https://www.phxchoice.com/SIlverAPCH
	Phoenix Health Plans,	Phoenix Choice Silver HMO Abrazo and Phoenix Children's	
AZ	Inc.	Hospital	https://www.phxchoice.com/PlusSilverAPCH

AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 2000	http://www.uhc.com/iex/doc?id=az0025&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 2000-1	http://www.uhc.com/iex/doc?id=az0019&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 3500	http://www.uhc.com/iex/doc?id=az0031&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 4500	http://www.uhc.com/iex/doc?id=az0037&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus HSA 3000	http://www.uhc.com/iex/doc?id=az0013&st=az
CA	Anthem BCBS	Anthem Silver 70 HMO	http://statelink.stateside.com/Attachments/32990_Anthem Silver 70 PPO, a Multi-State Plan (a Tiered PPO Plan) CA PPO Individual 1X5T.pdf
CA	Anthem BCBS	Anthem Silver 70 PPO, a Multi- State Plan	http://statelink.stateside.com/Attachments/32990_Anthem Silver 70 HMO_CA_HMO_Individual_1G01.pdf

	Anthem	Anthem Silver 70 PPO, a Multi- State Plan (a	http://statelink.stateside.com/Attachments/32990 Anthem Silver 70 PPO, a Multi-State
CA	BCBS	Tiered PPO Plan)	<u>Plan CA PPO Individual 1FZC.pdf</u>
CA	Blue Shield of CA	Covered California Silver 70 PPO	https://www.blueshieldca.com/bsca/sbc-assets/public/ifp/Silver_70_PPO_Dual_SBC_1-16.pdf
CA	Chinese Community Health Plan	Silver70 HMO	http://www.cchphealthplan.com/sites/default/files/pdfs/12-21-15%20Ex%20U-1%202016%20Silver70%20IFP%20CCA%20SBC.pdf
CA	Health Net	Silver 70 EPO	http://statelink.stateside.com/Attachments/32990_Health Net CA Silver 70 HMO viewSbcDoc.pdf
CA	Health Net	Silver 70 HMO	http://statelink.stateside.com/Attachments/32990_Healht Net CA Silver 70 HSP 67138CA063000501_2016.pdf
CA	Health Net	Silver 70 HSP	http://statelink.stateside.com/Attachments/32990 Health Net Silver 70 EPO viewSbcDoc.pdf
CA	Kaiser Permanente	Silver 70 HMO	http://info.kaiserpermanente.org/healthplans/california/individual/pdfs/2016-ON-Exchange/PLNSBC_CAL_800222_5000_20160101_20120501_en.pdf
CA	LA Care Health Plan	Silver 70 HMO	http://www.lacare.org/sites/default/files/LA%20Care%20Covered%20Direct%E2%84%A2%20Silver%2070%20HMO.pdf
CA	Molina	Silver 70 HMO	http://statelink.stateside.com/Attachments/32990_Molina Silver 70 HMO 18126CA001000301_2016.pdf
CA	Oscar Health Plan of California	Silver 70 EPO Pla	http://statelink.stateside.com/Attachments/32990_Oscar Silver 70 EPO 10544CA012000101 2016.pdf
CA	Sharp Health Plan	Silver 70 HMO Network 1	http://statelink.stateside.com/Attachments/32990 Sharp CA Silver 70 HMO 1 92499CA002000601 2016.pdf
CA	Sharp Health Plan	Silver 70 HMO Network 2	http://statelink.stateside.com/Attachments/32990_Sharp CA Silver HMO 2 92499CA002000501_2016.pdf
CA	United Healthcare	Silver 70 PPO	http://statelink.stateside.com/Attachments/32990_United CA Silver 70 PPO.pdf

CA	Valley Health Plan	VHP Silver 70 HMO	https://www.valleyhealthplan.org/sites/shoppers/Documents/SBC/SBC%202016/VHP-IFP-SBC-Silver%2070-2016.pdf
CA	Western Health Advantage	WHA Silver 70 HMO	https://www.westernhealth.com/pdfs/shared/copayment-summaries/individual-plans/covered-california-exchange-plans/silver-70-16/
СО	Cigna	Connect Flex Silver 1500	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/co/884596-sbc-cigna-connect-flex-silver-1500-denver-boulder-co.pdf
СО	Cigna	Connect Flex Silver 3000	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/co/884582-sbc-cigna-connect-hsa-silver-3000-denver-boulder-co.pdf
СО	Cigna	Connect Flex Silver 4000	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/co/884589-sbc-cigna-connect-flex-silver-4000-denver-boulder-co.pdf
СО	Cigna	Vantage Flex Silver 2000	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/co/884629-sbc-cigna-vantage-flex-silver-2000-denver-plus-co.pdf
СО	Cigna	Vantage Flex Silver 3250	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/co/884622-sbc-cigna-vantage-flex-silver-3250-denver-plus-co.pdf
СО	Cigna	Vantage HSA Silver 2700	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/co/884615-sbc-cigna-vantage-hsa-silver-2700-denver-plus-co.pdf
СО	Colorado Choice Health Plans	Silver Basic 60 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Basic-60-IND.pdf
СО	Colorado Choice Health Plans	Silver Value 70 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Value-70-IND.pdf

СО	Colorado Choice Health Plans	SilverChoice 1750/40 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-1750-40-IND.pdf
СО	Colorado Choice Health Plans	SilverChoice 2000/40 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-2000-40-IND.pdf
СО	Colorado Choice Health Plans	SilverChoice 2000/Copay HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-2000-Copay-IND.pdf
СО	Colorado Choice Health Plans	SilverChoice 3000/30 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-3000-30-IND.pdf
СО	Colorado Choice Health Plans	SilverChoice HSA 1500/30 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-HSA-1500-30-IND.pdf
СО	Denver Health [Elevate Health Plans]	Silver Select 70	http://www.elevatehealthplans.org/sites/default/files/attachments/SBC_ENG_DHMP_66699C O0030001-01_20160101.pdf
СО	Denver Health [Elevate Health Plans]	Silver Standard 70	http://www.elevatehealthplans.org/sites/default/files/attachments/SBC_ENG_DHMP_66699C 00030006-01_20160101.pdf
СО	Denver Health [Elevate Health Plans]	Silver Value 70	http://www.elevatehealthplans.org/sites/default/files/attachments/SBC_ENG_DHMP_66699C 00030003-01 20160101.pdf
со	Humana	Silver 3800/Colorado HMOx	http://apps.humana.com/marketing/documents.asp?file=2602457
СО	Humana	Silver	http://apps.humana.com/marketing/documents.asp?file=2602535

		4125/Colorado HMOx	
СО	Kaiser Permanente	Select Silver 1800/30	http://info.kaiserpermanente.org/healthplans/colorado/individual/pdfs/2016-On-Exchange/PLNSBC_COL_80001_710_20160101_20120501_en.pdf
СО	Kaiser Permanente	Select Silver 2500/30	http://info.kaiserpermanente.org/healthplans/colorado/individual/pdfs/2016-On-Exchange/PLNSBC_COL_80001_715_20160101_20120501_en.pdf
СО	Kaiser Permanente	Silver 1800/30	http://info.kaiserpermanente.org/healthplans/colorado/individual/pdfs/2016-On-Exchange/PLNSBC_COL_80001_720_20160101_20120501_en.pdf
СО	Kaiser Permanente	Silver 2500/30	http://info.kaiserpermanente.org/healthplans/colorado/individual/pdfs/2016-On- Exchange/PLNSBC_COL_80001_120_20160101_20120501_en.pdf
СО	Kaiser Permanente	Silver 2750/20%/HSA	http://info.kaiserpermanente.org/healthplans/colorado/individual/pdfs/2016-On-Exchange/PLNSBC_COL_80001_180_20160101_20120501_en.pdf
СО	Kaiser Permanente	Silver 2750/20%/HSA	http://info.kaiserpermanente.org/healthplans/colorado/individual/pdfs/2016-On- Exchange/PLNSBC_COL_80001_400_20160101_20120501_en.pdf
CO	Rocky Mountain Health Plans	Colorado Springs Health Partners HMO Silver - Deductible \$1500/Copay \$40	http://www.rmhp.org/docs/default-source/individual- family/sbc_hmo_i_silver_cshp_1500_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Colorado Springs Health Partners HMO Silver - Deductible \$3000/Copay \$40	http://www.rmhp.org/docs/default-source/individual- family/sbc_hmo_i_silver_cshp_3000_40_cd.pdf?sfvrsn=2
СО	Rocky Mountain Health Plans	Monument Health PPO Silver 3000/4500 - Tiered Network Individual	http://www.rmhp.org/docs/default-source/individual- family/sbc_ppo_idv_monument_silver_3000_4500.pdf?sfvrsn=4
СО	Rocky Mountain Health Plans	New West Focus HMO Silver - Deductible \$1500/Copay \$40	http://www.rmhp.org/docs/default-source/individual- family/sbc_hmo_i_silver_nwf_1500_40_cd.pdf?sfvrsn=2

		New West Focus	
	Rocky	HMO Silver -	
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
СО	Health Plans	\$2500/Copay \$40	family/sbc_hmo_i_silver_nwf_2500_40_cd.pdf?sfvrsn=2
	Rocky	Range Exclusive HMO Silver -	
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
со	Health Plans	\$1500/Copay \$40	family/sbc_hmo_i_silver_rmr_1500_40_cd.pdf?sfvrsn=2
	ricartii iaris	Range Exclusive	Turniny/350_11110_1_511VC1_1111_1500_10_ca.par.51V1511 2
	Rocky	HMO Silver -	
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
СО	Health Plans	\$2500/Copay \$40	family/sbc_hmo_i_silver_rmr_2500_40_cd.pdf?sfvrsn=2
		Range Exclusive	
	Rocky	HMO Silver -	
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
СО	Health Plans	\$3000/Copay \$40	family/sbc_hmo_i_silver_rmr_3000_40_cd.pdf?sfvrsn=2
	Rocky	Range Exclusive HMO Silver HSA -	
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
СО	Health Plans	\$2700/100%	family/sbc_hmo_hsa_i_silver_rmr_2700_100_cd.pdf?sfvrsn=2
	Rocky	Rio PPO Silver -	# * * * * * * * * * * * * * * * * * * *
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
со	Health Plans	\$1500/Copay \$40	family/sbc_ppo_i silver_rio_1500_40_cd.pdf?sfvrsn=2
	Rocky	Rio PPO Silver -	// and_blocand_and_and_and_and_and_and_and_and_an
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
со	Health Plans	\$2500/Copay \$40	family/sbc ppo i silver rio 2500 40 cd.pdf?sfvrsn=2
	Rocky	Rio PPO Silver -	Wasanin and a second se
	Mountain	Deductible	http://www.rmhp.org/docs/default-source/individual-
со	Health Plans	\$4000/Copay \$40	family/sbc ppo i silver rio 4000 40 cd.pdf?sfvrsn=2
	Rocky	Rio PPO Silver	//
	Mountain	HSA - Deductible	http://www.rmhp.org/docs/default-source/individual-
СО	Health Plans	\$2800/100%	family/sbc_ppo_hsa_i_silver_rio_2800_100_cd.pdf?sfvrsn=4
		+ = = = = = = = = = = = = = = = = = = =	

СО	Rocky Mountain Health Plans	Rio PPO Silver HSA - Deductible \$3500/100%	http://www.rmhp.org/docs/default-source/individual-family/sbc_ppo_hsa_i_silver_rio_3500_100_cd.pdf?sfvrsn=2
СО	United Healthcare	Silver Compass 2000 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-2000.pdf
СО	United Healthcare	Silver Compass 2000-1 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-2000-1.pdf
СО	United Healthcare	Silver Compass 3500 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-3500.pdf
СО	United Healthcare	Silver Compass 4500 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-4500.pdf
СО	United Healthcare	Silver Compass HSA 3000 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-HSA-3000.pdf
СО	United Healthcare	Silver Copay Select 1 EPO	https://www.uhone.com/~/media/UHO/Files/pdf/sbcPDFs/gen32/SBC-CO-SL-CP1-32.pdf
СТ	Anthem BCBS	Silver PPO Pathway X	http://statelink.stateside.com/Attachments/32990_Silver PPO Pathway X_CT_PPO_Individual_1GUW.pdf
СТ	Anthem BCBS	Silver PPO Pathway X, a Multi-State Plan	http://statelink.stateside.com/Attachments/32990_Silver PPO Pathway X, a Multi-State Plan_CT_PPO_Individual_1GV0.pdf
СТ	Anthem BCBS	Silver PPO Standard Pathway X	http://statelink.stateside.com/Attachments/32990 Silver PPO Standard Pathway X CT PPO Individual 1GUS.pdf
			https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan-pdf%3Flanguage%3DEN%26carrier%3D76962%26year%3D2016%26planId%3D76962CT001001
СТ	ConnectiCare	Silver Choice POS	9-01&carrierNameValue=ConnectiCare+Benefits%2C+Inc.
		Silver Standard POS	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan-pdf%3Flanguage%3DEN%26carrier%3D76962%26year%3D2016%26planId%3D76962CT001000 5-01&carrierNameValue=ConnectiCare+Benefits%2C+Inc.
CT	ConnectiCare	DONE	L ()1 & carrior()amo()aliio-(onnocti(aro+Donotite())(+Inc

СТ	Healthy CT	CO-OPtions Enhanced Silver Plus PPO 1, a Multi-State Plan	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan- pdf%3Flanguage%3DEN%26carrier%3D91069%26year%3D2016%26planId%3D91069CT050000 1-01&carrierNameValue=HealthyCT
СТ	Healthy CT	CO-OPtions Enhanced Silver PPO 1, a Multi- State Plan	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan-pdf%3Flanguage%3DEN%26carrier%3D91069%26year%3D2016%26planId%3D91069CT049000 1-01&carrierNameValue=HealthyCT
СТ	Healthy CT	Silver Enhanced Standard PPO	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan- pdf%3Flanguage%3DEN%26carrier%3D91069%26year%3D2016%26planId%3D91069CT002000 1-01&carrierNameValue=HealthyCT
СТ	United Healthcare	Silver Choice Plus HSA	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan-pdf%3Flanguage%3DEN%26carrier%3D49650%26year%3D2016%26planId%3D49650CT006000 6-01&carrierNameValue=UnitedHealthcare
СТ	United Healthcare	Silver Choice Plus POS	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic %2Fplan-pdf%3Flanguage%3DEN%26carrier%3D49650%26year%3D2016%26planId%3D49650CT006000 2-01&carrierNameValue=UnitedHealthcare
DC	CareFirst BCBS Blue Choice	HMO HSA Silver 1350	https://content.carefirst.com/sbc/AHHDCN6BRXCDCN6LN052016.pdf
DC	CareFirst BCBS Blue Choice	HMO Silver Std 2000	https://content.carefirst.com/sbc/AHNDCN6BRXXDCN6NN052016.pdf
DC	CareFirst BCBS Blue Choice	Plus Silver Std 2500	https://content.carefirst.com/sbc/APNDBN6BRXXDBN6LN052016.pdf

	CareFirst		
	BCBS Blue	PPO HAS Silver	
DC	Choice	1600	https://content.carefirst.com/sbc/APHDBN6BRXMDBN6LN052016.pdf
		Silver	
5.0	Kaiser	1500/30/Dental/	http://info.kaiserpermanente.org/healthplans/districtofcolumbia/individual/pdfs/2016-ON-
DC	Permanente	PedDental	Exchange/PLNSBC_MAS_41000_2300_20160101_20120501_en.pdf
	Water .	Silver	The first of the f
DC	Kaiser Permanente	2750/20%/HSA/D ental/PedDental	http://info.kaiserpermanente.org/healthplans/districtofcolumbia/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_41000_3300_20160101_20120501_en.pdf
DC	remanente	STD Silver	Exchange/1 EN3Be_MA3_41000_3300_20100101_20120301_en.pui
	Kaiser	2000/25/Dental/	http://info.kaiserpermanente.org/healthplans/districtofcolumbia/individual/pdfs/2016-ON-
DC	Permanente	PedDental	Exchange/PLNSBC_MAS_41000_2304_20160101_20120501_en.pdf
		Aetna Silver \$10	
	Aetna Health	Copay 2750 Savings Plus	http://www.aetna.com/individuals-families/document-
FL	Inc.	HMO	library/SBC/2016/ON/FL/FL_SBC_708713.pdf
	-	BlueOptions	2 2 1/2 2/ 2 2/ 2 2/ 2 2 2 2 2 2 2 2 2 2
	BCBS of	Everyday Health	
FL	Florida	1410	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1410.pdf
	BCBS of	BlueOptions Everyday Health	
FL	Florida	1423	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1423.pdf
	7.01.10.0	BlueOptions	
	BCBS of	Everyday Health	
FL	Florida	1431	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1431.pdf
	BCBS of	BlueSelect	
FL	Florida	Everyday Health 1443	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1443.pdf
		BlueSelect	, ,
	BCBS of	Everyday Health	
FL	Florida	1456	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1456.pdf
	BCBS of	BlueSelect	
FL	Florida	Everyday Health 1464	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1464.pdf

FL	BCBS of Florida [Health Options, Inc.]	BlueCare Everyday Health 1477	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1477.pdf
FL	BCBS of Florida [Health Options, Inc.]	BlueCare Everyday Health 1490	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1490.pdf
FL	BCBS of Florida [Health Options, Inc.]	BlueCare Everyday Health 1498	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1498.pdf
FL	BCBS of Florida [Health Options, Inc.]	MyBlue Silver 1603	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1603.pdf
FL	BCBS of Florida [Health Options, Inc.]	MyBlue Silver 1604	http://www.bcbsfl.com/DocumentLibrary/SBC/2016/1604.pdf
FL	Celtic Insurance Co.	Ambetter Balanced Care 1 (2016) Ambetter	https://api.centene.com/SBC/2016/21663FL0130002-01.pdf
FL	Celtic Insurance Co.	Balanced Care 1 (2016) + Vision Ambetter	https://api.centene.com/SBC/2016/21663FL0140001-01.pdf
FL	Celtic Insurance Co.	Balanced Care 1 (2016) + Vision + Adult Dental	https://api.centene.com/SBC/2016/21663FL0150001-01.pdf
FL	Celtic Insurance Co.	Ambetter Balanced Care 10	https://api.centene.com/SBC/2016/21663FL0130005-01.pdf

		(2016)	
FL	Celtic Insurance Co.	Ambetter Balanced Care 10 (2016) + Vision Ambetter Balanced Care 10	https://api.centene.com/SBC/2016/21663FL0140003-01.pdf
FL	Celtic Insurance Co.	(2016) + Vision +Adult dental	https://api.centene.com/SBC/2016/21663FL0150003-01.pdf
FL	Celtic Insurance Co.	Ambetter Balanced Care 2 (2016)	https://api.centene.com/SBC/2016/21663FL0130003-01.pdf
FL	Celtic Insurance Co.	Ambetter Balanced Care 2 (2016) + Vision + Adult Dental	https://api.centene.com/SBC/2016/21663FL0150002-01.pdf
FL	Celtic Insurance Co.	Ambetter Balanced Care 2 (2016)+ Vision	https://api.centene.com/SBC/2016/21663FL0140002-01.pdf
FL	Coventry Health Care of Florida, Inc.	Coventry Silver \$10 Copay 2750 Carelink HMO	http://www.coventryone.com/FL72697
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver HMO 53	http://www.fhcp.com/ISBC/2016/56503FL1330001-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Essential Plus Silver POS 54	http://www.fhcp.com/ISBC/2016/56503FL1410001-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO 6400	http://www.fhcp.com/ISBC/2016/56503FL2040001-01.pdf

FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO 6600	http://www.fhcp.com/ISBC/2016/56503FL2060001-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO BC 0941	http://www.fhcp.com/ISBC/2016/56503FL2550002-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver HMO BC 7741	http://www.fhcp.com/ISBC/2016/56503FL2570002-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 0941	http://www.fhcp.com/ISBC/2016/56503FL2560002-01.pdf
FL	Florida Health Care Plan, Inc.	Gym Access IND Silver POS BC 7741	http://www.fhcp.com/ISBC/2016/56503FL2580002-01.pdf
FL	Florida Health Care Plan, Inc.	IND Essential Plus Silver HMO 53	http://www.fhcp.com/ISBC/2016/56503FL1330002-01.pdf
FL	Florida Health Care Plan, Inc.	IND Essential Plus Silver POS 54	http://www.fhcp.com/ISBC/2016/56503FL1410002-01.pdf
FL	Florida Health Care Plan, Inc.	IND Silver HMO 6400	http://www.fhcp.com/ISBC/2016/56503FL2040002-01.pdf
FL	Florida Health Care Plan, Inc.	IND Silver HMO 6600	http://www.fhcp.com/ISBC/2016/56503FL2060002-01.pdf
FL	Florida Health Care Plan, Inc.	IND Silver HMO BC 0941	http://www.fhcp.com/ISBC/2016/56503FL2550001-01.pdf

Florida Health Care Plan, Inc.	IND Silver HMO BC 7741	http://www.fhcp.com/ISBC/2016/56503FL2570001-01.pdf
Florida Health Care Plan, Inc.	IND Silver POS BC 0941	http://www.fhcp.com/ISBC/2016/56503FL2560001-01.pdf
Florida Health Care Plan, Inc.	IND Silver POS BC 7741	http://www.fhcp.com/ISBC/2016/56503FL2580001-01.pdf
Health First Health Plans, Inc.	Florida Hospital Silver HMO 100 1514	http://www.myFHCA.org/2016_sbc_1514
Health First Health Plans, Inc.	Florida Hospital Silver HMO 100 1522	http://www.myFHCA.org/2016_sbc_1522
Health First Health Plans, Inc.	Florida Hospital Silver HMO 70 1546	http://www.myFHCA.org/2016_sbc_1546
Health First Health Plans, Inc.	Florida Hospital Silver HMO 70 1554	http://www.myFHCA.org/2016_sbc_1554
Health First Health Plans, Inc.	Florida Hospital Silver HMO 80 1534	http://www.myFHCA.org/2016_sbc_1534
Health First Health Plans, Inc.	Florida Hospital Silver HMO 80 1542	http://www.myFHCA.org/2016_sbc_1542
Health First Health Plans, Inc.	Florida Hospital Silver HMO 90 1526	http://www.myFHCA.org/2016_sbc_1526
	Health Care Plan, Inc. Florida Health Care Plan, Inc. Florida Health Care Plan, Inc. Health First Health Plans, Inc.	Health Care Plan, Inc. Florida Health First Health First Health First Health Plans, Inc. Health First Health First Health Plans, Inc. Florida Hospital Silver HMO 100 1514 Health First Health Plans, Inc. Florida Hospital Silver HMO 70 1522 Health First Health Plans, Inc. Florida Hospital Silver HMO 70 1546 Health First Health Plans, Inc. Florida Hospital Silver HMO 70 1554 Health First Health Plans, Inc. Florida Hospital Silver HMO 80 1534 Health First Health Plans, Inc. Florida Hospital Silver HMO 80 1534 Health First Health Plans, Inc. Florida Hospital Silver HMO 80 1542 Health First Florida Hospital Silver HMO 90

FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 100 1515	http://www.myFHCA.org/2016_sbc_1515
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 70 1547	http://www.myFHCA.org/2016_sbc_1547
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 70 1555	http://www.myFHCA.org/2016_sbc_1555
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 80 1535	http://www.myFHCA.org/2016_sbc_1535
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 90 1527	http://www.myFHCA.org/2016_sbc_1527
FL	Health First Health Plans, Inc.	Health First Silver HMO 100 1046	http://www.myHFHP.org/2016_sbc_1046
FL	Health First Health Plans, Inc.	Health First Silver HMO 100 1058	http://www.myHFHP.org/2016_sbc_1058
FL	Health First Health Plans, Inc.	Health First Silver HMO 70 1126	http://www.myHFHP.org/2016_sbc_1126
FL	Health First Health Plans, Inc.	Health First Silver HMO 70 1158	http://www.myHFHP.org/2016_sbc_1158
FL	Health First Health Plans, Inc.	Health First Silver HMO 80 1094	http://www.myHFHP.org/2016_sbc_1094

FL	Health First Health Plans, Inc.	Health First Silver HMO 80 1110	http://www.myHFHP.org/2016_sbc_1110
FL	Health First Health Plans, Inc.	Health First Silver HMO 90 1070	http://www.myHFHP.org/2016_sbc_1070
FL	Health First Health Plans, Inc.	Health First Silver POS 100 1050	http://www.myHFHP.org/2016_sbc_1050
FL	Health First Health Plans, Inc.	Health First Silver POS 70 1130	http://www.myHFHP.org/2016_sbc_1130
FL	Health First Health Plans, Inc.	Health First Silver POS 70 1162	http://www.myHFHP.org/2016_sbc_1162
FL	Health First Health Plans, Inc.	Health First Silver POS 80 1098	http://www.myHFHP.org/2016_sbc_1098
FL	Health First Health Plans, Inc.	Health First Silver POS 90 1074	http://www.myHFHP.org/2016_sbc_1074
FL	Humana Medical Plan, Inc.	Humana Silver 3800/HMO Premier	http://apps.humana.com/marketing/documents.asp?file=2603081
FL	Humana Medical Plan, Inc.	Humana Silver 3800/South Florida HUMx (HMOx)	http://apps.humana.com/marketing/documents.asp?file=2603432
FL	Humana Medical Plan, Inc.	Humana Silver 3800/Tampa Bay HUMx (HMOx)	http://apps.humana.com/marketing/documents.asp?file=2603692

FL	Humana Medical Plan, Inc.	Humana Silver 3800/Volusia HUMx (HMOx)	http://apps.humana.com/marketing/documents.asp?file=2603900
FL	Molina Healthcare of Florida, Inc	Molina Marketplace Silver Plan	http://www.molinahealthcare.com/members/fl/en-US/PDF/marketplace/summary-of-benefits-silver-250-2016.pdf
FL	United Healthcare of Florida, Inc.	Silver Compass 4000	http://www.uhc.com/iex/doc?id=fl0010&st=fl
FL	United Healthcare of Florida, Inc.	Silver Compass HSA 3600	http://www.uhc.com/iex/doc?id=fl0016&st=fl
ні	Hawaii Medical Service Association	HMSA Silver HMO	http://www.hmsa.com/sbc/2016/silver-hmo.pdf
НІ	Hawaii Medical Service Association	HMSA Silver PPO 1500	http://www.hmsa.com/sbc/2016/silver-ppo-1500.pdf
ні	Hawaii Medical Service Association	HMSA Silver PPO 2500	http://www.hmsa.com/sbc/2016/silver-ppo-2500.pdf
НІ	Kaiser Foundation Health Plan, Inc.	KP Silver II \$30 - ChiroAcuMassag e - Fit	http://www.kpinhawaii.com/sbc/2016/if-10009-sbc.htm

Kaiser Foundation Health Plan, Inc.	KP Silver II \$30 - Fit	http://www.kpinhawaii.com/sbc/2016/if-10004-sbc.htm
Kaiser Foundation Health Plan,	KP Silver III \$30 -	http://www.kpinhawaii.com/sbc/2016/if-10013-sbc.htm
IIIC.		
BC of Idaho	4000 POS	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2310001-00_01&name=Silver_CarePoint_4000&EffDate=1/1/2016
BC of Idaho	Silver Choice 2000 PPO	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2190001-00_01&name=Silver_Choice_2000&EffDate=1/1/2016
BC of Idaho	Silver Choice 3000 PPO	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2160001-00_01&name=Silver_Choice_3000&EffDate=1/1/2016
BC of Idaho	Silver Choice 4000 PPO	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID1610001-00_01&name=Silver_Choice_4000&EffDate=1/1/2016
BC of Idaho	Silver Choice 500 PPO	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID1620001-00_01&name=Silver_Choice_500&EffDate=1/1/2016
BC of Idaho	Silver Connect Southwest 2000	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2210001-00_01&name=Silver_Connect_Southwest_2000&EffDate=1/1/2016
BC of Idaho	Silver Connect Southwest 3000	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2180001-00_01&name=Silver_Connect_Southwest_3000&EffDate=1/1/2016
BC of Idaho	Silver Connect Southwest 4000	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID1650001-00_01&name=Silver_Connect_Southwest_4000&EffDate=1/1/2016
BC of Idaho	Silver Connect Southwest 500	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID1660001-00_01&name=Silver_Connect_Southwest_500&EffDate=1/1/2016
BC of Idaho	Silver Saver HSA	https://www.bcidaho.com/bci_v2/reports/reportwriterSBC.aspx?ID=61589ID2260001-00_01&name=Silver_Saver_Standard&EffDate=1/1/2016
BridgeSpan	Silver 3000 PPO	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/id/Silver-3000.pdf
	Foundation Health Plan, Inc. Kaiser Foundation Health Plan, Inc. BC of Idaho BC of Idaho	Foundation Health Plan, Inc. Kaiser Foundation Health Plan, Inc. Fit Silver Carepoint BC of Idaho Silver Choice 4000 PPO Silver Choice 4000 PPO Silver Choice 500 BC of Idaho Silver Connect Southwest 2000 Silver Connect Southwest 3000 Silver Connect Southwest 4000 Silver Connect Southwest 500 BC of Idaho Silver Saver HSA

ID	BridgeSpan	Silver 3000 PPO Dental Vision IAP	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/id/Silver-3000-with-Dental-Vision-and-IAP.pdf
ID) BridgeSpan	Silver HDHP 2500 PPO	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/id/Silver-HDHP-2500.pdf
	Montana Health CO-	A	http://www.mhc.coop/Idaho/wp-
ID		AccessCare Silver	content/uploads/2016/2016_ID_Individual_Access_Silver_SBC.pdf
ID	Montana Health CO- OP	Link Silver POS	http://www.mhc.coop/Idaho/wp-content/uploads/2016/2016_ID_Individual_Link_Silver_SBC.pdf
ID	Pacific Source	BrightIdea Balance Silver 2500 HMO	http://www.PacificSource.com/idaho/ind-brightidea-bs-2500
ID	Pacific Source	BrightIdea Value Silver 3600 HMO	http://www.PacificSource.com/idaho/ind-brightidea-vs-3600
ID	Pacific Source	PSN Balance Silver 2500 PPO	http://www.PacificSource.com/idaho/ind-psn-bs-2500
ID	Pacific Source	PSN Value Silver 3600 PPO	http://www.PacificSource.com/idaho/ind-psn-vs-3600
ID	Pacific Source	SmartAlliance Balance Silver 2500 HMO	http://www.PacificSource.com/idaho/ind-smartalliance-bs-2500
	Pacific	SmartAlliance Value Silver 3600	
ID	Source	HMO	http://www.PacificSource.com/idaho/ind-smartalliance-vs-3600
ID	SelectHealth	HealthSave Silver 1500 HSA	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0399
ID	SelectHealth	HealthSave Silver 2000 HSA	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0413
ID ID		HealthSave Silver 3500 HSA Preference Silver	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0435 http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0349
10	Sciectificatti	. Telefelice Silvei	http://www.sciectificaltholg/socjacidaltholph/state-idala-1/0003+5

		1250 PPO	
ID	SelectHealth	Preference Silver 2500 PPO Preference Silver	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0371
ID	SelectHealth	2500 PPO	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0364
ID	SelectHealth	Preference Silver 3800 Copay	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0386
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem BCBS Silver DirectAccess, a Multi-State Plan	http://www.uhc.com/iex/doc?id=in0019&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 10 for HSA	http://www.uhc.com/iex/doc?id=in0013&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 2500 10	http://www.uhc.com/iex/doc?id=in0025&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 3500 0	http://www.uhc.com/iex/doc?id=in0031&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 4250 30	http://www.uhc.com/iex/doc?id=in0007&st=in
IN	CareSource Indiana, Inc.	CareSource Just4Me Silver	http://statelink.stateside.com/Attachments/32990 IN Anthem BCBS Silver DirectAccess Multi- State Plan HMO Individual 1GFA.pdf
IN	CareSource Indiana, Inc.	CareSource Just4Me Silver	http://statelink.stateside.com/Attachments/32990 IN Anthem BCBS Silver Pathway X 10 for HSA_CDHP_Individual_1GF2.pdf

		with Dental and Vision	
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2016) + Vision	http://statelink.stateside.com/Attachments/32990 IN Anthem BCBS Silver Pathway X 2500- 10 HMO Individual 1GF6.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2016) + Vision + Adult Dental	http://statelink.stateside.com/Attachments/32990 IN Anthem BCBS Silver Pathway X 3500- 0 HMO Individual 1GEY.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 1(2016)	http://statelink.stateside.com/Attachments/32990_IN Anthem BCBC Silver Pathway X 4250- 30_HMO_Individual_1XA2.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 10 (2016)	https://www.caresource.com/documents/j4m2016-in-silver-basic-sum
IN	Celtic Insurance Company	Ambetter Balanced Care 10 (2016) + Vision	https://www.caresource.com/documents/j4m2016-in-silver-enhanced-sum
IN	Celtic Insurance Company	Ambetter Balanced Care 10 (2016) + Vision + Adult Dental	https://api.centene.com/SBC/2016/76179IN0120001-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2016)	https://api.centene.com/SBC/2016/76179IN0130001-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2016) + Vision	https://api.centene.com/SBC/2016/76179IN0110002-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2016) + Vision + Adult Dental	https://api.centene.com/SBC/2016/76179IN0110005-01.pdf

IN	Indiana University Health Plans, Inc.	IU Health Plans Silver Copay	https://api.centene.com/SBC/2016/76179IN0120004-01.pdf
IN	Indiana University Health Plans, Inc.	IU Health Plans Silver Enhanced	https://api.centene.com/SBC/2016/76179IN0130004-01.pdf
IN	Indiana University Health Plans, Inc.	IU Health Plans Silver Enhanced Plus Dental & Vision	https://api.centene.com/SBC/2016/76179IN0110003-01.pdf
IN	Indiana University Health Plans, Inc.	IU Health Plans Silver HSA	https://api.centene.com/SBC/2016/76179IN0120002-01.pdf
IN	Indiana University Health Plans, Inc.	IU Health Plans Silver Value	https://api.centene.com/SBC/2016/76179IN0130002-01.pdf
IN	MDwise Marketplace, Inc.	MDwise Marketplace Silver Basic MDwise	http://iuhealth.org/healthplans/silver-copay-on-exchange
IN	MDwise Marketplace, Inc.	Marketplace Silver Coinsurance	http://iuhealth.org/healthplans/silver-enhanced-on-exchange
IN	MDwise Marketplace, Inc.	MDwise Marketplace Silver Plus	http://iuhealth.org/healthplans/silver-enhanced-dv-on-exchange

IN	MDwise Marketplace, Inc.	MDwise Marketplace Silver Plus with Adult Vision	http://iuhealth.org/healthplans/silver-hsa-on-exchange
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee HSA Silver 3500	http://iuhealth.org/healthplans/silver-value-on-exchange
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee Silver 2000	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_basic2016.pdf
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee Silver 2500	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_coinsurance_2016.pdf
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_plus_ 2016.pdf
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver 100 HAS	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_plus_vision_2016.pdf
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver HSA	http://www.phpni.com/marketplace/individual/sbc?planid=MSQHS-03500E00SD16

IN	United Healthcare [All Savers Insurance Company]	Silver Choice 2000	http://www.phpni.com/marketplace/individual/sbc?planid=MSTHS-02000E00SD16
IN	United Healthcare [All Savers Insurance Company]	Silver Choice 2000 1	http://www.phpni.com/marketplace/individual/sbc?planid=MSTHS-02500E00SD16
IN	United Healthcare [All Savers Insurance Company]	Silver Choice 3500	http://www.siho.org/files/2016/SIHOSilver.pdf
IN	United Healthcare [All Savers Insurance Company]	Silver Choice 4500	http://www.siho.org/files/2016/SIHOSilver100HSA.pdf
IN	United Healthcare [All Savers Insurance Company]	Silver Choice HSA 3000	http://www.siho.org/files/2016/SIHOSilverHSA.pdf
KY	Aetna	Silver \$10 Copay HNOnly	http://healthbenefitexchange.ky.gov/Documents/KY%20Aetna%20Silver%20\$10%20Copay%20 HNOnly%201409366%20092415.pdf
KY	Anthem BCBS	Silver DirectAccess, a Multi-State Plan	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Blue%20Cross%20and%20Blue%20Shield%20Silver%20DirectAccess,%20a%20Multi- State%20Plan_KY_PPO_Individual_1GGT.pdf

KY	Anthem BCBS	Silver Pathway X HMO 3500/25%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20HMO%203500_25_KY_HMO_Individual_1GHS.pdf
KY	Anthem BCBS	Silver Pathway X HMO 4250/30%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20HM
KY	Anthem BCBS	Silver Pathway X PPO 10% for HSA	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO %2010%20for%20HSA_KY_CDHP_Individual_1X1B.pdf
KY	Anthem BCBS	Silver Pathway X PPO 2000/20%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO
KY	Anthem BCBS	Silver Pathway X PPO 2500/10%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO %202500_10_KY_PPO_Individual_1X1K.pdf
KY	Anthem BCBS	Silver Pathway X PPO 4000/10%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO %204000_10_KY_PPO_Individual_1X1G.pdf
KY	Baptist Health Plan [Bluegrass Family Health]	Silver HMO 3000 BHCC 10%	http://healthbenefitexchange.ky.gov/Documents/Silver%20HMO%203000%20BHCC%2010.pdf
KY	Baptist Health Plan [Bluegrass Family Health]	Silver HSA 3000 BHCC 20%	http://healthbenefitexchange.ky.gov/Documents/Silver%20HSA%203000%20BHCC%2020.pdf
KY	CareSource Kentucky	Just4Me Silver	http://healthbenefitexchange.ky.gov/Documents/KY_Silver_SummaryOfBenefitsCoverage_201 50930_docx.pdf
KY	Humana	Humana Silver 3800/Norton + Just For Kids HMOx	http://healthbenefitexchange.ky.gov/Documents/KYHJ897EN_HumanaSilver3800Norton+JustForKidsHMOx_01.pdf
KY	Humana	Silver 3800/Cincinnati/ Northern KY HMOx	http://apps.humana.com/marketing/documents.asp?file=2606266
			, ,

KY	Humana	Silver 3800/Lexington UK HealthCare HMOx	http://apps.humana.com/marketing/documents.asp?file=2606500
KY	Humana	Silver 3800/Louisville HMOx	http://apps.humana.com/marketing/documents.asp?file=2606708
KY	United Healthcare	Silver Compass 2000	http://healthbenefitexchange.ky.gov/Documents/Silver-Compass-2000.pdf
KY	United Healthcare	Silver Compass 2000 1	http://healthbenefitexchange.ky.gov/Documents/Silver-Compass-2000-1.pdf
KY	United Healthcare	Silver Compass 3500	http://healthbenefitexchange.ky.gov/Documents/Silver-Compass-3500.pdf
KY	United Healthcare	Silver Compass 4500	http://healthbenefitexchange.ky.gov/Documents/Silver-Compass-4500.pdf
KY	United Healthcare	Silver Compass HSA 3000	http://healthbenefitexchange.ky.gov/Documents/Silver-Compass-HSA-3000.pdf
KY	Wellcare Health Plans	Silver HMO	http://healthbenefitexchange.ky.gov/Documents/2016_KY_SBC_Silver_09%2028%2015.pdf
LA	BCBS [HMO Louisiana, Inc.]	Blue Connect copay 70/50 \$3500	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240003-01&Year=2016
LA	BCBS [HMO Louisiana, Inc.]	Blue POS 100/80 \$3500	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220010-01&Year=2016
LA	BCBS [HMO Louisiana, Inc.]	Blue POS copay 70/50 \$3000	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220007- 01&Year=2016
LA	BCBS [HMO Louisiana, Inc.]	Blue POS copay 80/60 \$4500	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220011-01&Year=2016

LA	BCBS [HMO Louisiana, Inc.]	Community Blue copay 70/50 \$3500	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0230003-01&Year=2016
LA	BCBS [Louisiana Health Service & Indemnity Company]	BCBS of Louisiana \$2250, a Multi- State Plan	http://apps.humana.com/marketing/documents.asp?file=2629367
LA	BCBS [Louisiana Health Service & Indemnity Company]	Blue Max 100/100 \$4000	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0330002- 01&Year=2016
LA	BCBS [Louisiana Health Service & Indemnity Company]	Blue Max 80/60 \$3000	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0340019- 01&Year=2016
LA	BCBS [Louisiana Health Service & Indemnity Company]	Blue Max copay 70/50 \$2500	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0340016- 01&Year=2016

LA	BCBS [Louisiana Health Service & Indemnity Company]	Blue Saver 100/80 \$3000	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0340010- 01&Year=2016
LA	BCBS [Louisiana Health Service & Indemnity Company]	Blue Saver 80/60 \$1900	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0350003- 01&Year=2016
LA	Humana Health Benefit Plan of Louisiana, Inc.	Humana Silver 3800/Louisiana HMOx	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0350002- 01&Year=2016
LA	United Healthcare of Louisiana, Inc.	Silver Compass 4000	http://www.uhc.com/iex/doc?id=la0024&st=la
LA	United Healthcare of Louisiana, Inc.	Silver Compass 5000	http://www.uhc.com/iex/doc?id=la0030&st=la
LA	United Healthcare of Louisiana, Inc.	Silver Compass HSA 3600	http://www.uhc.com/iex/doc?id=la0018&st=la

LA	Vantage Health Plan, Inc.	Vantage Individual Silver	https://www.vantagehealthplan.com/documents/Marketplace/Silver_Summary_of_Benefits_and_Coverage.pdf
LA	Vantage Health Plan, Inc.	Vantage Plus Individual Silver	https://www.vantagehealthplan.com/documents/Marketplace/Silver_Plus_Summary_of_Bene fits_and_Coverage.pdf
MA	Ambetter (CeltiCare)	Ambetter Balanced Care 14	https://api.centene.com/SBC/2016/31234MA0390010-02.pdf
MA	BCBS of Massachuset ts	Acces Blue Basic HMO	http://www.bluecrossma.com/common/en_US/pdfs/New_SOB/BCBSMA_Access_Blue_Basic_S BC_2016.pdf
MA	Boston Medical Center HealthNet Plan	Silver A	http://www.bmchp.org/~/media/1a5efa0704e34aef918c992bae808050.pdf?#
MA	Fallon Community Health Plan	Direct Care Silver Connector A	http://www.fchp.org/employers/general-plan-information/~/media/Files/SBC/1-1-2016/Connector/2016-DC_Sil_Connector_A.ashx
MA	Fallon Community Health Plan	Select Care Silver Connector A	http://www.fchp.org/employers/general-plan-information/~/media/Files/SBC/1-1-2016/Connector/2016-SC_Sil_Connector_A.ashx
MA	Harvard Pilgrim Health Care	Best Buy Copayment HMO 2000	http://statelink.stateside.com/Attachments/32990_Harv Pilgrim Best Buy HMO 2000 SBC_MD0000003846_RX0000001308_20160101_20161231.pdf
MA	Harvard Pilgrim Health Care	Best Buy PPO 2000	http://statelink.stateside.com/Attachments/32990 Harv Pilgrim Best But PPO 2000 SBC MD0000003830 RX0000001293 20160101 20161231.pdf
MA	Harvard Pilgrim Health Care	Focus Network HMO 2000	http://statelink.stateside.com/Attachments/32990_Harv Pilg Focus Network HMO 2000 SBC_MD0000003822_RX0000001293_20160101_20161231.pdf

MA	Health New England	HNE Silver A HMO	http://www.healthnewengland.org/Portals/_default/Shared%20Documents/plans/2016_HNE_Connector_Silver_A_SBC.pdf
MA	Minuteman Health	MyDoc HMO ConnectorCare 1	http://minutemanhealth.org/MinutemanHealth/media/2016%20SBCs/Massachusetts/Connector%20Care/MyDoc%20HMO%20ConnectorCare%201.pdf
MA	Minuteman Health	MyDoc HMO ConnectorCare 2	http://minutemanhealth.org/MinutemanHealth/media/2016%20SBCs/Massachusetts/Connector%20Care/MyDoc%20HMO%20ConnectorCare%202.pdf
MA	Minuteman Health	MyDoc HMO ConnectorCare 3	http://minutemanhealth.org/MinutemanHealth/media/2016%20SBCs/Massachusetts/Connector%20Care/MyDoc%20HMO%20ConnectorCare%203.pdf
MA	Minuteman Health	MyDoc HMO Silver Basic	http://minutemanhealth.org/MinutemanHealth/media/2016%20SBCs/Massachusetts/Constitution/MyDoc%20HMO%20Silver%20Basic.pdf
MA	Minuteman Health	MyDoc HMO Silver Plus	http://minutemanhealth.org/MinutemanHealth/media/2016%20SBCs/Massachusetts/Constitution/MyDoc%20HMO%20Silver%20Plus.pdf
MA	Minuteman Health	MyDoc PPO Select Silver	http://minutemanhealth.org/MinutemanHealth/media/2016%20SBCs/Massachusetts/Constitution/MyDoc%20PPO%20Select%20Silver%20HSA%202000.pdf
MA	Neighborhoo d Health Plan	NHP Prime HMO 2000/4000 30/50 with \$5 Low Cost Generic RX	https://www.nhp.org/SBCs/2016/SBC_PrimeHMO_20004000_3050_5-Low-Cost-Generic-Rx.pdf
MA	Neighborhoo d Health Plan	Prime HMO 1750/3500 50/75 with \$5 Low-Cost Generic Rx	https://www.nhp.org/SBCs/2016/SBC_PrimeHMO_17503500_5075_5-Low-Cost-Generic-Rx.pdf
MA	Neighborhoo d Health Plan	Prime HMO Silver Simplicity	https://www.nhp.org/SBCs/2016/SBC_PrimeHMO_Silver-Simplicity.pdf
MA	Tufts Health Plan	Health Direct Silver 2000	https://www.tuftshealthplan.com/documents/members/plans/direct-silver-2000-sbc-2016
MA	Tufts Health Plan	Health Direct Silver 2000 With Co-Insurance	https://www.tuftshealthplan.com/documents/members/plans/direct-silver-2000-with-co-ins-sbc-2016
MA	Tufts Health Plan	Premier Silver 2000 HMO	https://www.tuftshealthplan.com/documents/employers/sbcs/2016/premier-silver-2000

MA	United Healthcare	United Healthcare Silver Choice \$2000	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ma/Silver-Choice-2000.pdf
MD	CareFirst BCBS Blue Choice	HMO HSA Silver 1350	https://content.carefirst.com/sbc/AHHMCN6ARXCMCN6LN052016.pdf
MD	CareFirst BCBS Blue Choice	HMO Silver 2000	https://content.carefirst.com/sbc/AHNMCN6ARXXMCN6NN052016.pdf
MD	CareFirst BCBS Blue Choice	Plus Silver 2500	https://content.carefirst.com/sbc/ATNMMN6ARXXMMN6SN052016.pdf
MD	CareFirst BCBS Blue Choice	PPO HAS Silver 1600	https://content.carefirst.com/sbc/APHMMN6ARXCMMN6LN052016.pdf
MD	Cigna	Access HSA Silver 2750	http://statelink.stateside.com/Attachments/32990 Cigna MD 20150912-1128- 32812MD0010002-01 PlanDetails 2016 4 20150912-1105.pdf
MD	Evergreen Health CO- OP	Health POS Silver 4850	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1130%2F72564MD0110011-01_PlanDetails_2016_29_20150912-0938.pdf&carrierNameValue=Evergreen+Health
MD	Evergreen Health CO- OP	Health Select Silver 4400	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1130%2F72564MD0190003-01_PlanDetails_2016_44_20150912- 0942.pdf&carrierNameValue=Evergreen+Health
MD	Evergreen Health CO- OP	HMO Open Access Silver HSA 2000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1130%2F72564MD0090016-01_PlanDetails_2016_13_20150912-0934.pdf&carrierNameValue=Evergreen+Health

MD	Evergreen Health CO- OP	HMO Open- Access Silver 3000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1130%2F72564MD0090015-01_PlanDetails_2016_7_20150912-0933.pdf&carrierNameValue=Evergreen+Health
MD	Kaiser Permanente	Silver 1500/30/Dental/ PedDental	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_2300_20160101_20120501_en.pdf
MD	Kaiser Permanente	Silver 2500/30/Dental/ PedDental	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_2301_20160101_20120501_en.pdf
MD	Kaiser Permanente	Silver 2750/20%/HSA/D ental/PedDental	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_3300_20160101_20120501_en.pdf
MD	United Healthcare	Silver Choice 2500	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1129%2F36677MD0020003-01_PlanDetails_2016_10_20150912-0954.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.
MD	United Healthcare	Silver Choice 3000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1129%2F36677MD0020004-01_PlanDetails_2016_16_20150912-0957.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.
MD	United Healthcare	Silver Choice 4400	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1129%2F36677MD0020005-01_PlanDetails_2016_22_20150912-0959.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.

MD	United Healthcare	Silver Choice HSA 3650	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1129%2F36677MD0020002-01_PlanDetails_2016_4_20150912-0953.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.
MD	United Healthcare	Silver Compass 4500	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1130%2F31112MD0030010-01_PlanDetails_2016_10_20150912-1033.pdf&carrierNameValue=UnitedHealthcare+of+the+Mid-Atlantic%2C+Inc.
MD	United Healthcare	Silver Compass HSA 2000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=2015 0912-1130%2F31112MD0030004-01_PlanDetails_2016_4_20150912-1032.pdf&carrierNameValue=UnitedHealthcare+of+the+Mid-Atlantic%2C+Inc.
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 2500 PPO	http://www.hap.org/sbc/2016-on-pa-2500ppo.pdf
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 3000 PPO	http://www.hap.org/sbc/2016-on-pa-3000ppo.pdf
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 3500 PPO	http://www.hap.org/sbc/2016-on-pa-3500ppo.pdf

MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Metro Detroit HMO Silver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/metro-detroit-hmo-silver-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Metro Detroit HMO Silver Extra	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/metro-detroit-hmo-silver-extra-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Metro Detroit HMO Silver Saver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/metro-detroit-hmo-silver-saver-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Partnered Silver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/partnered-silver-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Partnered Silver Extra	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/partnered-silver-extra-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Partnered Silver Saver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/partnered-silver-saver-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Preferred Silver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/preferred-silver-sbc.pdf

MI	BCBS [Blue Care Network of Michigan]	Blue Cross [®] Preferred Silver Extra	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/preferred-silver-extra-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Select Silver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/select-silver-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Select Silver Extra	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/select-silver-extra-sbc.pdf
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Select Silver Saver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/select-silver-saver-sbc.pdf
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Metro Detroit EPO Silver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/metro-detroit-epo-silver-sbc.pdf
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Metro Detroit EPO Silver Extra	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/metro-detroit-epo-silver-extra-sbc.pdf
	BCBS of Michigan Mutual Insurance	Blue Cross®	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/premier-silver-
MI	Company	Premier Silver	sbc.pdf

MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Premier Silver Extra	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/premier-silver-extra-sbc.pdf
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Premier Silver Saver	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/premier-silver-saver-sbc.pdf
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Silver Extra with Dental and Vision, a Multi-State Plan	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/silver-extradental-vision-multi-state-sbc.pdf
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Silver with Dental and Vision, a Multi- State Plan	http://www.bcbsm.com/content/dam/public/marketplace/2016-individual/sbc/silver-dental-vision-multi-state-sbc.pdf
MI	Harbor Health Plan, Inc.	Harbor Choice Plus Silver	https://www.harborhealthchoice.com/Plus-Silver-Standard
MI	Harbor Health Plan, Inc.	Harbor Choice Silver	https://www.harborhealthchoice.com/Silver-HMO
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 2500 HMO	http://www.hap.org/sbc/2016-on-pa-2500hmo.pdf

MI	Health Alliance Plan (HAP)	HAP Personal Alliance 2500 HMO Genesys Choice	http://www.hap.org/sbc/2016-on-pa-2500hmo-genesyschoice.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 2500 HMO Henry Ford Choice	http://www.hap.org/sbc/2016-on-pa-2500hmo-henryfordchoice.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO	http://www.hap.org/sbc/2016-on-pa-3000hmo.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO Genesys Choice	http://www.hap.org/sbc/2016-on-pa-3000hmo-genesyschoice.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO Henry Ford Choice	http://www.hap.org/sbc/2016-on-pa-3000hmo-henryfordchoice.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3500 HMO	http://www.hap.org/sbc/2016-on-pa-3500hmo.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3500 HMO Genesys Choice	http://www.hap.org/sbc/2016-on-pa-3500hmo-GEN.pdf
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3500 HMO Henry Ford Choice	http://www.hap.org/sbc/2016-on-pa-3500hmo-HFH.pdf
	(,)	23.00	

MI	Humana Medical Plan of Michigan, Inc.	Humana Silver 3800/Detroit HMOx	http://apps.humana.com/marketing/documents.asp?file=2607579
MI	Humana Medical Plan of Michigan, Inc.	Humana Silver 3800/Michigan HMOx	http://apps.humana.com/marketing/documents.asp?file=2619747
MI	McLaren Health Plan Community	McLaren Rewards Silver	http://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/UserUploads/2015_SBC_4103_Silver.pdf
MI	Meridian Health Plan of Michigan, Inc.	Meridian Healthy Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=DOvYTdIM/SNh2dtdbrNT+b0Cf6 2pkucs1Ahr/8VzLY+BNkMr87WQmGEgsHJmHqLyE5zZ97t+okM2mYMXZdvTWA==
MI	Meridian Health Plan of Michigan, Inc.	Meridian Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=e3OVOP9IFxL3Vx1GTGqSsYaHCGC9uMk3mNsqWbBc0TcrhCeTltEK0OmtsnVXc0Fjul2kmOW7zOB+B7nbiIOViA==
MI	Molina Healthcare of Michigan, Inc.	Molina Marketplace Silver Plan	http://www.molinahealthcare.com/members/mi/en-US/PDF/marketplace/summary-of-benefits-silver-250-2016.pdf
MI	Physicians Health Plan	Sparrow PHP Silver	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP% 20Silver_SNA01300_On.docx
MI	Physicians Health Plan	Sparrow PHP Silver HDHP Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP% 20Silver%20HDHP%20Exclusive_SNY00100_On.pdf
MI	Physicians Health Plan	Sparrow PHP Silver Practical Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP% 20Silver%20Practical%20Exclusive_SNA02000_On.pdf

MI	Physicians Health Plan	Sparrow PHP Silver Premier	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP% 20Silver%20Premier_SNA00100_On.docx
MI	Physicians Health Plan	Sparrow PHP Silver Select Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP% 20Silver%20Select%20Exclusive_SNA00700_On.docx
MI	Priority Health	MyPriority HMO Holistic Silver 2000	http://www.priorityhealth.com/~/media/9776A572B5A34CA4B3C3BA182AFA603F.pdf
MI	Priority Health	MyPriority HMO HSA Silver 1500 MyPriority HMO	http://www.priorityhealth.com/~/media/178E258DEE454ED1A64BA90B8173523D.pdf
MI	Priority Health	RxPlus Silver 1400 MyPriority HMO	http://www.priorityhealth.com/~/media/FBD5303051CC4D8A8E225C761A13E14B.pdf
MI	Priority Health	RxPlus Silver 1800 MyPriority HMO	http://www.priorityhealth.com/~/media/F99BA2A9BABB414BB3E60C21DE279950.pdf
MI	Priority Health	RxPlus Silver 1900	http://www.priorityhealth.com/~/media/5989FA4AB55B4C2B99797816DE9D4482.pdf
MI	Priority Health	MyPriority HMO Silver 1400 MyPriority	http://www.priorityhealth.com/~/media/AE44A200528F48AEAA99A12B28F9184D.pdf
MI	Priority Health	Holistic Silver - Spectrum Health Partners	http://www.priorityhealth.com/~/media/C3C0F129CC58466BBBB300226EB69A0D.pdf
MI	Priority Health	MyPriority POS Holistic Silver 2000	http://www.priorityhealth.com/~/media/A13A710F42DD4293AEB75A9D489F732F.pdf
MI	Priority Health	MyPriority POS HSA Silver 1500 MyPriority POS	http://www.priorityhealth.com/~/media/FA5A079D7C634DE48C54C56A3161CE33.pdf
MI	Priority Health	RxPlus Silver 1400	http://www.priorityhealth.com/~/media/6444E20DB96E42BDA9998DA32FB7B39F.pdf

	Priority	MyPriority POS RxPlus Silver	
MI	Health	1800	http://www.priorityhealth.com/~/media/B5CB57ED3741419D96582A156F581FD5.pdf
	Priority	MyPriority POS	
MI	Health	Silver 1400	http://www.priorityhealth.com/~/media/4E0C3124257045389E5DDE161D780363.pdf
		MyPriority RxPlus	
MI	Priority Health	- Spectrum Health Partners	http://www.priorityhealth.com/~/media/7E821ABE4B1F4932B371A47C6B96B729.pdf
IVII		ricaltii rartiicis	nttp.//www.phontyneath.com/ /media//2021AbL4b114332b3/1A4/Cob3ob/23.pui
	Priority Health		
	Insurance		
	Company	MyPriority PPO	
MI	(PHIC)	HSA Silver 1500	http://www.priorityhealth.com/~/media/ACD7BB2C64474B6D9AA4CBDB41CEE45B.pdf
	Priority		
	Health		
	Insurance Company	MyPriority PPO RxPlus Silver	
MI	(PHIC)	1400	http://www.priorityhealth.com/~/media/E2BB5EBE977A48A3AB87610BEEF9D6D3.pdf
	Priority		
	Health		
	Insurance	MyPriority PPO	
N // I	Company	RxPlus Silver	http://www.priorityhealth.com/~/media/3C4D68A4417C41109608D6C1229177A7.pdf
MI	(PHIC)	1800	nttp://www.priorityneaith.com/~/media/3C4D68A4417C41109608D6C1229177A7.pdi
	Priority Health		
	Insurance	MyPriority PPO	
	Company	RxPlus Silver	
MI	(PHIC)	1900	http://www.priorityhealth.com/~/media/6088ADCFACCA4FF38A0DF0CADC8BBA41.pdf
	Total Health		
N 41	Care USA,	Totally Vou	https://thcmi.com/PDF/members/PDF/SBC/67183MI0030002-01.pdf
MI	Inc.	Totally You	111. ps.//tilcini.com/rbr/inembers/rbr/sbc/b/16319110030002-01.pdi

MI	United Healthcare Community Plan, Inc.	Silver Compass 2000	http://www.uhc.com/iex/doc?id=MI0025&st=mi
MI	United Healthcare Community Plan, Inc.	Silver Compass 2000 1	http://www.uhc.com/iex/doc?id=MI0019&st=mi
MI	United Healthcare Community Plan, Inc.	Silver Compass 3500	http://www.uhc.com/iex/doc?id=MI0031&st=mi
MI	United Healthcare Community Plan, Inc.	Silver Compass 4500	http://www.uhc.com/iex/doc?id=MI0037&st=mi
MI	United Healthcare Community Plan, Inc.	Silver Compass HSA 3000	http://www.uhc.com/iex/doc?id=MI0013&st=mi
MN	BCBS of Minnesota	BCBS Silver, a Multi-State Plan	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/49316MN1320001-01.pdf
MN	BCBS of Minnesota	BlueAccess HSA Silver \$2700 Plan 438	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/49316MN1010004-01.pdf
MN	BCBS of Minnesota	BlueAccess HSA Silver \$4000 Plan 439	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/49316MN1010005-01.pdf
MN	BCBS of Minnesota	BlueAccess Silver \$1800 Plan 437	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/49316MN1010003-01.pdf

MN	BCBS of Minnesota	BlueAccess Silver \$3000 Plan 461	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/49316MN1010009-01.pdf
MN	Group Health Plan [Health Partners]	Key 1800 (Silver)	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/34102MN0010008-01.pdf
MN	Group Health Plan [Health Partners]	Key 2500 Plus (Silver)	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/34102MN0010003-01.pdf
MN	Group Health Plan [Health Partners]	Key 2750 HSA (Silver)	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/34102MN0010005-01.pdf
MN	Group Health Plan [Health Partners]	Key 3600 Plus (Silver)	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/34102MN0010006-01.pdf
MN	HMO Minnesota [Blue Plus]	BlueConnect Silver \$2000 Plan 450	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/57129MN0070001-01.pdf
MN	HMO Minnesota [Blue Plus]	BluePrint Silver \$2000 Plan 453	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/57129MN0090001-01.pdf
MN	HMO Minnesota [Blue Plus]	HSA with Mayo Clinic Silver \$2700 Plan 471	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/57129MN0150002-01.pdf
MN	HMO Minnesota [Blue Plus]	HSA with St. Luke's Silver \$2700 Plan 481	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/57129MN0170002-01.pdf
MN	Medica	Altru Prime Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0070003-01.pdf
MN	Medica	Altru Prime Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0070021-01.pdf

D 401	NA salissa	Altru Prime Silver	https://www.haalthalaaatiaaa.aa/his/NAN/2046/aaata/adfa/65047NAN0070000 04 adf
MN	Medica	HSA	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0070009-01.pdf
MN	Medica	Applause Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0010003-01.pdf
MN	Medica	Applause Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0010021-01.pdf
MN	Medica	Applause Silver HSA	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0010009-01.pdf
MN	Medica	Individual Choice Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0060003-01.pdf
MN	Medica	Individual Choice Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0060021-01.pdf
MN	Medica	Individual Choice Silver H S A	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0060009-01.pdf
MN	Medica	Inspiration HealthEast Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0030003-01.pdf
MN	Medica	Inspiration HealthEast Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0030021-01.pdf
MN	Medica	Inspiration HealthEast Silver HSA	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0030009-01.pdf
IVIIN	ivieuica		Tittps://www.nearthpianratings.org/nie/wiw/2010/assets/purs/03047/wiw0030009-01.pur
MN	Medica	Mayo Clinic Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0040003-01.pdf
MN	Medica	Mayo Clinic Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0040021-01.pdf
MN	Medica	Mayo Clinic Silver H S A	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0040009-01.pdf
MN	Medica	North Memorial Acclaim Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0020003-01.pdf
	iticalca	00pa,	

		Nauth Nausauial	
		North Memorial Acclaim Silver	
MN	Medica	Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0020021-01.pdf
IVIIN	ivieuica	North Memorial	Tittps.//www.nearthplanratings.org/me/why/2010/assets/pars/05047/who020021-01.par
		AcclaimSilver H S	
MN	Medica	A	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0020009-01.pdf
	Ucare		, , , , , , , , , , , , , , , , , , ,
MN	Minnesota	Choices Silver	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/85736MN0230003-01.pdf
	Ucare	Fairview UCare	
MN	Minnesota	Choices Silver	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/85736MN0230006-01.pdf
	Affinity		
	Health Plan,	AffinityAccess	http://www.affinityplan.org/uploadedFiles/Affinityv2/Content/Plans/Qualified Health Plans/S
NY	Inc.	Silver 2.0	ummary_of_Benefits/SBC_57165NY0040003-01-English.pdf
	Affinity	AffinityAccess	
	Health Plan,	Silver ST INN	http://www.affinityplan.org/uploadedFiles/Affinityv2/Content/Plans/Qualified Health Plans/S
NY	Inc.	Dep25	ummary_of_Benefits/SBC_57165NY0020003-01-English.pdf
			0 1 P
	Capital	LIDUMA	
	District Physicians	HDHMO Qualified 33	
	Health Plan,	Silver NS INN	
NY	Inc.	Dep25 Adult	https://www.cdphp.com/~/media/files/exchange/sbc/2016-individual/ihsx3093.ashx?la=en
141	me.	DCP25 Addit	Tittps.//www.caphp.com/ /mcala/mcs/cxchange/sbc/2010 maividual/msx3033.ashx:la=ch
	Capital		
	District		
	Physicians	HMO Copayment	
NIV	Health Plan,	30 Silver ST INN	https://www.adaha.com/g/asadia/files/asahanas/aha/2016 individual/iha/2110 aaha2la
NY	Inc.	Dep25	https://www.cdphp.com/~/media/files/exchange/sbc/2016-individual/ihsx3119.ashx?la=en
	Capital		
	District	Smart Deductible	
	Physicians	НМО	
	Health Plan,	Coinsurance 34	
NY	Inc.	Silver NS	https://www.cdphp.com/~/media/files/exchange/sbc/2016-individual/ihsx3085.ashx?la=en

		CareConnect EPO	
		Silver NS INN Dep	https://www.careconnect.com/Documents/2016/Individual-and-Family/SBC/Value-Silver-
NY	CareConnect	25 Acupuncture	75.pdf
		HMO 2000 X,	
		Silver, ST, INN,	
		Pediatric Dental,	http://statelink.stateside.com/Attachments/32990 Empire HMO 2000 X, Silver, ST, INN,
NY	Empire BCBS	Dep 25	Pediatric Dental, Dep 25 NY HMO Individual 1H1R.pdf
		HMO 2000 X,	
		Silver, ST, INN,	
		Pediatric Dental,	http://statelink.stateside.com/Attachments/32990 Empire HMO 2000 X, Silver, ST, INN,
NY	Empire BCBS	Dep 29	Pediatric Dental, Dep 29 NY HMO Individual 1H1S.pdf
		HMO 2250 X,	
		Silver, NS, INN,	
		Pediatric Dental,	http://statelink.stateside.com/Attachments/32990 Empire HMO 2250 X, Silver, NS, INN,
NY	Empire BCBS	Dep 25	Pediatric Dental, Dep 25 NY HMO Individual 1H2M.pdf
		HMO 2250 X,	
		Silver, NS, INN,	
		Pediatric Dental,	http://statelink.stateside.com/Attachments/32990 Empire HMO 2250 X, Silver, NS, INN,
NY	Empire BCBS	Dep 29	Pediatric Dental, Dep 29 NY HMO Individual 1GY3.pdf
		HMO 2750 X HSA	
		Silver NS CDHP	http://statelink.stateside.com/Attachments/32990 Empire HMO 2750 X, for HSA, Silver, NS,
NY	Empire BCBS	Individual 1GXH	INN, Pediatric Dental, Dep 29 NY CDHP Individual 1GXH.pdf
		HMO 2750 X, for	
		HSA, Silver, NS,	
		INN, Pediatric	http://statelink.stateside.com/Attachments/32990 Empire HMO 2750 X, for HSA, Silver, NS,
NY	Empire BCBS	Dental, Dep 25	INN, Pediatric Dental, Dep 25 NY CDHP Individual 1H29.pdf
		HMO 2750 X, for	
		HSA, Silver, NS,	
		INN, Pediatric	
		Dental, Dep 25, a	http://statelink.stateside.com/Attachments/32990 Empire Blue Cross HMO 2750 X, for HSA,
NY	Empire BCBS	Multi-State Plan	Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan NY CDHP Individual 1GXJ.pdf
		HMO 2750 X, for	
		HSA, Silver, NS,	http://statelink.stateside.com/Attachments/32990_Empire HMO 2750 X, for HSA, Silver, NS,
NY	Empire BCBS	INN, Pediatric	INN, Pediatric Dental, Dep 29 NY CDHP Individual 1H2A.pdf

		Dental, Dep 29	
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	http://statelink.stateside.com/Attachments/32990_Empire Blue Cross HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan NY CDHP Individual 1GXK.pdf
NY	Excellus [Excellus BCBS Central NY, Univera in WNY]	Silver Select	https://www.univerahealthcare.com/wps/PA_SOBfitsAndCoverage/DisplayDocument/Subscriber-Benefits-NY0950009-00-12241bb.pdf
NY	Excellus [Excellus BCBS Central NY, Univera in WNY]	Silver Standard	https://www.univerahealthcare.com/wps/PA_SOBfitsAndCoverage/DisplayDocument/Subscriber-Benefits-NY0940009-00-afe972b.pdf
NY	Fidelis Care [NYS Catholic Health Plan]	Fidelis Care Silver	https://www.fideliscare.org/Portals/0/DocumentLibrary/Products/NY%20State%20of%20Healt h/2016%20Products/SBC_Fidelis%20Care%20Silver_2016.pdf
NY	Fidelis Care [NYS Catholic Health Plan]	Fidelis Care Silver 250	https://www.fideliscare.org/Portals/0/DocumentLibrary/Products/NY%20State%20of%20Healt h/2016%20Products/SBC_Fidelis%20Care%20Silver%20250_2016.pdf
NY	Health Insure Plan of Greater NY [Emblem Health]	Select Care Silver	http://www.emblemhealth.com/en/Health-Care-Reform-For-New-York/~/media/D617A8758FBA4BE3B2C6074F8D559482.ashx
NY	Healthfirst New York	Silver Leaf	http://assets.healthfirst.org/api/pdf?id=pdf_7103788bfb&key=491809b88c137af57ec4ceed3c 8f098fc4c3e377

NY	Healthfirst New York	Silver Leaf Premier	http://assets.healthfirst.org/api/pdf?id=pdf_6acc05156d&key=7c4a6a8f70f7a822e25ead70296 9e6918e4c8009
NY	HealthNow NY Inc. [BS of NENY, BCBS of WNY]	Silver Aqua	https://securews.bsneny.com/content/dam/BSNENY/member/Silver/2016%20NENY%20Silver %20Aqua.pdf
NY	HealthNow NY Inc. [BS of NENY, BCBS of WNY]	Silver Standard	https://securews.bsneny.com/content/dam/BSNENY/member/Silver/2016%20NENY%20Silver %20Standard.pdf
NY	Independent Health	iDirect Silver Coinsurance HSAQ	https://www.independenthealth.com/Portals/0/PDFs/Exchange/2016/iDirect_Silver_Coinsurance_HSAQ_01_18029NY1260037.pdf
NY	Independent Health	Standard Silver	https://www.independenthealth.com/Portals/0/PDFs/Exchange/2016/Standard_Silver_01_180 29NY1260001.pdf
NY	MetroPlus Health Plan [Market Plus]	SilverPlus -S2, NS	http://www.metroplus.org/getattachment/MarketPlace/SilverPlus/S2_Handbook_SB_2016v3.pdf.aspx
NY	MetroPlus Health Plan [Market Plus]	SilverPlus-S1, ST, INN, Pediatric Dental, Dep25	http://www.metroplus.org/getattachment/MarketPlace/SilverPlus/S1_Handbook_SB_2016v3.pdf.aspx
NY	MVP Health Plan, Inc.	MVP PREMIER PLUS SILVER 2	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-002-N%20(2016)-356287.pdf
NY	MVP Health Plan, Inc.	PREMIER PLUS HDHP SILVER 3	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS-003-N%20(2016)-356285.pdf
NY	MVP Health Plan, Inc.	PREMIER PLUS SILVER 1	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-001-N%20(2016)-356286.pdf
NY	MVP Health Plan, Inc.	PREMIER SILVER	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-001-S%20(2016)-356288.pdf
NY	Oscar	Classic Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SED0_individual.pdf

NY	Oscar	Market Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SST0_individual.pdf
NY	Oscar	Simple Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SSI0_individual.pdf
NY	Oscar	Simple+ Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SSP0_individual.pdf
NY	United Healthcare [United, Oxford]	Compass Silver NS INN Pediatric Dental Dep 25	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-NS-INN-Pediatric-Dental-Dep-25.pdf
NY	United Healthcare [United, Oxford]	Compass Silver NS INN Pediatric Dental Dep 29	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-NS-INN-Pediatric-Dental-Dep-29.pdf
NY	United Healthcare [United, Oxford]	Compass Silver ST INN Pediatric Dental Dep 25	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-ST-INN-Pediatric-Dental-Dep-25.pdf
NY	United Healthcare [United, Oxford]	Compass Silver ST INN Pediatric Dental Dep 29	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-ST-INN-Pediatric-Dental-Dep-29.pdf
NY	Wellcare Health Plans	Non-Standard Silver	http://statelink.stateside.com/Attachments/32990_Wellcare ny_marketplace_Silver_Nonstandard_eng_2016.pdf
NY	Wellcare Health Plans	Standard Silver	http://statelink.stateside.com/Attachments/32990_Wellcare ny marketplace_Silver_Standard_eng_2016.pdf
ОН	Aetna Life Insurance Company	Aetna Silver \$10 Copay	http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/OH/OH_SBC_710801.pdf

ОН	AultCare Insurance Company	AultCare Silver 1400	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6452016.pdf
ОН	AultCare Insurance Company	AultCare Silver 1400 No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6152016.pdf
ОН	AultCare Insurance Company	AultCare Silver 1400 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6302016.pdf
ОН	AultCare Insurance Company	AultCare Silver 1500	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6432016.pdf
ОН	AultCare Insurance Company	AultCare Silver 1500 No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6132016.pdf
ОН	AultCare Insurance Company	AultCare Silver 1500 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6282016.pdf
ОН	AultCare Insurance Company	AultCare Silver 1500 Select No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6592016.pdf
ОН	AultCare Insurance Company	AultCare Silver 4750	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6672016.pdf
ОН	AultCare Insurance Company	AultCare Silver 4750 No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6712016.pdf
ОН	AultCare Insurance Company	AultCare Silver 4750 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6692016.pdf

	AultCare	AultCare Silver	
ОН	Insurance Company	4750 Select No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6732016.pdf
ОН	AultCare Insurance Company	AultCare Silver 5000	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6412016.pdf
ОН	AultCare Insurance Company	AultCare Silver 5000 No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6112016.pdf
ОН	AultCare Insurance Company	AultCare Silver 5000 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6262016.pdf
ОН	AultCare Insurance Company	AultCare Silver 5000 Select No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6612016.pdf
ОН	AultCare Insurance Company	AultCare Silver 6850	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6682016.pdf
ОН	AultCare Insurance Company	AultCare Silver 6850 Select	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6702016.pdf
ОН	AultCare Insurance Company	AultCare Silver 6850 Select No Pediatric Dental	http://www.aultcas.com/Application/na/getForm.aspx?sbc=sbc6742016.pdf
ОН	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2016)	https://api.centene.com/SBC/2016/41047OH0010018-01.pdf
ОН	Buckeye Community Health Plan	Ambetter Balanced Care 1 (2016) + Vision	https://api.centene.com/SBC/2016/41047OH0020018-01.pdf

	5 1		
	Buckeye Community	Ambetter Balanced Care 10	
ОН	Health Plan	(2016)	https://api.centene.com/SBC/2016/41047OH0010021-01.pdf
	Buckeye	Ambetter	,,,,,,,,,,,,,,,,,,,,,,
	Community	Balanced Care 10	
ОН	Health Plan	(2016) + Vision	https://api.centene.com/SBC/2016/41047OH0020020-01.pdf
	Buckeye	Ambetter	
	Community	Balanced Care 2	
ОН	Health Plan	(2016)	https://api.centene.com/SBC/2016/41047OH0010019-01.pdf
	Buckeye	Ambetter	
011	Community	Balanced Care 2	hu // /CDC /2045 /440 470 U0020040 04 If
ОН	Health Plan	(2016) + Vision CareSource	https://api.centene.com/SBC/2016/41047OH0020019-01.pdf
		Just4Me Silver	
		with Dental and	
ОН	CareSource	Vision	https://www.caresource.com/documents/j4m2016-oh-silver-enhanced-sum
		CareSource	
011	CanaCarmaa		https://www.garagovygo.gara/dagvygoyta/i/wg2016.ah.gilyan.hagia.guyg
ОН	CareSource	Just4Me Silver	https://www.caresource.com/documents/j4m2016-oh-silver-basic-sum
ОН	Community	Just4Me Silver	https://www.caresource.com/documents/j4m2016-oh-silver-basic-sum
ОН	Community Insurance	Just4Me Silver Anthem Silver	
	Community Insurance Company(An	Just4Me Silver Anthem Silver Pathway X HMO	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-
ОН	Community Insurance Company(An them BCBS)	Just4Me Silver Anthem Silver	
	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X HMO 2850 15	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-
	Community Insurance Company(An them BCBS)	Just4Me Silver Anthem Silver Pathway X HMO	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-
	Community Insurance Company(An them BCBS) Community Insurance	Anthem Silver Pathway X HMO 2850 15 Anthem Silver	http://statelink.stateside.com/Attachments/32990 Anthem Silver Pathway X HMO 2850- 15 OH HMO Individual 1X30.pdf
ОН	Community Insurance Company(An them BCBS) Community Insurance Company(An	Anthem Silver Pathway X HMO 2850 15 Anthem Silver Pathway X HMO	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-15_OH_HMO_Individual_1X30.pdf http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 3000-
ОН	Community Insurance Company(An them BCBS) Community Insurance Company(An them BCBS) Community Insurance	Anthem Silver Pathway X HMO 2850 15 Anthem Silver Pathway X HMO 3000 10 Anthem Silver	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-15_OH_HMO_Individual_1X30.pdf http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 3000-10_OH_HMO_Individual_1X2U.pdf
ОН	Community Insurance Company(An them BCBS) Community Insurance Company(An them BCBS) Community	Anthem Silver Pathway X HMO 2850 15 Anthem Silver Pathway X HMO 3000 10	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-15_OH_HMO_Individual_1X30.pdf http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 3000-

ОН	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X PPO 10 for HSA	http://statelink.stateside.com/Attachments/32990 Anthem Silver Pathway X PPO 10 for HSA_OH_CDHP_Individual_1GLC.pdf
ОН	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X PPO 2000 20	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 2000- 20_OH_PPO_Individual_1GLQ.pdf
ОН	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X PPO 2200 15	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 2200- 15_OH_PPO_Individual_1GMB.pdf
ОН	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X PPO 2500 10	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 2500- 10_OH_PPO_Individual_1GLW.pdf
ОН	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X PPO 3000 10	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 3000- 10_OH_PPO_Individual_1GL6.pdf
ОН	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X PPO 3500 25	http://statelink.stateside.com/Attachments/32990 Anthem Silver Pathway X PPO 3500- 25 OH PPO Individual 1GM5 (1).pdf
ОН	Consumers Life Insurance Company	Market HMO 1750 - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00500537 400000000

ОН	Consumers Life Insurance Company	Market HMO 1750 - ProMedica	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00500538 6000000000
ОН	Consumers Life Insurance Company	Market HMO 4000 HSA - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00500537 9000000000
ОН	Consumers Life Insurance Company	Market HMO 4000 HSA - ProMedica	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00500539 1000000000
ОН	Coordinated Health Mutual, Inc.	2016 Silver 1	http://inhealthohio.org/summary-of-benefits-coverage/2016/individual/silver-1-on-ffm
ОН	Coordinated Health Mutual, Inc.	2016 Silver 2 HSA	http://inhealthohio.org/summary-of-benefits-coverage/2016/individual/silver-2-hsa-on-ffm
ОН	Coordinated Health Mutual, Inc.	2016 Silver 3 HSA	http://inhealthohio.org/summary-of-benefits-coverage/2016/individual/silver-3-hsa-on-ffm
ОН	HealthSpan	Select Silver 1500-70 HSA Select Silver	http://www.healthspan.org/marketplace/2016Silver150070HSA
ОН	HealthSpan	2500-70 Select Silver 3500	http://www.healthspan.org/marketplace/20162500-70
ОН	HealthSpan	HSA Humana Silver	http://www.healthspan.org/marketplace/20163500HSA
ОН	Humana Health Plan of Ohio, Inc.	3800/Cincinnati/ Northern KY HMOx	http://apps.humana.com/marketing/documents.asp?file=2609308

011	Humana Health Plan	Humana Silver 3800/Cleveland	hu // 250707
ОН	of Ohio, Inc.	HMOx	http://apps.humana.com/marketing/documents.asp?file=2630797
ОН	Humana Health Plan of Ohio, Inc.	Humana Silver 3800/Dayton HMOx	http://apps.humana.com/marketing/documents.asp?file=2609516
ОН	Medical Health Insuring Corp. of Ohio	Market 1750	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00150564 0000000000
ОН	Medical Health Insuring Corp. of Ohio	Market 2400	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00150564 2000000000
ОН	Medical Health Insuring Corp. of Ohio	Market 4000 HSA	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00150564 4000000000
ОН	Medical Health Insuring Corp. of Ohio	Market HMO 1750 - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00500540 0000000000
ОН	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=00500540 5000000000
ОН	MOLINA HEALTHCARE OF OHIO	Molina Marketplace Silver Plan	http://www.molinahealthcare.com/members/oh/en-US/PDF/marketplace/summary-of-benefits-silver-250-2016.pdf

Paramount Insurance Company	Paramount Silver	http://www.paramounthealthcare.com/documents/marketplace/SBC2016-Silver1.pdf
Paramount Insurance Company	Paramount Silver	http://www.paramounthealthcare.com/documents/marketplace/SBC2016-Silver2.pdf
Paramount Insurance Company	Paramount Silver	http://www.paramounthealthcare.com/documents/marketplace/SBC2016-Silver3.pdf
Premier Health Plan, Inc.	Premier Health One Silver 2500	http://premierhealthdocs.org/sbc/2016/SBC Premier Health One Silver 2500.pdf
Premier Health Plan, Inc.	Premier Health One Silver 3000	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_3000.pdf
Premier Health Plan, Inc.	Premier Health One Silver 4000	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_4000.pdf
Premier Health Plan, Inc.	Premier Health One Silver 4500/20	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_4500_20.pdf
Premier Health Plan, Inc.	Premier Health One Silver 4500/30	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_4500_30.pdf
Summa Insurance Company, Inc.	SummaCare Silver 3000 with SCConnect Network and 3 Free PCP Visits	http://www.summacare.com/Libraries/SBCs/SummaCareSilver3000SCConnectNetwork.sflb
	Insurance Company Paramount Insurance Company Paramount Insurance Company Premier Health Plan, Inc. Premier Health Plan, Inc. Premier Health Plan, Inc. Premier Health Plan, Inc. Summa Insurance Company,	Insurance Company Paramount Insurance Company Paramount Insurance Company Paramount Insurance Company Premier Health Plan, Inc. Premier Health One Silver 4000 Premier Premier Health One Silver Health Plan, Inc. 4500/20 Premier Premier Health One Silver Silver Silver 3000 with Insurance Summa Insurance Silver 3000 with SCConnect Company, Network and 3

Summa Insurance Company, Inc.	SummaCare Silver 3000 with SCSelect Network and 3 Free PCP Visits SummaCare	http://www.summacare.com/Libraries/SBCs/SummaCareSilver3000SCSelectNetwork.sflb
Summa Insurance Company, Inc.	Silver 5000 with SCConnect Network and 3 Free PCP Visits	http://www.summacare.com/Libraries/SBCs/SummaCareSilver5000SCConnectNetwork.sflb
Summa Insurance Company, Inc.	SummaCare Silver 5000 with SCSelect Network and 3 Free PCP Visits	http://www.summacare.com/Libraries/SBCs/SummaCareSilver5000SCSelectNetwork.sflb
United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 2000	http://www.uhc.com/iex/doc?id=oh0055&st=oh
United Healthcare [All Savers Insurance	Silver Navigate Plus 2000 1	http://www.uhc.com/iex/doc?id=oh0049&st=oh
United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 3500	http://www.uhc.com/iex/doc?id=oh0061&st=oh
	Insurance Company, Inc. Summa Insurance Company, Inc. Summa Insurance Company, Inc. United Healthcare [All Savers Insurance Company] United Healthcare [All Savers Insurance Company] United Healthcare [All Savers Insurance Company]	Summa Insurance Company, Inc. Visits SummaCare Summa Insurance Silver 5000 with Insurance Company, Inc. Free PCP Visits SummaCare Summa Silver 5000 with SCConnect Company, Inc. Free PCP Visits SummaCare Silver 5000 with SCSelect Network Company, Inc. Visits United Healthcare [All Savers Insurance Silver Navigate Company] Plus 2000 United Healthcare [All Savers Insurance Silver Navigate Company] Plus 2000 1 United Healthcare [All Savers Insurance Silver Navigate Company] Visits

(ЭH	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 4500	http://www.uhc.com/iex/doc?id=oh0067&st=oh
	DН	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus HSA 3000	http://www.uhc.com/iex/doc?id=oh0043&st=oh
	ЭН	United Healthcare of Ohio, Inc.	Silver Compass 2000	http://www.uhc.com/iex/doc?id=oh0018&st=oh
	ЭH	United Healthcare of Ohio, Inc.	Silver Compass 2000 1	http://www.uhc.com/iex/doc?id=oh0013&st=oh
	ЭH	United Healthcare of Ohio, Inc.	Silver Compass 3500	http://www.uhc.com/iex/doc?id=oh0023&st=oh
	ЭH	United Healthcare of Ohio, Inc.	Silver Compass 4500	http://www.uhc.com/iex/doc?id=oh0028&st=oh
	DН	United Healthcare of Ohio, Inc.	Silver Compass HSA 3000	http://www.uhc.com/iex/doc?id=oh0008&st=oh
(OR	ATRIO Health Plans	ATRIO Oregon Standard Silver Plan	http://statelink.stateside.com/Attachments/32990 ATRIO-OREGON-STANDARD-SILVER-PLAN.pdf
	OR	ATRIO Health Plans	ATRIO Silver Choice 2000	http://statelink.stateside.com/Attachments/32990_32536OR0020009-01-ATRIO-SILVER-CHOICE-2000.pdf

OR	ATRIO Health Plans	ATRIO Silver Choice 3000	http://statelink.stateside.com/Attachments/32990_32536OR0020010-01-ATRIO-SILVER-CHOICE-3000.pdf
OR	ATRIO Health Plans	ATRIO Silver Choice 3030	http://statelink.stateside.com/Attachments/32990_32536OR0020011-01-ATRIO-SILVER-CHOICE-3030.pdf
OR	ATRIO Health Plans	ATRIO Silver Pioneer	http://statelink.stateside.com/Attachments/32990_ATRIO-SILVER-PIONEER-PLAN.pdf
OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan Legacy Health	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Legacy-Health.pdf
OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan MyChoice Northwest	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-MyChoice-Northwest.pdf
OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan Value PPO	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Value-PPO.pdf
OR	BridgeSpan Health Company	BridgeSpan Oregon Standard Silver Plan Willamette Valley Health Solutions	https://www.bridgespanhealth.com/portal-resource/portal- theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Willamette-Valley- Health-Solutions.pdf
OR	BridgeSpan Health Company	Silver HDHP 2000 MyChoice Northwest	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/Silver-HDHP-2000-MyChoice-Northwest.pdf
OR	BridgeSpan Health Company	Silver HDHP 2000 Value PPO	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/Silver-HDHP-2000-Value-PPO.pdf

		Oregon's Health CO-OP Oregon	
	Community	Standard Silver	
	Care of	Plan Broad	https://www.ohcoop.org/wp-content/uploads/99389OR0570001-01-Oregons-Health-CO-OP-
OR	Oregon, Inc.	Network Oregon's Health	Oregon-Standard-Silver-Plan-Broad-Network_2016.pdf
		CO-OP Oregon	
	Community	Standard Silver	
OD	Care of	Plan Select	https://www.ohcoop.org/wp-content/uploads/99389OR0610001-01-Oregons-Health-CO-OP-
OR	Oregon, Inc.	Network	Oregon-Standard-Silver-Plan-Select-Network_2016.pdf
	Community Care of	SiMPLEsilver	https://www.ohcoop.org/wp-content/uploads/99389OR0640001-01-Oregons-Health-CO-OP-
OR	Oregon, Inc.	Broad Network	SiMPLEsilver-Broad-Network.pdf
	Community		
	Care of	SiMPLEsilver HSA	https://www.ohcoop.org/wp-content/uploads/99389OR0670001-01-Oregons-Health-CO-OP-
OR	Oregon, Inc.	Broad Network	SiMPLEsilver-HSA-Broad-Network.pdf
	Community Care of	SiMPLEsilver	https://www.ohcoop.org/wp-content/uploads/99389OR0650001-01-Oregons-Health-CO-OP-
OR	Oregon, Inc.	Select Network	SiMPLEsilver-Select-Network.pdf
	Kaiser	Kaiser	
	Foundation	Permanente	
	Healthplan of	Oregon Standard	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-
OR	the NW	Silver Plan	Exchange/PLNSBC_KNW_20004_005_20160101_20120501_en.pdf
	Kaiser		
	Foundation Healthplan of	KP OR Silver	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-
OR	the NW	1500/30	Exchange/PLNSBC_KNW_20004_004_20160101_20120501_en.pdf
	Kaiser		
	Foundation		
OR	Healthplan of the NW	KP OR Silver 3000/30	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON- Exchange/PLNSBC KNW 20004 016 20160101 20120501 en.pdf
UK	tile ivvv	3000/30	excuange/Lenage_vivivi_50004_010_50100101_50150301_6urhai

OR	LifeWise Health Plan of Oregon	Essential Silver Exchange 2000	https://www.lifewiseor.com/documents/029193_2016.pdf
OR	LifeWise Health Plan of Oregon	Essential Silver Exchange 3000 EPO	https://www.lifewiseor.com/documents/031148_2016.pdf
	LifeWise Health Plan	LifeWise Oregon Standard Silver Plan Exclusive	
OR	of Oregon PacificSource Health Plans	Provider 2500 PacificSource Oregon Standard Silver Plan PSN	https://www.lifewiseor.com/documents/031150_2016.pdf
OR	Providence	Balance 2000	http://www.PacificSource.com/oregon/ind-psn-ss https://healthplans.providence.org/~/media/Files/Providence%20HP/pdfs/individualplans/Doc
OR	Health Plan Providence	Silver Choice 2000	uments/2016/sbc/ffm/2016%20OR%20IND%20BAL%20085000601.pdf https://healthplans.providence.org/~/media/Files/Providence%20HP/pdfs/individualplans/Doc
OR	Health Plan Providence	Silver Connect 2000	uments/2016/sbc/ffm/2016%20OR%20IND%20CHC%20090000901.pdf https://healthplans.providence.org/~/media/Files/Providence%20HP/pdfs/individualplans/Doc
OR	Health Plan	Silver Providence	uments/2016/sbc/ffm/2016%20OR%20IND%20CNC%20091000901.pdf
OR	Providence Health Plan Trillium	Oregon Standard Silver Plan Trillium Oregon	https://healthplans.providence.org/~/media/Files/Providence%20HP/pdfs/individualplans/Documents/2016/sbc/ffm/2016%20OR%20IND%20STN%20087000201.pdf
OR	Community Health Plan	Standard Silver Plan Vital Zoom Health	http://www.trilliumchp.com/Marketplace/PDFS/2016/FFM/EXCH_SBC01V4-2016-95417OR0190001-01-Trillium-Vital-Silver-01.pdf
OR	Zoom Health Plan, Inc.	Plan - Zoom Oregon Standard Silver Plan	https://www.zoomcare.com/sbc/issv01

OR	Zoom Health Plan, Inc.	Zoom Silver 5000	https://www.zoomcare.com/sbc/izsv5k01
OR	Zoom Health Plan, Inc.	Zoom Silver Plan	https://www.zoomcare.com/sbc/izsv01
PA	Aetna Health Inc. (a PA corp.)	Aetna Leap Everyday	http://www.aetna.com/individuals-families/document-library/SBC/2016/CB/ON/SE-PA/SilverBasic.pdf
PA	Aetna Health Inc. (a PA corp.)	Aetna Leap Everyday Plus	http://www.aetna.com/individuals-families/document-library/SBC/2016/CB/ON/SE-PA/SilverPlus.pdf
PA	Aetna Health Inc. (a PA corp.)	Aetna PinnacleHealth Silver \$10 Copay	http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/PA/PA_SBC_710848.pdf
PA	BCBS [Capital Advantage Assurance Company	Healthy Benefits PPO 0.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002001501_2016.pdf
PA	BCBS [Capital Advantage Assurance Company	Healthy Benefits PPO 1500.30	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002001901_2016.pdf
PA	BCBS [Capital Advantage Assurance Company	Healthy Benefits PPO 2500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002001101_2016.pdf
PA	BCBS [Capital Advantage Assurance Company	Healthy Benefits PPO 3500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002000901_2016.pdf

PA	BCBS [Capital Advantage Assurance Company	Healthy Benefits PPO 4500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002000801_2016.pdf
PA	BCBS [Capital Advantage Assurance Company	Healthy Benefits PPO HSA 3000.10	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002001801_2016.pdf
PA	BCBS [First Priority Life Insurance Company, Inc.]	myBlue Access \$1,500	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l_2095353735_20160101_SBC.pdf
PA	BCBS [First Priority Life Insurance Company, Inc.]	myBlue Access LP \$3,500	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l 2094426962 20160101 SBC.pdf
PA	BCBS [Highmark Health Insurance Company]	Comprehensive Care Blue PPO 1500	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l 2097814603 20160101 SBC.pdf
PA	BCBS [Highmark Health Insurance Company]	Health Savings Embedded Blue PPO 2700	https://www.highmarkbcbs.com/sbc/pdf/bcbs/I_2097368369_20160101_SBC.pdf
PA	BCBS [Highmark Inc.]	Connect Blue EPO 2500, a Community Blue	https://www.highmarkbcbs.com/sbc/pdf/bcbs/I_2095264439_20160101_SBC.pdf

		Flex Plan	
PA	BCBS [Highmark Inc.]	Connect Blue EPO 750, a Community Blue Flex Plan	https://www.highmarkbcbs.com/sbc/pdf/bcbs/I_2097234280_20160101_SBC.pdf
PA	BCBS [Highmark Select Resources Inc.]	Alliance Flex Blue PPO 2100	https://www.highmarkblueshield.com/sbc/pdf/bs/I_2095192442_20160101_SBC.pdf
PA	BCBS [Independen ce Blue Cross (QCC Ins. Co.)]	Blue Cross Silver, a Multi-State Plan	https://www.ibx4you.com/ffm/pposilvermsp2016
PA	BCBS [Independen ce Blue Cross (QCC Ins. Co.)]	Personal Choice PPO Silver	https://www.ibx4you.com/ffm/pposilver2016
PA	BCBS [Keystone Health Plan Central]	BlueCross 0.50, a Multi-State Plan	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA006000101_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 0.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA010001501_2016.pdf

PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 1500.30	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA010001701_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 2500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA010000601_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 3500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA010001001_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 4500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA010000901_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 0.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011003601_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 1500.30	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011004101_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 2500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011000601_2016.pdf

	DCDC		
	BCBS [Keystone	Healthy Benefits	
	Health Plan	Value HMO	
PA	Central]	3500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011001001_2016.pdf
	BCBS		
	[Keystone	Healthy Benefits	
	Health Plan	Value HMO	
PA	Central]	4500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011000901_2016.pdf
	BCBS		
	[Keystone	V	
PA	Health Plan Central]	Keystone HMO Silver	https://www.ibx4you.com/ffm/hmosilver2016
. , ,		Silver	netps.//www.ibx-you.com/im/imosiive12010
	BCBS [Keystone		
	Health Plan	Keystone HMO	
PA	Central]	Silver Proactive	https://www.ibx4you.com/ffm/hmosilverproactive2016
	BCBS		
	[Keystone	Keystone HMO	
D.4	Health Plan	Silver Proactive	hard the state of
PA	Central]	Value Coventry Silver	https://www.ibx4you.com/ffm/hmosilverproactivevalue2016
	Coventry	\$10 Copay	
PA	Health Care	ОАНМО	http://www.coventryone.com/PA51040
		Geisinger Health	
	Geisinger	Plan Marketplace	
PA	Health Plan	Extra 10/50/2000	https://cdn.thehealthplan.com/static/pdf/sbc/2016/22444PA001000301.pdf
		Geisinger Health	
PA	Geisinger Health Plan	Plan Marketplace POS 25/50/2500	https://cdn.thohoaltholan.com/static/pdf/shc/2016/2244455004001001.pdf
PA	Health Fidil	FU3 23/30/2300	https://cdn.thehealthplan.com/static/pdf/sbc/2016/22444pa004001001.pdf

Geisinger Geisinger Choice Quality Marketplace PPO PA Options 30/50/5000 https://cdn.thehealthplan.com/static/pdf/sbc/2016/75729PA001260301.pdf United Healthcare of Pennsylvania, Silver Compass PA Inc. 4500-1 http://www.uhc.com/iex/doc?id=pa0013&st=pa United Healthcare of Pennsylvania, Silver Compass PA Inc. HSA 2000-1 http://www.uhc.com/iex/doc?id=pa0007&st=pa UPMC Advantage LIBMC Health Silver S0/S50 - https://www.upmchealthplan.com/pdf/ReportitPlanInfo/XAES3_NAE33_EPO_BY1E35_DBNS					
Healthcare of Pennsylvania, Silver Compass PA Inc. 4500-1 http://www.uhc.com/iex/doc?id=pa0013&st=pa United Healthcare of Pennsylvania, Silver Compass PA Inc. HSA 2000-1 http://www.uhc.com/iex/doc?id=pa0007&st=pa UPMC Advantage	PA	Quality	Quality	Marketplace PPO	https://cdn.thehealthplan.com/static/pdf/sbc/2016/75729PA001260301.pdf
United Healthcare of Pennsylvania, Silver Compass PA Inc. HSA 2000-1 http://www.uhc.com/iex/doc?id=pa0007&st=pa UPMC Advantage	ΡΔ	Healthcare of Pennsylvania,	Healthcare of Pennsylvania,	•	http://www.uhc.com/jex/doc?id=pa0013&st=pa
UPMC Advantage		United Healthcare of Pennsylvania,	United Healthcare of Pennsylvania,	Silver Compass	
PA Options, Inc. Partner Network 16_1216_16322PA005010201.pdf		UPMC Health	UPMC Health	UPMC Advantage Silver \$0/\$50 -	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE52_NAE23_EPO_RX1F35_DPVS_01
UPMC Advantage Silver \$0/\$50 - UPMC Health Premium https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP30_NAP22_PPO_RX1F35_DPVS_		UPMC Health	UPMC Health	UPMC Advantage Silver \$0/\$50 - Premium	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP30_NAP22_PPO_RX1F35_DPVS_01
PA Options, Inc. Network 16_1216_16322PA004000601.pdf UPMC Advantage UPMC Health Silver \$0/\$50 - https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE40_NAE17_EPO_RX1F35_DPVS_PA Options, Inc. Select Network 16_1216_16322PA005002901.pdf		UPMC Health	UPMC Health	UPMC Advantage Silver \$0/\$50 -	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE40_NAE17_EPO_RX1F35_DPVS_01
UPMC Advantage Silver \$1,750/\$30 UPMC Health - Partner https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE07_NAE04_EPO_RX1F38_DPVS_ PA Options, Inc. Network 16_1216_16322PA005010301.pdf	PA			Silver \$1,750/\$30 - Partner	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE07_NAE04_EPO_RX1F38_DPVS_01 16 1216 16322PA005010301.pdf
UPMC Advantage Silver \$1750/\$30		UPMC Health	UPMC Health	UPMC Advantage Silver \$1750/\$30 - Premium	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP15_NAP16_PPO_RX1F38_DPVS_01
UPMC Advantage Silver \$3,250/\$10		UPMC Health	UPMC Health	UPMC Advantage Silver \$3,250/\$10 - Partner	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE11_NAE05_EPO_RX1F38_DPVS_01

PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP19_NAP17_PPO_RX1F38_DPVS_01 16_1216_16322PA004000801.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10 - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE28_NAE13_EPO_RX1F38_DPVS_01 16_1216_16322PA005003101.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver HSA \$2,600/20% - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XATEA_NATE3_EPO_RX1F39_DPVS_01 16_1216_16322PA005010501.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver HSA \$2,600/20% - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XATPE_NATP6_PPO_RX1F39_DPVS_01 16_1216_16322PA004002501.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver HSA \$2,600/20% - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XATED_NATE5_EPO_RX1F39_DPVS_01 16_1216_16322PA005010801.pdf
RI	BCBS of RI	BasicBlue Direct 4900/9800	https://www.bcbsri.com/sites/default/files/documents/BasicBlue%204900_9800.pdf
RI	BCBS of RI	BlueCHIP Direct 4500/9000 BlueSolutions for	https://www.bcbsri.com/sites/default/files/documents/BlueCHiP%204500_9000.pdf
RI	BCBS of RI	HSA Direct 3900/7800	https://www.bcbsri.com/sites/default/files/documents/BlueSolutions%20for%20HSA%203900 _7800_1.pdf
RI	BCBS of RI	VantageBlue Direct Plan 3000/6000	https://www.bcbsri.com/sites/default/files/documents/VantageBlue%203000_6000.pdf
RI	Neighborhoo d Health Plan	Neighborhood COMMUNITY	http://www.nhpri.org/Portals/0/Uploads/Documents/2016_SBC_COMMUNITY_Individual_Market_Silver_HSA_9-21-15_FINAL.pdf

RI	Neighborhoo d Health Plan	Neighborhood VALUE	http://www.nhpri.org/Portals/0/Uploads/Documents/2016_SBC_VALUE_Individual_Market_Silver_9-21-15_FINAL.pdf
RI	United Healthcare	Silver Choice 2500	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ri/Silver-Choice-2500.pdf
RI	United Healthcare	Silver Choice 2500-3	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ri/Silver-Choice-2500-3.pdf
RI	United Healthcare	Silver Compass 3000	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ri/Silver-Compass-3000.pdf
RI	United Healthcare	Silver Compass HSA 2500	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ri/Silver-Compass-HSA-2500.pdf
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$5,800 Out-of-Pocket	https://www.avera.org/app/files/public/53677/Avera-MyPlan-2500-5800-Out-of-Pocket.pdf
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$5,800 Out-of-Pocket, Pediatric Dental	https://www.avera.org/app/files/public/53673/Avera-MyPlan-2250-5800-Out-of-Pocket- Pediatric-Dental.pdf
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$6,350 Out-of-Pocket	https://www.avera.org/app/files/public/53706/SD-Avera-MyPlan-2500-6350-Out-of-Pocket.pdf
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$6,350 Out-of-Pocket, Pediatric Dental	https://www.avera.org/app/files/public/53705/SD-Avera-MyPlan-2500-6350-Out-of-Pocket-Pediatric-Dental.pdf
SD	Avera Health Plans, Inc.	Avera MyPlan \$3,000 / 30% Coinsurance	https://www.avera.org/app/files/public/53679/Avera-MyPlan-3000-30-Coinsurance.pdf
SD	Avera Health Plans, Inc.	Avera MyPlan \$3,500	https://www.avera.org/app/files/public/53681/Avera-MyPlan-3500.pdf
SD	Sanford Health Plan	Sanford Simplicity \$2,500	http://www.sanfordhealthplan.com/images/data/files/SBCs/SD/i_sd_simplicity_2500.pdf

SD	Sanford Health Plan	Sanford Simplicity \$3,500	http://www.sanfordhealthplan.com/images/data/files/SBCs/SD/i_sd_simplicity_3500.pdf
SD	Sanford Health Plan	Sanford TRUE \$3,500	http://www.sanfordhealthplan.com/images/data/files/SBCs/SD/i_sd_true_3500.pdf
SD	Sanford Health Plan	Sanford TRUE \$3,500 HDHP	http://www.sanfordhealthplan.com/images/data/files/SBCs/SD/i_sd_true_3500_HDHP.pdf
VT	BCBS of Vermont	Blue Rewards Silver Plan	http://info.healthconnect.vermont.gov/sites/hcexchange/files/Additional_Resources/2016_SB Cs/BCVT/BCVT_76250/Silver%20Blue%20Rewards.pdf
VT	BCBS of Vermont	Silver CDHP Plan	http://info.healthconnect.vermont.gov/sites/hcexchange/files/Additional_Resources/2016_SB Cs/BCVT/BCVT_76252/Silver%20Standard%20CDHP.pdf
VT	BCBS of Vermont	Silver Standard Plan	http://info.healthconnect.vermont.gov/sites/hcexchange/files/Additional_Resources/2016_SB Cs/BCVT/BCVT_76253/Silver%20Standard.pdf
VT	MVP	Vitality HDHP Silver	http://info.healthconnect.vermont.gov/sites/hcexchange/files/Additional_Resources/2016_SB Cs/MVP/MVP%20VT%20Vitality%20HDHP%20Silver%201550.pdf
		Vitality Plus Silver	http://info.healthconnect.vermont.gov/sites/hcexchange/files/Additional_Resources/2016_SB
VT	MVP	2000	Cs/MVP/MVP%20VT%20Vitality%20Plus%20HMO%20Silver%202000.pdf
VT	MVP	Vitality Silver 2000	http://info.healthconnect.vermont.gov/sites/hcexchange/files/Additional_Resources/2016_SB Cs/MVP/MVP%20VT%20Vitality%20HMO%20Silver%202000.pdf
WA	Ambetter [Coordinated Care]	Balanced Care 1	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WACoordinated_Care-7193_Balanced_Care_1-10.2015.pdf
WA	Ambetter [Coordinated Care]	Balanced Care 10	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WACoordinated_Care-7193_Balanced_Care_10-10.2015.pdf
WA	Ambetter [Coordinated Care]	Balanced Care 2	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WACoordinated_Care-7195_Balanced_Care_2-10.2015.pdf
WA	Ambetter [Coordinated Care]	Balanced Care 9	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WACoordinated_Care-7195_Balanced_Care_9-10.2015.pdf

WA	BridgeSpan	Silver 3000 Legacy Health	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-3000-Legacy-Health.pdf
WA	BridgeSpan	Silver 3000 RealValue and SimpleConnect	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-3000-RealValue-and-SimpleConnect.pdf
WA	BridgeSpan	Silver Align 4000 EvergreenHealth Partners/Virginia Mason	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-Align-4000-EvergreenHealth-Partners-Virginia-Mason.pdf
WA	BridgeSpan	Silver Align 4000 MultiCare	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-Align-4000-MultiCare.pdf
WA	BridgeSpan	Silver Align 4000 Providence- Swedish Health	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-Align-4000-Providence-Swedish-Health.pdf
WA	BridgeSpan	Silver Align 4000 The Everett Clinic	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-Align-4000-The-Everett-Clinic.pdf
WA	BridgeSpan	Silver Align 4000 UW Medicine Silver HDHP 2500	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-Align-4000-UW-Medicine.pdf
WA	BridgeSpan	EvergreenHealth Partners/Virginia Mason	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-EvergreenHealth-Partners-Virginia-Mason.pdf
WA	BridgeSpan	Silver HDHP 2500 Legacy Health	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-Legacy-Health.pdf
WA	BridgeSpan	Silver HDHP 2500 MultiCare	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-MultiCare.pdf
WA	BridgeSpan	Silver HDHP 2500 Providence- Swedish Health	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-Providence-Swedish-Health.pdf
WA	BridgeSpan	Silver HDHP 2500 RealValue and SimpleConnect	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-RealValue-and-SimpleConnect.pdf

WA	BridgeSpan	Silver HDHP 2500 The Everett Clinic	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-The-Everett-Clinic.pdf
WA	BridgeSpan	Silver HDHP 2500 UW Medicine	https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/wa/Silver-HDHP-2500-UW-Medicine.pdf
WA	Community Health Plan of Washington	Community HealthEssentials Plus Silver	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WACHPW-7125_Silver-10.2015.pdf
WA	Group Health Cooperative	Core Silver HSA - 16	https://www1.ghc.org/static/individual-family/pdf/sbc/core-silver-hsa.pdf
WA	Group Health Cooperative	Flex Silver - 16	https://www1.ghc.org/static/individual-family/pdf/sbc/flex-silver.pdf
WA	Health Alliance Northwest	Summit 3000c Silver	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WAHealth_Alliance_NW-7147_Summit_3000c_Silver-10.2015.pdf
WA	Kaiser Permanente	Silver 1500/30 (2016)	http://info.kaiserpermanente.org/healthplans/washington/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20002_002_20160101_20120501_en.pdf
WA	Kaiser Permanente	Silver 3000/30 (2016)	http://info.kaiserpermanente.org/healthplans/washington/individual/pdfs/2016-ON- Exchange/PLNSBC_KNW_20002_003_20160101_20120501_en.pdf
WA	LifeWise	LifeWise Essential Silver EPO 3000	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WALifeWise-7166_Silver-12.2015.pdf
WA	LifeWise	LifeWise Essential Silver EPO HSA 3000	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WALifeWise-7168_Silver-12.2015.pdf
WA	Molina	Marketplace Choice Silver 250	http://www.molinahealthcare.com/members/wa/en-us/pdf/marketplace/summary-of-benefits-choice-silver-250-2016.pdf
WA	Molina	Marketplace Silver 250	http://www.molinahealthcare.com/members/wa/en-us/pdf/marketplace/summary-of-benefits-standard-silver-250-2016.pdf
WA	Premera BC	Multi-State Plan Blue Cross Silver 3000 HSA	https://www.premera.com/documents/031163_2016.pdf

3474	D	Preferred Silver	hu - // // // 1024472 2045 - If
WA	Premera BC	3000 HSA Premera Blue	https://www.premera.com/documents/031172_2016.pdf
		Cross	
		PersonalCare	
WA	Premera BC	Silver	https://www.premera.com/documents/033275_2016.pdf
		Premera Blue	
WA	Premera BC	Cross Preferred Silver 3000	https://www.premera.com/documents/031176_2016.pdf
VVA	Premera BC	Silver Connect	nttps://www.premera.com/documents/051170_2010.pdr
		4000	
		EvergreenHealth	
14/4	Regence Blue Shield	Partners/Virginia	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-
WA		Mason Silver Connect	WARegence_Blue_Shield-7201_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver Connect 4000 MultiCare	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence Blue Shield-7206 Silver-10.2015.pdf
	J. II. C. II.	Silver Connect	W/megenee_blue_ometa / 200_ometa 10.2015.pul
	Regence Blue	4000 Providence	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-
WA	Shield	Swedish Health	WARegence_Blue_Shield-7209_Silver-10.2015.pdf
	Regence Blue	Silver Connect 4000 UW	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-
WA	Shield	Medicine	WARegence Blue Shield-7211 Silver-10.2015.pdf
		Silver HDHP 2500	
		EvergreenHealth	
WA	Regence Blue Shield	Partners/Virginia Mason	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7202_Silver-10.2015.pdf
VVA	Regence Blue	Silver HDHP 2500	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-
WA	Shield	MultiCare	WARegence_Blue_Shield-7207_Silver-10.2015.pdf
		Silver HDHP 2500	
	Regence Blue	Providence	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-
WA	Shield	Swedish Health	WARegence_Blue_Shield-7210_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver HDHP 2500 UW Medicine	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence Blue Shield-7212 Silver-10.2015.pdf
WA	Silleiu	Ow Medicine	wAnegerice_blue_5illelu-7212_5ilver-10.2015.pui

United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare 1750 EPO WAUnitedHealthcare-7095_Silver-10.2015.pdf United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare 2000 EPO WAUnitedHealthcare-7096_Silver_2000-10.2015.pdf	
WA Healthcare 2000 EPO WAUnitedHealthcare-7096_Silver_2000-10.2015.pdf	
United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare 3500 WAUnitedHealthcare-7096_Silver_3500-11.2015.pdf	
United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare 4000 EPO WAUnitedHealthcare-7093_Silver-10.2015.pdf	
United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare 5000 WAUnitedHealthcare-7097_Silver_5000-10.2015.pdf	
United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare 6000 WAUnitedHealthcare-7097_Silver_6000-10.2015.pdf	
United Silver Charter http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WA Healthcare HSA 2700 EPO WAUnitedHealthcare-7102_Silver-10.2015.pdf	
United Silver Navigate WA Healthcare 1750 http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-1750.pdf	
United Silver Navigate WA Healthcare 2000 http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-2000.pdf	
United Silver Navigate WA Healthcare 3500 http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-3500.pdf	
United Silver Navigate WA Healthcare 4000 http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-4000.pdf	
United Silver Navigate WA Healthcare 5000 http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-5000.pdf	
United Silver Navigate WA Healthcare 6000 http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-6000.pdf	
United Silver Navigate WA Healthcare HSA 2700 EPO http://www.uhc.com/content/dam/uhcdotcom/en/iex/wa/Silver-Navigate-HSA-2700.pdf	
BCBS of BlueSelect Silver WY Wyoming Basic http://wyomingbluesbc.com/marketplace/BlueSelectSilverBasicIX	

WY	BCBS of Wyoming	BlueSelect Silver Classic	http://wyomingbluesbc.com/marketplace/BlueSelectSilverClassicIX
WY	BCBS of Wyoming	BlueSelect Silver Core	http://wyomingbluesbc.com/marketplace/BlueSelectSilverHSAIX
WY	BCBS of Wyoming	BlueSelect Silver HealthPlus	http://wyomingbluesbc.com/marketplace/BlueSelectSilverHealthPlusIX
WY	BCBS of Wyoming	BlueSelect Silver ValueOne	http://wyomingbluesbc.com/marketplace/BlueSelectSilverValueOneIX
WY	BCBS of Wyoming	BlueSelect Silver ValueTwo	http://wyomingbluesbc.com/marketplace/BlueSelectSilverValueTwoIX

Appendix 4: Abbreviations' Key

ABA: Applied Behavior Analysis

Acu: Acupuncture AR: Acute Rehab

C&PR: Cardiac and Pulmonary Rehabilitation

C&R: Cardiac & Respiratory CogT: Cognitive 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

RSF: Unclear, but seems to mean a more preferred IN provider.

RY: Respiratory SC: Specialty Care

PY: Pulmonary

SNF: Skilled Nursing Facility

ST: Speech Therapy

TI: Therapeutic Intervention

VT: Vision Therapy